

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. Sunil Kumar D

AGE/ GENDER: 34 yrs | m.

HEIGHT: 171cm

WEIGHT: 51kgs

IDENTIFICATION MARK: Black mole on Rt leg

BLOOD PRESSURE: 130/80 mmHg

PULSE: 98 bpm

CVS: }
RS:P } Normal

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: - No

I Certify that I have carefully examined Mr/Mrs. Sunil Kumar D son/daughter of Ms. Sho Doddathiravathi who has signed in my presence. He/ she has no physical disease and is fit for employment.

Sunil Kumar D
Signature of candidate

Dr. BINDURAJ. R
MBBS, MD
Internal Medicine
Reg. No. 62306
Signature of Medical Officer

Place: Spectrum Diagnostics & Health Care

Date: 21/10/24

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined



Dr. Ashok S
Bsc., MBBS., D.O.M.S
Consultant Ophthalmologist
KMC No: 31827

DATE: 21-10-24

EYE EXAMINATION

NAME: *Ms. Sunita Kumar D.* AGE: *34 yrs* GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	<i>6/6 ± 12/6</i> P	<i>6/6 ± 12/6</i> P
Vision With glass	-----	-----
Color Vision	<i>color normal</i> Normal	<i>color normal</i> Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC 31827
Consultant (Ophthalmologist)



ID: 0021

MR SUNIL KUMAR D

Male 34Years

21-10-2024 10:03:06

HR : 120 bpm

P : 107 ms

PR : 156 ms

QRS : 77 ms

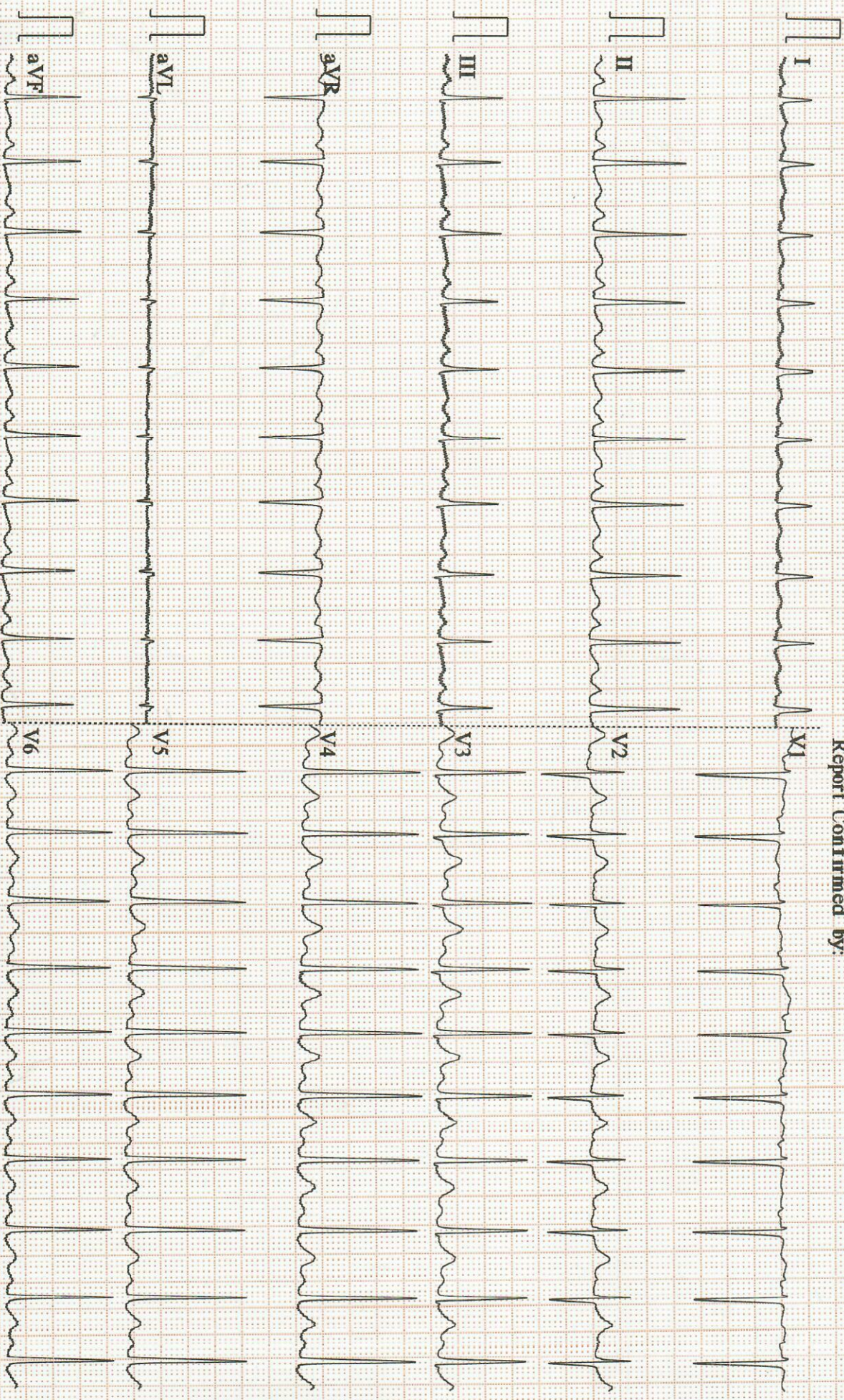
QT/QTc : 320/453 ms

P/QRS/T : 63/67/63 °

RV5/SV1 : 2.184/1.596 mV

Diagnosis Information:
Sinus Tachycardia

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2*5.0s 120 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

