



VID :- N/42446  
PID No. :- 2024261015130435  
Name :- Mr. DHARMENDRA SINGH  
Age/Sex :- 38 Y / M  
Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :  
26/10/2024 9:18AM

Reported on/at  
26/10/2024 5:21PM

### BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
<b>GGT/GammaGT</b>			
Gamma GT Szasz method	21.0	U/L	11 - 34
<b>BLOOD SUGAR F</b>			
Glucose Fasting	138	mg/dl	60 - 110
<b>BLOOD SUGAR PP</b>			
Glucose PP	230	mg/dl	70 - 140
<b>LFT (LIVER FUNCTION TEST)</b>			
<b>Bilirubin (Total)</b> (Serum, Diazo)	0.67	mg/dL	<1.0
<b>Bilirubin (Direct)</b> (Serum, Diazo)	0.23	mg/dL	0 - 0.3
<b>Bilirubin (Indirect)</b> (Serum, Calculated)	0.44	mg/dL	UPTO 1.0
<b>SGOT (AST)</b> (Serum, Enzymatic)	21	U/L	5 - 37
<b>SGPT (ALT)</b> (Serum, Enzymatic)	29	U/L	10 - 40
<b>Alkaline Phosphatase</b> (Serum, pNPP)	200	U/L	80 - 290
<b>Total Proteins</b> (Serum, Biuret)	7.26	g/dL	6.4 - 8.3
<b>Albumin</b>	4.15	g/dL	3.7 - 5.6
<b>Globulin</b> (Serum)	3.11	g/dL	1.8 - 3.6
<b>A/G Ratio</b> (Serum)	1.33	g/dl	1.1 - 2.2
<b>Gamma GT</b> Szasz method	21.0	U/L	11 - 34

----- End Of Report -----

Dr. Avishesh Kumar Singh  
M.D. (Pathologist)

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**Lipid Profile (Fasting Sample Required)**

Cholesterol - Total	97	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	78	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	29	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	52.40	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	15.60	mg/dL	6-38
LDL/HDL RATIO	<b>1.81</b>		2.5-3.5
CHOL/HDL RATIO	<b>3.34</b>		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

**RFT (RENAL FUNCTION TEST)**

**Renal (Kidney) Function Test**

<b>Urea</b> (Serum)	24.7	mg/dL	15 - 43
<b>Creatinine</b> (Serum,Jaffe)	0.81	mg/dL	0.57 - 1.4
<b>Sodium</b>	142	mmol/L	135 - 145
<b>Potassium</b>	4.15	mmol/L	3.5 - 5.1
<b>Uric Acid</b> (Serum,Uricase)	3.26	mg/dL	2.6 - 6
<b>Chlorides</b>	102	mmol/L	98 - 107

*The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.*

----- End Of Report -----



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M.D. (Pathologist)



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### HBA1C

HbA1c Value	7.58	%	4-6=Normal Control 8-10=Unsatisfactory Control >10%=Poor Control	6-7=Good 7-8=Fair
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

----- End Of Report -----

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
<b>URINE R/M</b>			
<b><u>Physical Examination</u></b>			
Specific Gravity	1.030		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
Glucose	Present		NIL
<b><u>Microscopic Examination</u></b>			
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	1-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<b><u>Chemical Examination</u></b>			
Protein	NIL		NIL

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

----- End Of Report -----

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### Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
<b>CBC</b>			
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	11.7	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.89	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	41.6	%	36 - 47
MCV (Mean Corpuscular Volume)	71	fl	78 - 95
MCH (Mean Corpuscular Hb)	20.0	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	28.2	g/dL	32 - 36
RDW (Red Cell Distribution Width)	17.5	%	11.5 - 14
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) Count	6400	cells/cu.mm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes.	33	%	20 - 40
Monocytes	05	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<b><u>Platelets-</u></b>			
Platelet count	214	x10 <sup>9</sup> /L	150 - 450
MPV (Mean Platelet Volume)	8.1	fL.	6 - 9.5
PCT ( Platelet Haematocrit)	0.173	%	0.15 - 0500
PDW (Platelet Distribution Width)	15.3	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

----- End Of Report -----

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### Hematology

Investigation	Observed Value	Unit	Biological Reference Range
<b>Blood Group &amp; RH Type Screening</b>			
ABO Group	"B"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

### **ESR**

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	<b>30</b>	mm at 1hr	0 - 15
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#### 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. It is also increased in pregnancy, multiple myeloma.

