### MER- MEDICAL EXAMINATION REPORT

Date of Examination	0.9/12/23
NAME	BARA OTVYA ARCHNA
AGE	28 Gender FEMALE
HEIGHT(cm)	162 WEIGHT (kg)
B.P.	110180
ECG	Normal
X Ray	NO Significant abnormality detect
Vision Checkup	Color Vision: Normal
•	Far Vision Ratio: Nox m &
	Near Vision Ratio
	Nosma
Present Ailments	NIL
Details of Past ailments (If Any)	NIL
Comments / Advice : She /He is Physically Fit	FIT

Dr. VATSAL SINGH CIMS, Bilaspur (C.G.) CGMC-8519/2018

Signature with Stamp of Medical Examiner

Det 1/2013

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
or BARA DinyA Archny on 09/2/23	
After reviewing the medical history and on clinical examination it has been found	
that he/she is	Tick
	<del>-  </del>
Medically Fit	$\leq$
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.  Review after	
• Unfit	
Dr. VATSAL  CIMS, Bilaspu  Medical Officer CGMC-8519  The Apollo Clinic, (Location)	r (C.G.)

This certificate is not meant for medico-legal purposes

2023



### RIDDH DIAGNOSTICS PVT. LTD.

Miss DIVYA ARCHANA BARA

PID NO 202391217728 AGE 28 Y / SEX Female Reference: SELF ..

VID: 600100/2795

Sample Received or/at:

09/12/2023 09:57AM

Reported ordat

09/12/2023 03:34PM

#### **HAEMATOLOGY**

Investigation	Observed Value	Unit I	Biological Reference Interval
CBC Haemogram			
Haemoglobin(Hb)	11.7	gm/dl	11-15
Erythrocyte (RBC) Count	4.68	mill/cu.mm.	30-60
PCV (Packed Cell Volume)	34.3	%	36-45
MCV (Mean Corpuscular Volume)	73.3	fL.	78 - 92
MCH (Mean Corpuscular Haemoglobin)	25.0	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	34 1	g/dl	32 - 36
Total Leucocytes Count (TLC)	7900	cells/cu mm.	4000 - 11000
Differential Leucocyte Count (DLC)			
Neutrophils.	59	%	40-75
Lymphocytes	35	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	02	%	1 -6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4661	/cu mm	2000-7000
Absolute Lymphocyte count	2765	/cu mm	1000-3000
Absolute Eosinophils Count	158	/cmm	20-500
Absolute Monocyte count	316	/cu mm	200-1000
Absolute Basophil count	0	/cu mm	0-200
Platelets			
PLT Count	248,000	/cmm	150,000-450,000
Beautiful (PRE)			

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.

(WMC TOSC Platetet count by impedance method WBC differential by VCS technology other parameters calculated) All

Abnormal Haerrograms are reviewed confirmed microscopically

Differential count is based on approximately 10 000 cells

Those report are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-regal purposes ( evalunces.

Checked By Sr. Technician

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De Digivijay Bingh MBSS, DCP (Pathologias) Ex Realchost AlbMS, New Dethi



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Miss DIVYA ARCHANA BARA

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VID: 600100/2795

Sample Received on/at:

09/12/2023 09:57AM

Reported on/at

09/12/2023 02:03PM

#### **HAEMATOLOGY**

Investigation

**Observed Value** 

Unit

Biological Reference Interval

**ESR- Erythrocyte Sedimentation Rate** 

ESR- Erythrocyte Sedimentation Rate 09

mm/hr

0 - 15

(Citrate Blood)

Method: Westergren manual

Interpretation -

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease.

Changes are more significant than a single abnormal test.

2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.

3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

### **Blood Group ABO & Rh Typing**

(EDTA Whole Blood)

Blood Group (ABO Typing)

"B"

RhD factor (Rh Typing)

**POSITIVE** 

### HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin

4.9

%

Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control

Estimated Average Glucose (EAG)

93.93

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.

Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often.