Name : MR. SUNIL KUMAR D	UHID : 2110240021	Bill Date : 21-Oct-2024 09:14 AM
Age / Gender : 34 years / Male		Sample Col. Date : 21-Oct-2024 09:14 AM
Ref. By Dr. : C/O APOLO CLINIC	2110240021	Result Date : 21-Oct-2024 12:07 PM
Reg. No. : 2110240021		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	17.00	g/dL	Male: 14.0 - 17.0	Spectrophotometer
Red Blood Cell (RBC)	5.63	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	49.70	%	Male: 42.0 - 51.0	Electronic Pulse
Mean corpuscular volume (MCV)	88.30	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	30.20	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.20	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	44.80	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	16.00	%	Male: 11.80 - 14.50	Volumetric Impedance
Mean Platelet Volume (MPV)	10.40	fL	8.0-15.0	Volumetric Impedance
Platelet	1.61	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	11.10	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	6140	cells/cumm	Male: 4000.0 - 11000.0	Volumetric Impedance
Neutrophils	48.10	%	40.0-75.0	Light scattering/Manual
Lymphocytes	45.80	%	20.0-45.0	Light scattering/Manual
Eosinophils	1.50	%	0.0-8.0	Light scattering/Manual
Monocytes	4.60	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	2.96	10 ³ /uL	2.0- 7.0	Calculated



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Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	2.81	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.28	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	90.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	42	mm/hr	Male: 0.0 - 10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture.



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Age / Gender : 34 years / Male		Sample Col. Date : 21-Oct-2024 09:14 AM
Ref. By Dr. : C/O APOLO CLINIC	2110240021	Result Date : 21-Oct-2024 12:08 PM
Reg. No. : 2110240021		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	134	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Creatinine, Serum	0.71	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
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Comments: Creatinine is the product of creatine metabolism. Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

Blood Group & Rh Typing-Whole Blood EDTA

Blood Group	O	Slide/Tube agglutination
Rh Type	Positive	Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.

Blood Urea Nitrogen (BUN)- Serum	11.50	mg/dL	7.0-18.0	GLDH, Kinetic Assay
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Test Name	Result	Unit	Reference Value	Method
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Comments: Blood urea nitrogen (BUN) or serum urea nitrogen is the end product of the hepatic detoxification of ammonia. It is this parameter that is sometimes also used to assess liver function. Urea nitrogen concentration in blood may decrease with impaired conversion of ammonia to urea by the liver. Low serum urea concentrations are, however, not specific for liver disease. Low urea nitrogen concentration is also seen in anorectic patients consuming less protein. In ruminants that are anorectic or on a low-protein diet, rumen microbes recur to Blood urea nitrogen as a nitrogen source for their own protein synthesis, decreasing the Blood urea nitrogen concentration. It is one of the oldest prognostic biomarkers in heart failure. Urea is formed by the liver and carried by the blood to the kidneys for excretion. Diseased or damaged kidneys cause Blood urea nitrogen to accumulate in the blood as glomerular filtration rate (GFR) drops. Conditions such as shock, heart failure, a high protein diet, and bleeding into the gastrointestinal tract can cause Blood urea nitrogen elevations.

Usage: Urea nitrogen is a renal function test that is often interpreted with creatinine. It is useful when measured before and after dialysis treatments.



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Test Name	Result	Unit	Reference Value	Method
<u>LFT-Liver Function Test -Serum</u>				
Bilirubin Total-Serum	0.72	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.14	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.58	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	24.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	19.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)- Serum	113.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP- Buffer
Protein, Total-Serum	9.78	g/dL	6.40-8.20	Biuret/Endpoint- With Blank
Albumin-Serum	4.74	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	5.04	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	0.94	Ratio	0.80-2.0	Calculated



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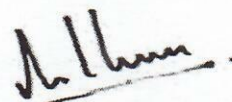
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Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.020		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Positive (+++)		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	3-4	hpf	0.0-5.0	Microscopy
Epithelial Cells	2-3	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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SCAN FOR LOCATION



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Ref. By Dr. : C/O APOLO CLINIC		Result Date : 21-Oct-2024 12:12 PM
Reg. No. : 2110240021		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	262	mg/dL	70-140	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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