----- End Of Report -----

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### PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
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#### Urine Sugar Fasting

Urine Sugar (Fasting)	Trace		Absent
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#### Thyroid Panel 1 (T3, T4, TSH)

T3	0.96	ng/dl	0.6-1.8
----	------	-------	---------

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	6.23	ug/dl	4.5-12.6
----	------	-------	----------

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	1.55	uIU/ml	0.25-5.5
-----	------	--------	----------

Remarks : 1.4.51 to 15  $\mu$ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2.TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----

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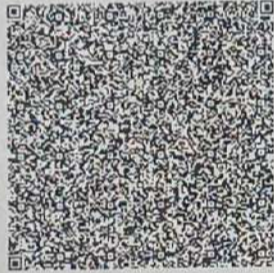


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 1249/21639/00207

To  
धर्मेंद्र सिंह  
Dharmendra Singh  
S/O: Murit Singh,  
House No M.I.G D-85,  
Opposite Dindayal Colony,  
Abhishek Vihar,  
VTC: Mangala,  
PO: Mangla,  
Sub District: Bilaspur,  
District: Bilaspur,  
State: Chhattisgarh,  
PIN Code: 495001,  
Mobile: 7587401733



Signature Not Verified  
Digitally signed by AS Unique  
Identification Authority of India  
DN:  
Date: 2024.10.09 10:19:21  
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

6180 0295 1748

VID : 9189 4740 2460 3922

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



धर्मेंद्र सिंह  
Dharmendra Singh  
जन्म तिथि/DOB: 28/06/1986  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

6180 0295 1748

मेरा आधार, मेरी पहचान



सत्यमेव जयते  
Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

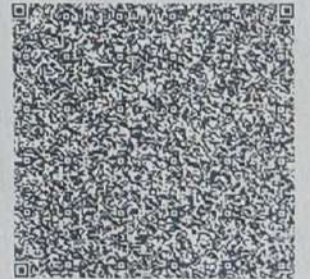


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज: मुरित सिंह, घर न एम.आई.जी डी-85, दीनदयाल  
बस्ती के सामने, अभिषेक विहार, मंगला, मंगला, बिलासपुर,  
छत्तीसगढ़ - 495001

Address:  
S/O: Murit Singh, House No M.I.G D-85,  
Opposite Dindayal Colony, Abhishek Vihar,  
Mangala, PO: Mangla, DIST: Bilaspur,  
Chhattisgarh - 495001



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VID : 9189 4740 2460 3922

1947

help@uidai.gov.in

www.uidai.gov.in

Dr. Shailendra Kumar  
MD, Medicine



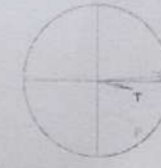
# DR RUPRELA'S NMS DIAGNOSTICS & IMAGING CENTER

FAFADIH, RAIPUR

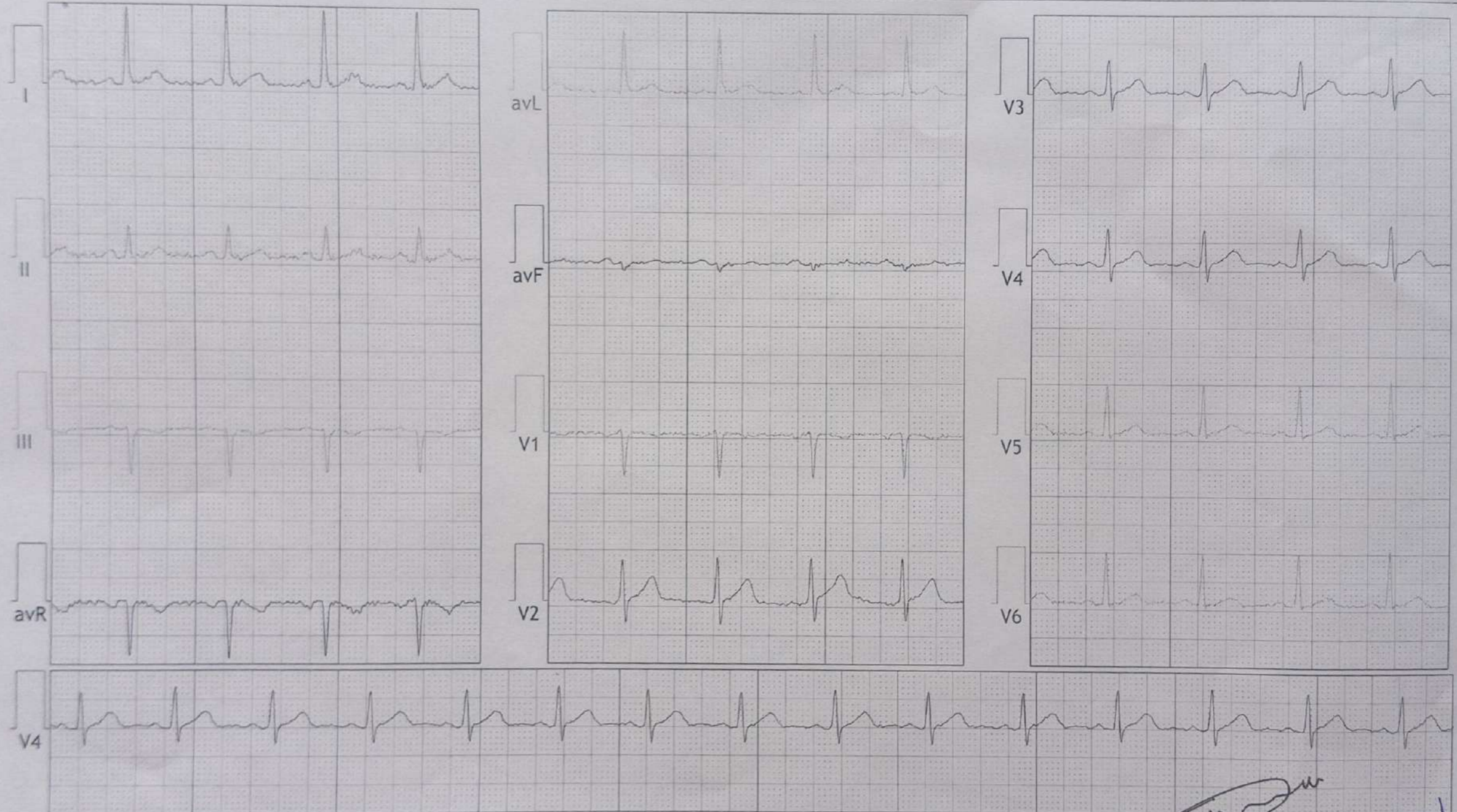
250/Mr Dharmendra Singh 38Yrs/Male 101Kgs/172 Cms BP: 128/79\_ mmHg

