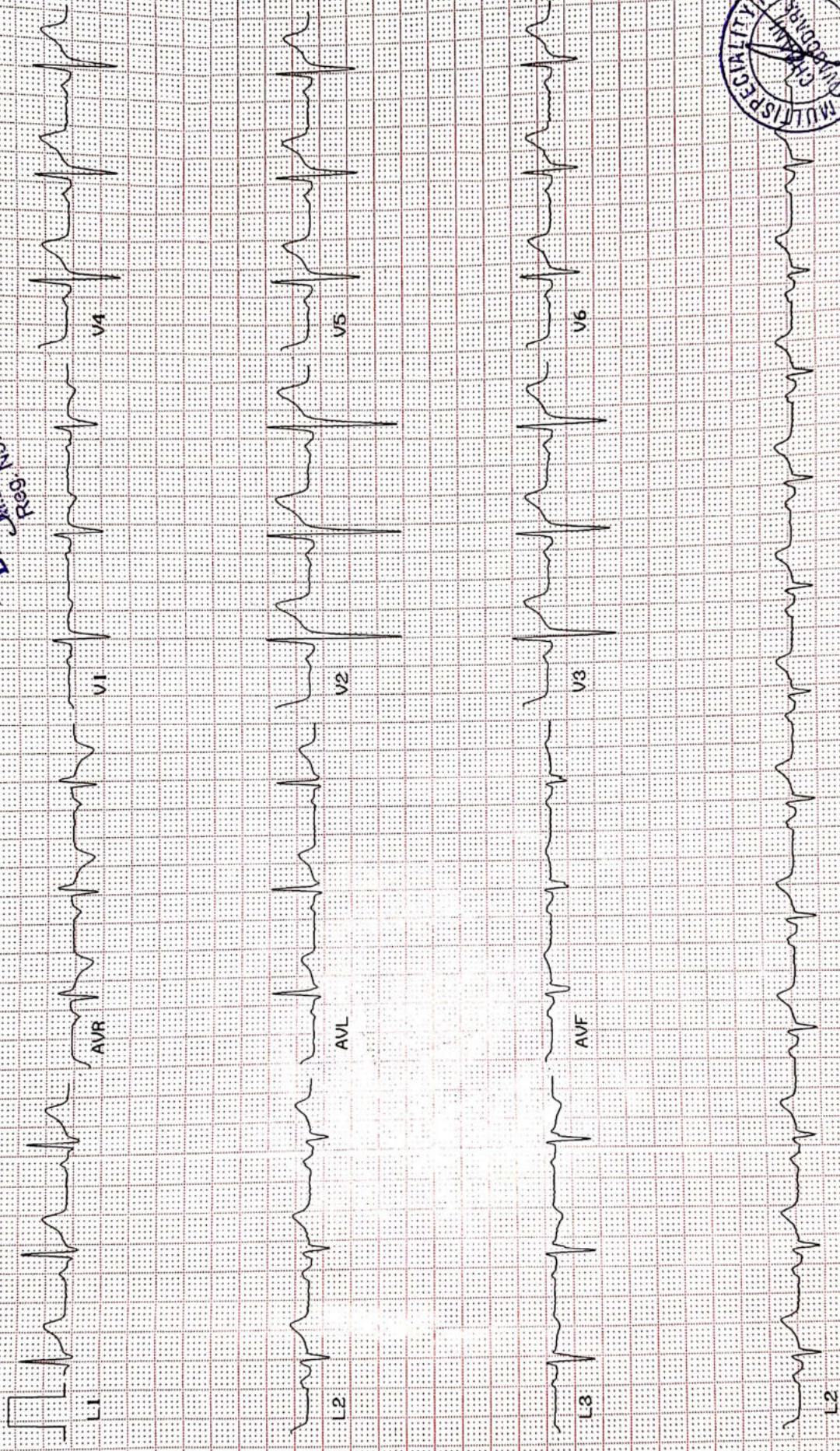


Clarity Medical TrueBeat 200 Ver2-2-6H
 0362
 Kumar Praaveen
 M 35Y 093Kg
 09:40 AM
 28/01/2023
 AUTO 12LS BLC-Y

