

0362 25 mm/s P = 67 ms QT/QTc = 87% To be clinically correlated: HR = 79bpm
Urmila.gebhot 10mm/mV QRS = 107 ms QT/RR = 48%
F 26Y 054Kg 0.1 - 35HZ PR = 110 ms QRS axis = 58°
12:07 PM 50Hz ReJ-Y QT = 367 ms P axis = 36°
11/02/2023 AUTO 12LS BLC-Y QTc = 421 ms T axis = 31°

Dr. M. G. ...
Reg. No. ...
...





FITNESS CERTIFICATE

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Name : Urmila Gehlot
 Date of Birth : 28/10/1996 Age 26 Blood Group: _____
 Sex : Male Female | Marital Status: Married Unmarried
 Address : Ashthvinayek SOC, Melvi vadl, Jhared.
 Any allergy / Disability / Pre-existing disease: no any allergy Date: 11/02/23

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Height <u>157</u> Cms.	Weight <u>54</u> Kgs.	Near Vision: L.E. <u>6</u> R.E. <u>6</u> Distant Vision: 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>82</u> /min	Resp. Rate: <u>18</u> /min	
CVS: <u>S1 S2 (N)</u>	RS: <u>AEBE clear</u>	Abdomen: <u>SOFT</u>	
Any other Findings: _____			

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I Dr.: Jaydutt Patel.
 hereby certify that I have examined Mr./Ms.: Urmila Gehlot
 on _____ and find him (F) **FIT** / UNFIT for employment.
 Remarks if unfit: _____

Dr. Jaydutt Patel.
M.B.B.S. Medicine
Reg. No. G-25108
Signature & Seal

Urmila
Signature of Candidate

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.

Signature of Candidate: Urmila Date: 11/02/23



भारत सरकार

Government of India

उर्मिला गेहलोत

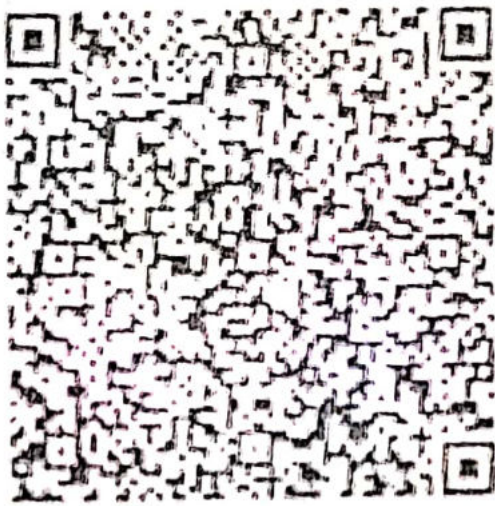
Urmila Gehlot



जन्म तिथि / DOB: 28/10/1996

लिंग / Female

3942 1241 4277



आधार - आम आदमी का अधिकार



Sunny K. Machhi
+91 87585 30074
+91 83205 61551
sunnydigitalxray@yahoo.com

NAME	URMILA MALI	AGE/SEX	26/FEMALE
REF. BY	CHHANI HOSPITAL	DATE	11/02/2023

X-RAY OF CHEST PA VIEW:

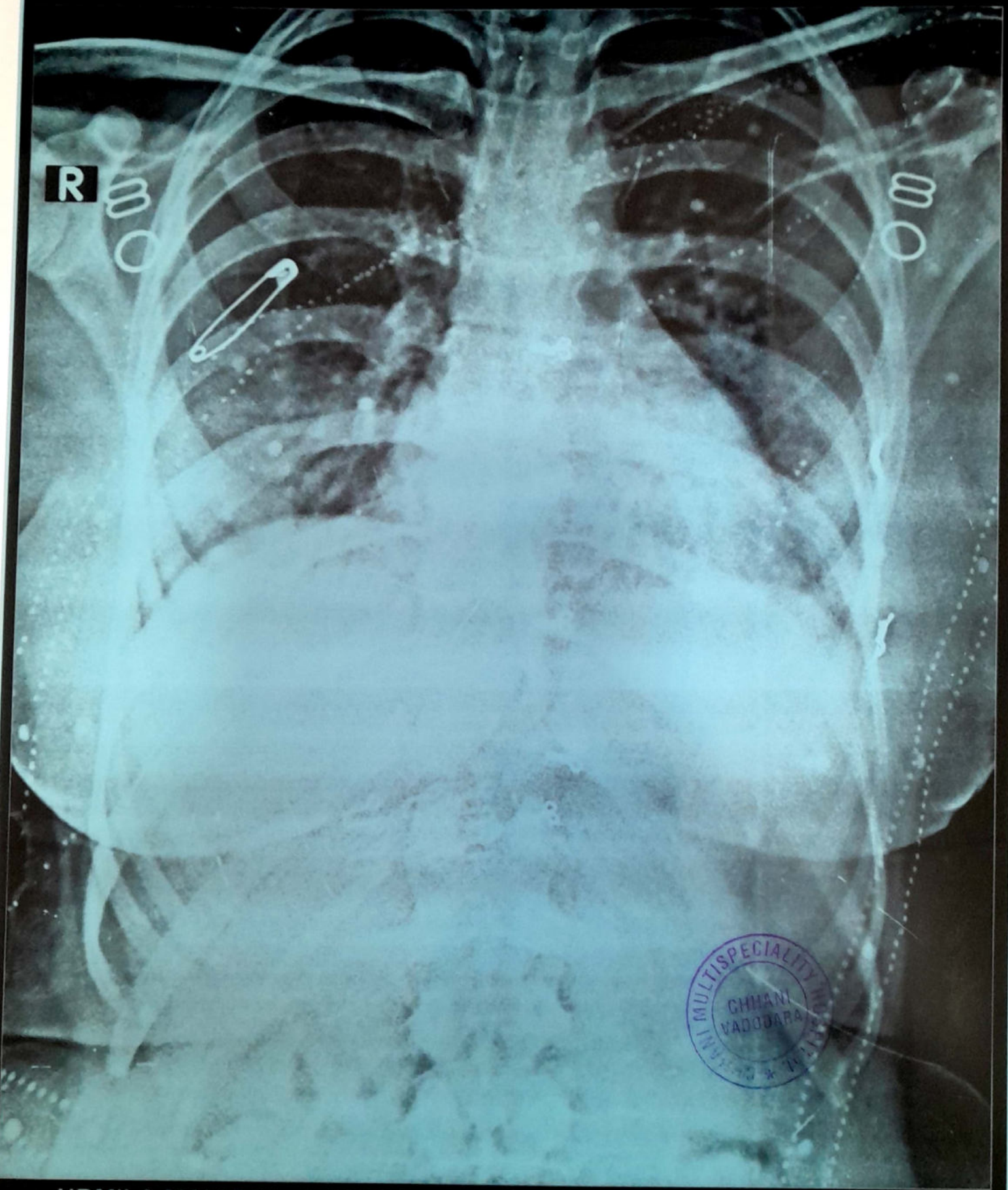
FINDING

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)





R

MULTISPECIALITY
CHIANI
VADDARA

URMILA MALI 26Y 11022306 F CHEST PA 11-Feb-23 11:54 AM
Sunny Digital Portable X-Ray Services 8758530074

Without contrast agent



NAME: URMILA GEHLOT

AGE:26/F

DATE: 11/02/2023

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.

UTERUS - normal

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, DNB, DNB
Consultant Radiologist
Reg. No. G-20511





ECHOCARDIOGRAPHY REPORT

PATIENT NAME : MRS URMILA GEHLOT

AGE /SEX : 26/F

DATE : 11 /02/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 58%
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- MILD MR/MS
- MILD TR, MILD PAH (RVSP – 35MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

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

DOPPLER STUDY

MITRAL VAVLE	E : 1.26	A :0.92
AORTI VALVE	1.02	



Dr. KARSHIT JOSHI
MBBS, DNB, FICM, FID
DR. KARSHIT JOSHI
Consultant Diabetologist &
General Physician



Pt. Name : URMILABEN GEHLOT

Registered On : 11 Feb, 2023 04:25 PM

Age/Gender : 26 Years Female

Collected On : 11 Feb, 2023 04:27 PM

Patient ID : 20

Reported On :

Ref. By : Dr. CHHANI MULTISPECIALITY
HOSPITAL (BOB)

MO : 0000000000



Address :
CBC with ESR

Investigation	Observed Value		Biological Reference Interval	Unit
HEMOGLOBIN				
Hemoglobin (Hb)	10.2	Low	12 - 15	g/dL
Hemoglobin %	60.00		0 - 100 Based on 17=100%	%
RBC COUNT				
Total RBC Count	3.64	Low	3.9 - 4.8	mill/cumm
BLOOD INDICES				
Packed Cell Volume (PCV)	32.0	Low	36.1 - 44.3	%
Mean Corpuscular Volume(MCV)	87.91		78.2 - 97.93	fL
Mean Corpuscular Hemoglobin (MCH)	28.02		27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	31.87	Low	33 - 36	g/dL
Red cell Distribution Width (RDW)	15.6	High	11.5 - 14	%
WBC COUNT				
Total WBC Count	6500		4000 - 11000	cumm
DIFFERENTIAL WBC COUNT				
Neutrophils	60		40 - 70	%
Lymphocytes	34		20 - 40	%
Eosinophils	02		1 - 6	%
Monocytes	04	High	1 - 4	%
Basophils	00	Low	0 - 1	%
PLATELET COUNT				
Platelet Count	197000		150000 - 450000	/cumm
ESR				



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Note : All the above tests are subject to technical limitations. Co-relate clinically. Lab may be contacted whenever necessary.