HR: 89 bpm

Ref.: APOLLO Test Date: 26-Oct-2024(11:01:32) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



PR Interval: 120 ms  
QRS Duration: 130 ms  
QT/QTc: 349/426ms  
P-QRS-T Axis: 48 - -5 - 12 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 89 bpm; PR Interval : 120 ms; QRS Duration: 130 ms; QT/QTc Int : 349/426 ms

P-QRS-T axis: 48• -5• 12• (Deg)

Comments :

*(Signature)*  
**Dr. Shailendra Ruprela**  
MD , Medicine  
Reg. No.: CGMC-511/2006

*(Signature)*



NAME : MR DHARMENDRA SINGH  
REF. BY : APOLLO

AGE : 38Y/M  
DATE : 26.10.2024

**X-RAY CHEST PA VIEW**

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- 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.
- **IMPRESSION : No evidence of pulmonary, pleural or cardiac pathology is noted.  
Radiograph of chest is within normal limits.**





**NAME : MR. DHARMENDRA SINGH**

**AGE : 38 Y/SEX/M**

**Ref. By : APOLLO**

**DATE 26.10.2024**

**Complain Of : No Complaints**

**Ocular H/O: Nil**

**Family Ocular H/O: Nil**

**WEARING GLASSES : YES/NO**

**(IF YES PLEASE MENTION THE POWER)**

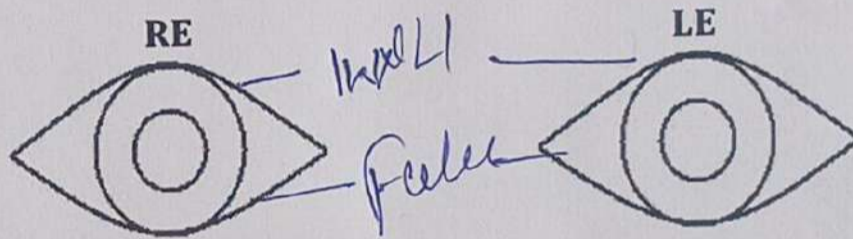
**DISTANCE VISION:**  
(With / without PGP)

**RE**            6/6    **LE**    6/6

**NEAR VISION:**  
(With / without PGP)

**RE**            N/6    **LE**    N/6

**EXTERNAL EYE EXAMINATION:**



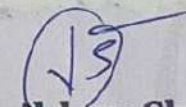
**EOM: NAD**

**SQUINT EVALUATION: ABSENT**

**NYSTAGMUS: ABSENT**

**COLOR VISION TEST: NORMAL**

**NYCTALOPIA (Night Blindness): ABSENT**

  
**Dr. Vaibhav Sharma**  
**Ophthalmologist**  
**Reg. No. MCI/10-37782**



NAME : MR. DHARMENDRA SINGH  
REF. BY: APOLLO

AGE : 38 Y/M  
DATE : 26.10.2024

### SONOGRAPHY OF WHOLE ABDOMEN

The Real time, B mode, gray scale sonography was performed.