Checked By Sr. Technician

Page 6 of 8

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi

Kamla Complex, Beside Tehsil Office Nehru Chowk. Bilaspur (C.G.) 495001 Cont.No.: 07752 408222, +91 9630066355 E-mail: riddhidiagnosticsbilaspur@gmail.com



20239121728

#### Miss DIVYA ARCHANA BARA

PID NO.202391217728 AGE 28 Y / SEX Female Reference: SELF,.

(on more than one occassion) (American diabetes association guidelines 2018)

VID: 600100/2795

Sample Received on/at:

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Reported on/at

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#### **BIOCHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
BUN Urea Nitrogen Serum			
BUN-Blood Urea Nitrogen (Serum,Urease)	12.3	mg/dl	7 - 20
Remark: In blood, Urea is usually reported mass units by multiplying by 2.14.	as BUN and expressed in m	g/dl. BUN mass	units can be converted to urea
FBS (Fasting Blood Sugar)			
Glucose- Fasting	81	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126

Lipid Profile			
Cholesterol - Total	151	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	114	mg/dl	40 - 140
HDL Cholesterol	49	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease:>800
LDL Cholesterol	79.20	mg/dl	Optimal:< 100 Near Optimal: 100 – 129 Borderline High: 130-159 High: 160-189 Very High: >=190
VLDL Cholesterol	22.80	mg/dl	6 - 38
LDLC/HDLC Ratio	1.62		2.5 - 3.5
TCH/HDLC Ratio	3.08		0-5.0

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Page 1 of 8

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08



### RIDDHI DIAGNOSTICS PVT. LTD.

Miss DIVYA ARCHANA BARA

PID NO.202391217728

AGE 28 Y / SEX Female

Reference: SELF,..

VID: 600100/2795

Sample Received on/at: 09/12/2023 09:57AM

Reported on/at

09/12/2023 02:03PM

PP (Glucose-Post Prandial)

Glucose -Post prandial

115

mg/dl

Normal: 70-139

Impaired Tolerance: 140-199

Diabetes mellitus: >= 200

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons:

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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### **RFT (Renal Function test)**

Sodium (Na)	139	mmol/L	135 - 145
Potassium (K)	4.07	mmol/L	3.5 - 5.5
Urea Serum	24	mg/dl	21 - 43
Creatinine	0.7	mg/dl	0.6-1.2

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#### **Uric Acid**

**Uric Acid** 

4.88

mg/dL

2.6 - 6.2

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Page 2 of 8

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## RIDDHI DIAGNOSTICS PVT. LTD.

Miss DIVYA ARCHANA BARA PID NO.202391217728

AGE 28 Y / SEX Female

Reference: SELF,..

VID: 600100/2795

Sample Received on/at:

09/12/2023 09.57AM

Reported on/at

			Reported on/at
			09/12/2023 02:03PM
LFT-Liver Function Test			
Bilirubin - Total (Serum,Diazo)	0.39	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum,Diazo)	0.18	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum,Calculated)	0.21	mg/dl	0 - 1
Total Proteins (Serum,Biuret)	7.18	g/dl	6.6-8.8
Albumin (Serum,Bromocresol green)	3.98	g/dl	3.5 - 5.2
Globulin (Serum)	3.20	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.24	%	1.1 - 2.2
SGOT (AST) (Serum,Enzymatic)	24	U/L	0 - 31
SGPT (ALT) (Serum,Enzymatic)	13	U/L	0 - 34
Alkaline Phosphatase	82	U/L	35 – 104
Gamma-glutamyltransferase (GG	Τ) 17	U/L	<32

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Page 3 of 8

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Reported on/at

09/12/2023 02:03PM

#### **IMMUNOASSAY**

Investigation	Observed Value	Unit .	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
Т3	0.98	ng/mL	0.69 - 2.15
T4	83.5	ng/ml	52 - 127
TSH	1.50	uIU/ml	0.3 - 4.5

Method: CLIA

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08



Miss DIVYA ARCHANA BARA

PID NO.202391217728 AGE 28 Y / SEX Female Reference: SELF,.