To be clinically correlated: HR = 80bpm
 86%
 46%
 -14°
 38°
 17°

Dr. Jagdip A Patel
 Reg. No. G-25108
 Cardiology Medicine



Kumar

Ref By

CARDIOPRINT

Dr

CHANT HOSPITAL



FITNESS CERTIFICATE

C
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Name: Praveen Kumar Singh
 Date of Birth: 30/11/1987 Age: 35 Blood Group: O +ve
 Sex: Male Female | Marital Status: Married Unmarried
 Address: A-301, Shiv Vatika, Varna Road, Vadodara
 Any allergy / Disability / Pre-existing disease: NO Date: 28/01/23

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Height <u>179</u> Cms.	Weight <u>93</u> Kgs.	Near Vision: <u>6</u> L.E. <u>6</u> R.E. <u>6</u> Distant Vision: <u>6</u> L.E. <u>6</u> R.E. <u>6</u> Colour Vision: <u>NAD</u>	Hearing Left Ear: <u>(N)</u> Right Ear: <u>(N)</u>
BP: <u>110/70</u> mmHg	Pulse Rate: <u>92</u> /min.	Resp. Rate: <u>16</u> /min	
CVS: <u>S1S2 (N)</u>	RS: <u>clear</u>	Abdomen: <u>soft</u>	

Any other Findings: NO any other findings.

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I Dr.: Jaydutt Patel
 hereby certify that I have examined Mr./Ms.: praveen Singh
 on 28/1/2023 and find him (FIT) ~~UNFIT~~ for employment.
 Remarks if unfit: _____

Dr. Jaydutt A. Patel
 J.P.M.S., M.D. Medicine
 Reg. No: G-25108
 Signature & Seal

Praveen Singh
 Signature of Candidate

CHHANI MULTISPECIALITY HOSPITAL VADODARA
 Address / Tel No.

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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.

Praveen Singh
 Signature of Candidate: _____ Date: 28/01/23

आयकर विभाग
INCOME TAX DEPARTMENT
KUMAR PRAVEEN



भारत सरकार
GOVT. OF INDIA

RAM PRAVESH SINGH

30/11/1987
Permanent Account Number
CHLPP2429L

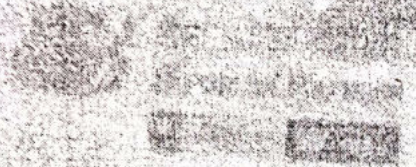
Kumar Praveen
Signature

04062013




Kumar Praveen





101873
C.C. No.

नाम | Name **KUMAR PRAVEEN**
पद | Designation **SENCHU MANAGER**
आरक्षक की हस्ताक्षर | Signature of Holder




17.08.2021
आरक्षक की तारीख | Issued on
Date of issue
आरक्षक का पता | Issuing Authority



ECHOCARDIOGRAPHY REPORT

PATIENT NAME : MR KUMAR PRAVEEN

AGE /SEX : 35/M

DATE : 28/01/2023

CONCLUSION:

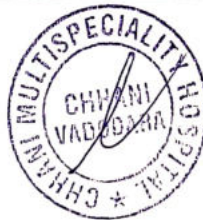
- NORMAL LV SYSTOLIC FUNCTION LVEF 55 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- NO MR/MS
- NO TR, NO PAH (RVSP – 15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 28mm	LA: 30mm	IVS:09mm
LVdd:47mm	LVds:25mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.88	A :0.92
AORTI CVALVE	1.15	



Dr. KARSHIT JOSHI
MBBS, MD, PGDM, FID
Reg. No. - 55306
DR. KARSHIT JOSHI
Consultant Diabetologist &
General Physician



NAME: KUMAR PARVEEN AGE:35/M

DATE: 28/01/2023

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 85*40 cm.
Left kidney measure 89*49 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. KUNAL VADWALA
MBBS, DMRD, DNB
Consultant Radiologist
Reg. No. G-20511





Sunny K. Machhi
+91 87585 30074
+91 83205 61561
sunnydigitalxray@yahoo.com

NAME	KUMAR PRAVEEN	AGE/SEX	35/MALE
REF. BY	CHHANI HOSPITAL	DATE	28/01/2023

X-RAY OF CHEST PA VIEW:

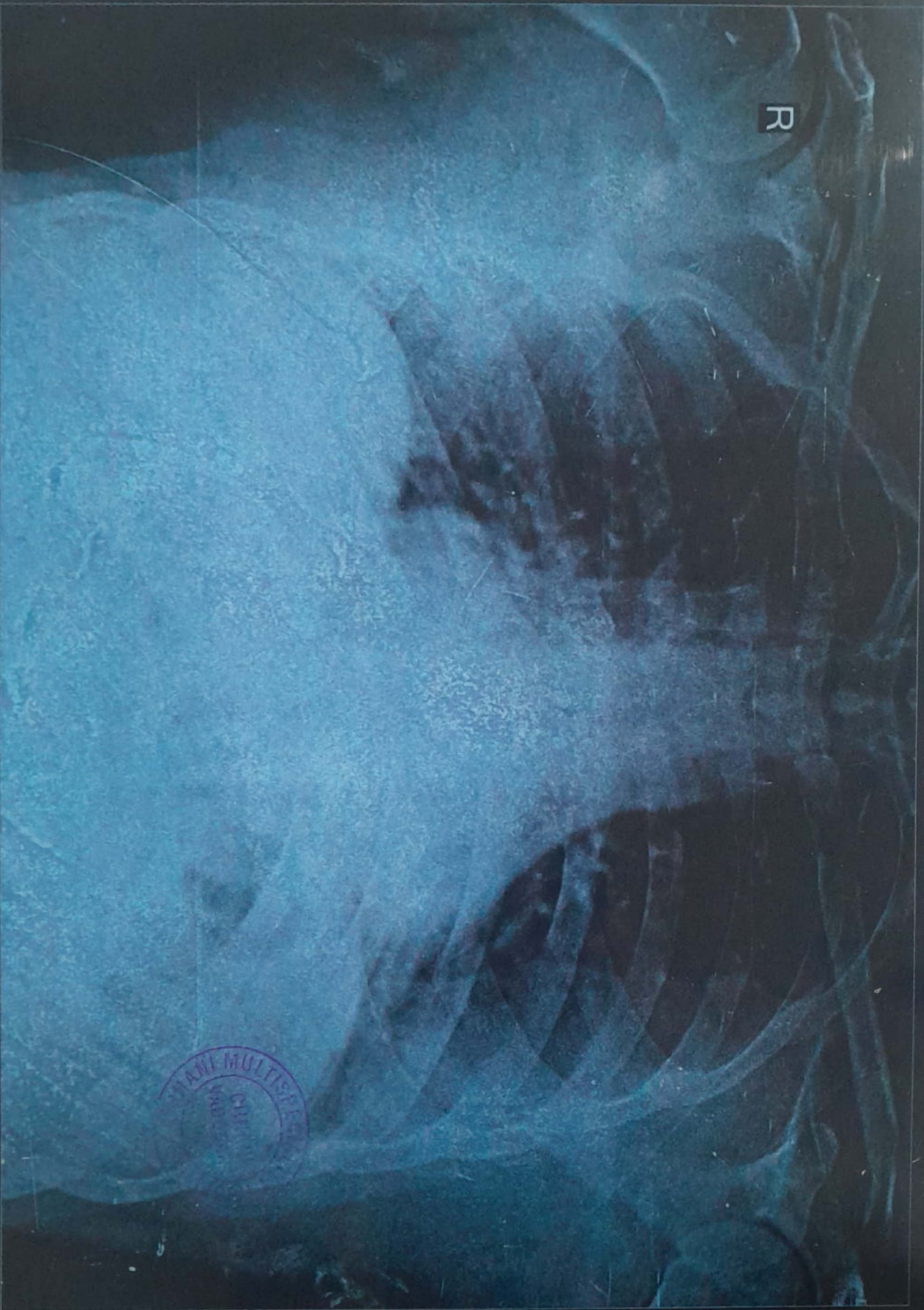
FINDING

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)





KUMAR PRAVEEN 35Y M CHEST PA 28-Jan-23
Sunny Digital Portable X-Ray Services 8758530074



Patient Name : KUMAR PRAVEEN
 Reference: CHHANI MULTISPECIALITY HOSPITAL

Report Time : 18:26:37



Age & Sex: 35 Year | Male
 Sample Type :