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Address :

Investigation	Observed Value	Biological Reference Interval	Unit
Erythrocyte Sedimentation Rate (ESR)	12	0 - 22	mm/hr

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MO : 0000000000



Address :

Blood Group, ABO & RH Typing

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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TruPath



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Reported On :

MO : 0000000000

Address :

Investigation	Observed Value		Biological Reference Interval	Unit
Glycosylated Hemoglobin(GHb/HbA1c)	4.5	Low	5.7 - 6.4 <5.7 Non Diabetic 5.7-6.4 Borderline >6.4 Diabetic	%
Mean Blood Glucose	82.45		90 - 210 90-120 Excellent Control 121-150 Good Control 151-180 Average Control 181-210 Action Suggested >210 Panic Value	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.

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



DR. ASHISH JAWARKAR
M.D. (Pathology)

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Address :

Urine Examination Routine

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Colour	Pale Yellow	Pale yellow	
Specific Gravity	1.030 High	1.005 - 1.030	
PH	5.0	4.6 - 8.0	
CHEMICAL EXAMINATION			
Proteins	NIL	Nil	
Glucose	Nil	Nil	
Ketones	Nil	Nil	
Bilirubin	Nil	Nil	
Urobilinogen	Normal	Normal	
Leucocyte Esterase	NEGATIVE	Negative	
Nitrite	NEGATIVE	Negative	
MICROSCOPIC EXAMINATION			
R.B.C.	Absent	0 - 5 Negative	
Pus Cells	1-2 High	0 - 5	WBC / hpf
Epithelial Cells	1-2 High	0 - 2	/hpf
Casts	Nil	0 - 0	/lpf

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Address :

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	1.17	0 - 1.2	mg/dL
Direct Bilirubin	0.56 High	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.61	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	22	0 - 40	IU/L
SGOT (AST)	29	0 - 31	U/L
Alkaline Phosphatase	70	60 - 320	U/L
SERUM PROTEINS			
Total Serum Protein	6.77	6.3 - 7.9	g/dL
Serum Albumin	4.39	3.5 - 5.5	g/dL
Serum Globulin	2.38 Low	2.5 - 3.5	g/dL
A/G Ratio	1.84	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.

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



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Address :
Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	176	150 - 199	mg/dL
Serum Triglycerides	62	0 - 150	mg/dL
HDL Cholesterol	42 Low	50 - more	mg/dL
LDL Cholesterol	121.60 High	0 - 100	mg/dL
VLDL Cholesterol	12.40	0 - 30	mg/dL
Non-HDL cholesterol	134.00 High	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	2.90	1.5 - 3.5	
Total-HDL Cholesterol Ratio	4.19	3.5 - 5	
Triglycerides HDL Ratio	1.48		

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

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Address :
FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	90	70 - 110	mg/dL
PP2BS	87	80 - 140	mg/dL

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Investigation	Observed Value	Biological Reference Interval	Unit
Urea	19	15 - 40	mg/dL
Serum Creatinine	0.79	0.5 - 0.9	mg/dL
Serum Uric Acid	2.90	2.6 - 6.0	mg/dL
Serum Triiodothyronine (T3)	1.41	0.69 - 2.15	ng/mL
Serum thyroxine (T4)	73	52 - 127	ng/mL
Thyroid Stimulating Hormone (TSH)	2.65	0.5 - 5	μIU/mL

Note:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Biological reference interval for TSH varies with age (eg 87 yrs old male may have normal TSH value upto 8.9 mIU/ml)(TIETZ clinical guide to laboratory tests). According to WALLACH interpretation of diagnostic tests ; reference range for TSH for adults is 0.5 - 6.3 mIU/ml. Because of considerable preanalytical (physiological , seasonal etc.) variation ; TSH result between 4.5 to 15 mIU/ml (marginally raised TSH) requires strong clinical correlation and repeat testing with submitting another fresh sample before taking any clinical decision . Repeat marginally raised TSH must be correlated with T3 , T4 & anti thyroid antibody level before making clinical decision & starting treatment.

TSH Reference Range in Pregnancy :

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

Gamma Glutamyl Transferase (GGT) 28 5 - 36 U/L

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