VID: 600100/2795

Sample Received on/at: 09/12/2023 09:57AM

Reported on/at

09/12/2023 02:03PM

### **CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Urine Examination Routine</b>			
Volume	20	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<b>Chemical Examination</b>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
Microscopic Examination			
Pus cells	1-2	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	1-2	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)

Nil

Absent

**Urine Sugar - Fasting** 

Urine - Glucose

Nil

Nil

Checked By Sr. Technician

Page 4 of 8

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Miss DIVYA ARCHANA BARA

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AGE 28 Y / SEX Female

Reference: SELF...

VID: 600100/2795

Sample Received on/at:

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09/12/2023 02:03PM

Stool Routine Microscopic

Colour

Consistancy

Reaction (pH)

Blood

Mucus

Ova

Cyst

Fat Globules Pus Cell.

RBCs (STOOL)

Bacteria

Greenish Yellow

Solid

5.5

Absent

Absent

Not seen

Not seen Present

0-1

Nil Absent

Straw

5.0 - 8.0

Absent

Absent

Absent

Absent

1-5

/hpf

/hpf

Absent

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Page 5 of 8

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NAME	MISS. DIVYA ARCHANA BARA	AGE/SEX	28Y/FEMALE
REF BY.	DR. SELF	DATE	09/ 12/ 2023

#### X-RAY CHEST PA VIEW

#### FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

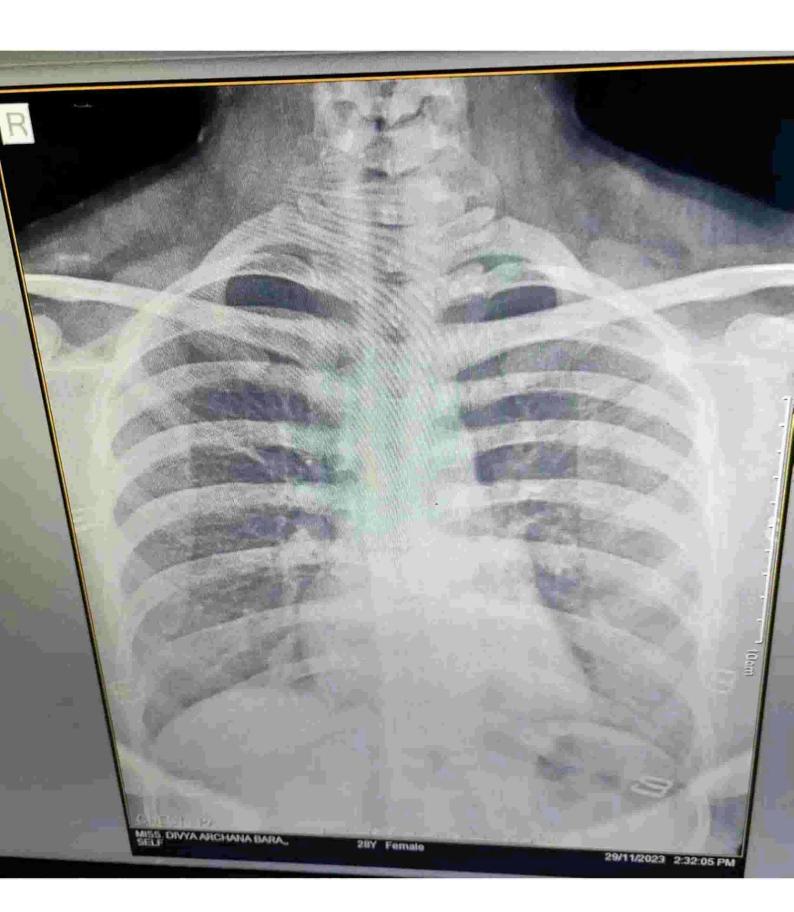
IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod. MBBS, DMRD.

Consultant Radiologist Reg.no 2011/05/1616.