Date: 28/01/2023
 Lab ID: 00000420

COMPLETE BLOOD COUNT

Test	Observed Value	Unit	Biological Reference Interval
BLOOD COUNT			
HGB - Haemoglobin	14.0	g/dL	13.0 - 18.0
RBC - Red Blood Cell	4.78	mill./cmm	4.50 - 6.00
WBC - White Blood Cell	7000	/cmm	4000 - 10000
PLT - Platelets Count	53000 L	/cmm	150000 - 450000
HCT (Haematocrit)	40.0	%	40.0 - 50.0
MCV (Mean Cell Volume)	83.7	fL	80.0 - 100.0
MCH (Mean Cell Hemoglobin)	29.3	pg	27.0 - 32.0
MCHC (Mean Cell Hemoglobin Concentration)	35.0	g/dL	31.5 - 36.0
RDW-CV (Red Cell Distribution Width-CV)	14.1	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT %			
Neutrophils	62	%	40.0 - 70.0
Lymphocytes	30	%	20.0 - 40.0
Eosinophils	03	%	1.0 - 5.0
Monocytes	05	%	2 - 6
Basophils	00	%	0.0 - 2.0

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Report Time : 18:26:37



Patient Name : KUMAR PRAVEEN
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
Sample Type :

Date: 28/01/2023
Lab-ID: 00000420

URINE ANALYSIS

CHEMICAL & MICROSCOPY METHOD
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		Pale-Yellow / Watery
Appearance	Clear		Clear
pH	6.0		Acidic/Neutral
Specific Gravity	1.025		1.002 - 1.030
Blood	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1-2/hpf		0-5/hpf
Red Blood Cells	Absent		
Epithelial Cells	1-2/hpf Squamous		
Crystals	Absent		
Amorphous material	Absent		
Casts	Absent		
Mucus threads	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		Absent
Bacteria	Absent		
<u>SPECIAL CHEMICAL TEST</u>			
Ketone	Absent		Absent
Urobilinogen	Normal		Absent/Normal

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M. : 81404 50588 E-mail : trupathdiagnostics@gmail.com

Report Time : 18:26:37



Patient Name : KUMAR PRAVEEN	Age & Sex: 35 Year Male	Date: 28/01/2023
Reference: CHHANI MULTISPECIALITY HOSPITAL	Sample Type :	Lab ID: 00000420

BLOOD GROUP

ANTIGEN - ANTIBODY REACTION
 Biological Reference Interval

Test	Observed Value	Unit
BLOOD GROUP "ABO" Rh	"O" POSITIVE	



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Report Time : 18:26:37



Patient Name : KUMAR PRAVEEN
 Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
 Sample Type :

Date: 28/01/2023
 Lab-ID: 00000420

BLOOD GLUCOSE TEST

FULLY AUTO BIO-CHEMISTRY ANALYSER
 Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
------	----------------	------	-------------------------------

Sample FLOURIDE PLASMA

FASTING (FBS)

Blood Sugar-F 104 mg/dL 70.0 - 120.0

POST PRANDIAL (PPBS)

Blood Sugar-PP 100 mg/dL 80.0 - 140.0

Fasting blood glucose: A test to determine how much glucose (sugar) is in a blood sample after an overnight fast. The fasting blood glucose test is commonly used to detect diabetes mellitus. A postprandial glucose (PPG) test is a blood glucose test that determines the amount of glucose, in the plasma after a meal. ... Typically, PPG levels are measured after about 2 hours from the start of the meal which corresponds to the time-span in which peak values are typically located, in case of diabetic patients.



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Patient Name : KUMAR PRAVEEN
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
Sample Type :

Report Time : 18:26:38
Date: 28/01/2023
Lab ID: 00000420

LIPID PROFILE

FULLY AUTO BIO-CHEMISTRY ANALYSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	235	H mg/dL	100 - 199 mg/dl
Triglyceride	146	mg/dL	0 - 150 : Normal 150 - 199 : Borderline High 200 - 499 : High >= 500 : Very High
HDL Cholesterol	38	mg/dL	< 35 : Low (High Risk) >= 60 : High (Low Risk)
VLDL	29.2	mg/dL	0.0 - 30.0
LDL Cholesterol	167.8	H mg/dL	< 100 : Optimal 100 - 129 : Near/Above Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	4.42	H	1.0 - 3.4
Cholesterol / HDL Chol. Ratio	6.18	H	0-3.5

Interpretation:

Normal values of triglycerides (TG) are less than 150mg/dL. Unusually low levels of triglycerides can be present in disease states, producing syndromes of malabsorption in addition to patients who carry genes for familial hypobetalipoproteinemia.

Elevated triglycerides are determined based upon serum laboratory values being greater than 149mg/dL. Levels greater than 149 mg/dL constitute hypertriglyceridemia, and severity of TG is further classified by serum values falling within classification value ranges. Analysis of the significance of hypertriglyceridemia should take into account coexisting dyslipidemias. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Additionally, TG of 150 mg/dL or greater is one criterion for metabolic syndrome and can aid in the diagnosis when present with additional criteria.

Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. If pancreatitis is likely or potentially threatening and levels of triglycerides are found to be 1000 mg/dL or greater, immediate institution of lipid lowering therapy should begin



DR. JIGNA PATEL

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 in Hospital

Pathology

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Report Time : 18:26:38



Patient Name : KUMAR PRAVEEN
 Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
 Sample Type :

Date: 28/01/2023
 Lab ID: 00000420

BLOOD CHEMISTRY

FULLY AUTO BIO-CHEMISTRY ANALYSER
 Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Bl. Urea	32	mg/dL	10.0 - 50.0
S. Creatinine	0.89	mg/dL	0.40 - 1.40
eGFR	103.4	ml/min	> 60 ml/min
BUN	14.93		7.0 - 20.0



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Report Time : 18:26:38



Patient Name : KUMAR PRAVEEN
 Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
 Sample Type :

Date: 28/01/2023
 Lab ID: 00000420

LIVER FUNCTION TEST

FULLY AUTO BIO-CHEMISTRY ANALSER
 Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Bilirubin			
Jendrassik and Grof Method			
Total Bilirubin	0.68	mg/dL	0.30 - 1.20
Direct	0.18	mg/dL	0.00 - 0.20
Indirect	0.50	mg/dL	0.10 - 0.70
SGPT (ALT)	42 H	U/L	6.0 - 40.0
IFCC method without pyridoxal phosphate, Kinetic, UV			
SGOT (AST)	48 H	U/L	1.0 - 40.0
IFCC method without pyridoxal phosphate, Kinetic, UV			
Alkaline Phosphatase	101	U/L	80.0 - 306.0
PROTEINS			
Total Protein	7.9	g/dL	6.0 - 8.0
Albumin	4.8	g/dL	3.5 - 5.0
Globulin	3.1	g/dL	2.5 - 3.5
A/G Ratio	1.5		

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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Patient Name : KUMAR PRAVEEN
Reference: CHHANI MULTISPECIALITY HOSPITAL

Report Time : 18:26:38



Date: 28/01/2023
Lab-ID: 00000420

Age & Sex: 35 Year | Male
Sample Type :

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	FULLY AUTO CHEMISTRY ANALYSER Biological Reference Interval
HbA1c	5.1	%	4.2-6.2 Good Control : 6.3-7.2 Fair Control : 7.3-8.2 Poor Control : >8.3
Mean Blood Glucose	99.7	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb., this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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Patient Name : KUMAR PRAVEEN
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 35 Year | Male
Sample Type :

Report Time : 18:26:38

Date: 28/01/2023
Lab ID: 00000420

THYROID FUNCTION TEST

Test	Observed Value	Unit	DRIED CHEMILUMINESCENCE IMMUNOASSAY (CLIA) Biological Reference Interval
T3 - Triiodothronine	1.01	ng/dl	0.60 - 1.81
T4 - Total Thyroxine	6.6	µg/dL	4.5-12.6
TSH	2.0	µU/mL	0.55-4.78

Please note change in reference range & method of testing.
 Interpretation Note:
 Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of ypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.
 Normal ranges of TSH & thyroid hormones vary according trimesper in pregnancy. TSH ref range in Pregnancy Reference range (microlU/ml). First trimester 0.24 - 2.00, Second trimester 0.43-2.2, Third trimester 0.8-2.5

For test performed on specimens received or collected from non-Lab locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. Laboratory will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

--- End of Report ---

This is an electronically authenticated report.



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