Disclaimer: It is an online interpretation of medical imaging based on clinical data.modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.





## **ANUSHKA DIAGNOSTICS**

House No 3/303, Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road, Nehru Nagar, Bilaspur (C.G.)

Mobile: +91 7720044949, E-mail: anushka.diagnostics@gmail.com

: DIVYA ARCHANA BARA NAME

AGE: 28 YEARS

SEX: F

REF.BY :RD . DATE: 09-12-2023

WHOLE ABDOMINAL SONOGRAPHY STUDY:

LIVER

: Normal in Size- 14.1 cm, Normal in Shape.

No Focal Or Diffuse Lesion Seen.

IHBR's & CBD are Normal in Appearance.

Portal vein appears normal in caliber.

GALL BLADDER

: Lumen Is Well Distended & Echo free. No Calculus Or Sludge Is Seen.

Wall thickness is normal(2 mm). No evidence of pericholecystic collection.

SPLEEN

: Normal In Size- 9.5 cm, Normal In Shape & Echotexture.

No Focal Lesion Seen. Splenic Vein - Normal.

**PANCREAS** 

: Pancreas Normal In Size And Echotexture.

RIGHT KIDNEY: Normal in size(9.5 x 4.1 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY

: Normal in size (9.4 x 4.5 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

**UTERUS** 

Uterus Is Anteverted And Appears normal In Size- 6.5 X 3 X 3.4 cm.

Normal In Shape & Echotexture.

Myometrium And Endometrium Appear To Be Normal.

Endometrial Thickness- 6 mm.

Right Ovary

Bulky With Multiple peripherally placed Small Follicles with central

echogenic ovarian stroma seen. 3 X 2.4 X 3 Cm, Volm-11 ml.

Left Ovary

Bulky With Multiple peripherally placed Small Follicles with central

echogenic ovarian stroma seen.. 3.6 X 2.3 X 3.4 Cm, Volm-14 ml.

Cervix Appears Normal. No Evidence Of Adenexal Mass Lesion Seen.

No Free Fluid In Pouch Of Douglas Seen. No Evidence Of Lymphadenopathy Seen.

Visualized Bowel Loops Appears Normal. No Sonographic Evidence Of Appendicitis In Present Scan.

URINARY BLADDER : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.

### IMPRESSION:

• Bulky Ovaries With Multiple Small Follicles Arranged Peripherally With Central Echogenic Ovarian Stroma Likely To Represent Bilateral Polycystic Ovaries Appearance.

Kindly Correlate With Hormonal Profile.

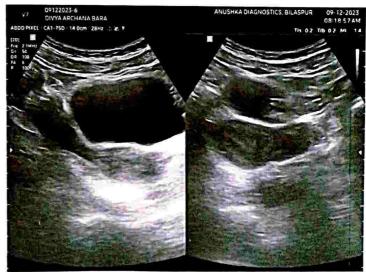
DR. PRASHANT S. BARPANDE MBBS, D.M.R.D. DNB (RADIODIAGNOSIS) M.N.A.M.S, CONSULTANT RADIOLOGIST REG. NO.- CGMC-3232/10











### डॉ. अनिरुद्ध कोशिक

एम.डी.(मेडिसीन), डी.एम. कार्डियोलॉजी (मुंबई) इंटरवेंशनल कार्डियोलॉजी (हृदय रोग विशेषज्ञ) भूतपूर्व असि. प्रोफेसर जे.जे.हॉस्पिटल (मुंबई)





स्थान : महामाया ट्रेंड सेंटर, प्रधान डाकघर के पास.. बृहस्पति बाजार, बिलासपुर (छ.ग.)

मो. : 9406272512

Email: shreehariheartclinic@gmail.com

### 2 D ECHO REPORT

Name: - MISS. BARA DIVYA ARCHANA

Ref. By :- RIDDHI DIAGNOSTIC

Age/Sex:-28Y/F Date:-09/12/2023

M Mode study (Dimensions in cm)

Ao = 2.4	LA = 2.6
IVSd = 0.8	LVPWd = 0.8
LVIDd = 4.0	LVIDs=2.2

DOPPLER STUDY FINDINGS

NO Diastolic Dysfunction

NO AS/AR/MS/MR

NO PAH

### Description

EF = 77%

Mitral valve Leaflets Normal, subvalvular apparatus Normal, Mitral valve area Normal No e/o prolapse, calcification or vegetation

Aortic valve Trileaflet, Opening Amplitude is adequate, NO significant AS/AR

Tricuspid Valve is normal, No TR

Pulmonary Valve is normal

PA is normal in size

Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

**Impression** 

**Normal Study** 

Good LV/RV function

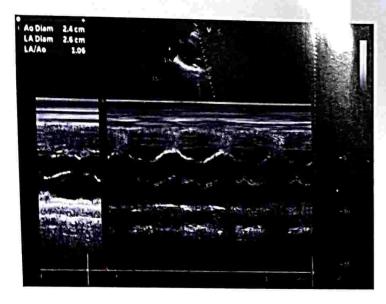
DR.ANIRUDDHA KAUSHIK MD Medicine ,DM Cardiology

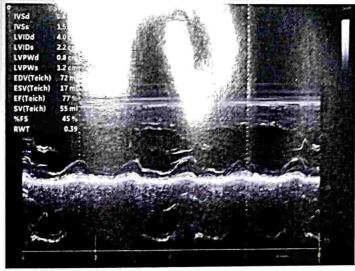
उपलब्ध सुविधाएँ: 🗆 ई.सी.जी. 🗆 टी.एम.टी. 🗆 २४ घंटे बीपी मॉनिटरिंग 🗆 २डी इको 🗆 हॉल्टर मॉनिटरिंग परामर्श समय: सुबह 11 वजे से सायं 5 वजे, सायं 7 बजे से रात्रि 9 बजे

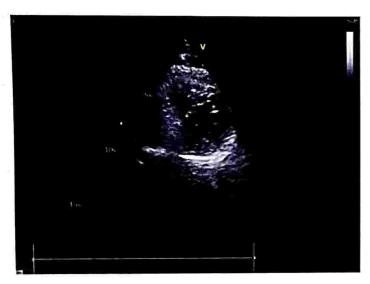
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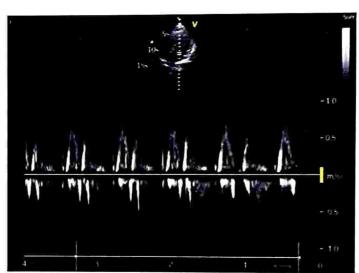
Name BARA DIVYA ARCHANA, 28Y/F

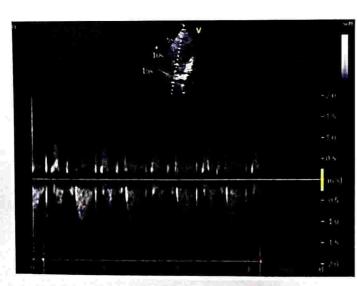
Date 09/12/2023

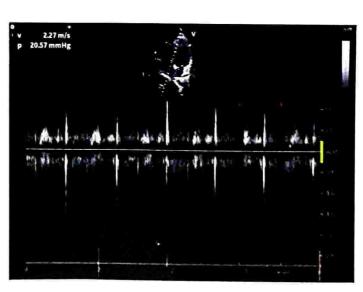












ID; 74 divya archana bara Female 28Years Req. No. :	23 12:09:41 COPY : 85 bpm : 102 ms : 132 ms : 64 ms z : 382/455 m	Sinus rhythm Normal ECG
		Report Confirmed by:  CGMC-8519/2018
		NI N
		X3
		V4
		V55
0.67-100Hz AC50 25mm/s 10mm/mV	2*5.0s CARDIART 9108 D	71.44 Glasgow V28.6.7 RIDDHI DIAGNOSTICS





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