**LIVER** :The liver is enlarged in size and has smooth margins.

It has raised echotexture, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

**GALL BLADDER** :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls , without, gall stones or mass lesions

**COMMON BILE DUCT** :The common bile duct is normal in caliber.

No evidence of calculus is noted in common bile duct.

**PANCREAS** :The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** :The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

**SPLEEN** : The spleen is normal in size and shape. Its echotexture is homogeneous.

No evidence of focal lesion is noted.

**URINARY BLADDER** :The urinary bladder is well distended.

No evidence of calculus is seen.

No evidence of mass or diverticulum is noted.

**PROSTATE** :The prostate shows well defined and sharp margins.

The prostatic echotexture is normal and homogenous.

### IMPRESSION :

**Diffuse fatty infiltration of liver**

### Thanks for referral

As with any other investigations the results obtained serve as an aid to diagnosis and should be interpreted in relation to any other clinical and diagnostic findings .



**Dr. Shailendra Ruprela**  
MD, Medicine  
Reg. No.: CGMC-511/2006



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**REFERRED BY** : ARCOFEMI HEAL THCARE  
**DATE** : 26.10.2024

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**PERIPHERAL SMEAR EXAMINATION**


**RBC** : Macrocytic normochromic .

**WBC**: Total counts within normal range. No toxic granulation seen.  
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

**Platelets**: Appears adequate on smear.

**Haemoparasite**: No haemoparasite seen.

**\*END OF REPORT\***

  
**Dr. Avishesh Kumar Singh**  
**MD (Pathologist)**



NAME: MR. DHARMENDRA SINGH  
REF. BY: ARCOFEMI HEALTHCARE

AGE/SEX : 38Y/M  
DATE: 26.10.2024

### ECHO – CARDIOGRAPHY

#### M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)	
Aortic Root	3.1	2.0-3.7	
Left Atrial Dimension	2.8	1.9-4.0	
Left Ventricular ED	4.1	3.7-5.6	
Left Ventricular ES	2.8	2.2-4.0	
Interventricular Septal	ED : 0.9	ES : 0.8	0.6-1.2
LEFT VENT PW	ED : 0.9	ES : 0.8	0.6-1.2

#### 2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVERALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

#### CONTINUOUS WAVE & PULSE WAVE DOPPLER

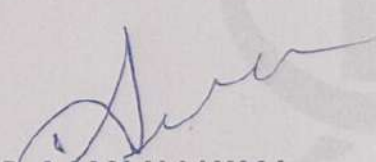
Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

#### PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

#### IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES

  
DR AJAY HALWAI  
MBBS, MD, PGDCC



TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MR. DHARMENDRA SINGH AGE 38 Y/M HAS UNDERGONE DENTAL EXAMINATION ON 26.10.2024.

DURING HIS INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE ABNORMALITIES WERE DETECTED.

NO CAVITIES DETECTED.

CALCULUS +

STAINS +

HIS EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.

ADVISE: ORAL PROPHYLAXIS,

MAINTAIN GOOD ORAL HYGIENE,

FOLLOW UP,

BRUSH TWICE DAILY.

**Dr. Poonam Ruprela**  
Consultant Dental Surgeon  
CGDC/15/G/2169



Dr. Ruprela's  
**NMS** Diagnostics & Imaging  
"अचूक निदान" स्वस्थ जीवन की ओर..

**TO WHOM SO EVER IT MAY CONCERN**

THIS IS TO DECLARE THAT MR. DHARMENDRA SINGH AGE-38/M HE UNDERGONE ENT EXAMINATION ON 26/10/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

*Anoop*

Dr. Anoop Rekha Mudgal  
MS, ENT  
Reg. No.: CGMC- 5083/2014

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)  
Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com





**MR. DHARMENDRA SINGH**

DATE : 26.10.2024

AGE : 38

SEX : MALE

HEIGHT : 172 cms

WEIGHT : 101 kgs

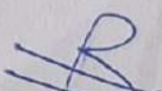
BMI : 34.1

BLOOD PRESSURE : 128/79 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT


ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS
8. RELAX AND BE HAPPY.

  
**DR. RASHI SALUJA**  
**CONSULTANT DIETICIAN**



**TO WHOM SO EVER IT MAY CONCERN**

THIS IS TO DECLARE THAT MR.  DHARMENDRA SINGH AGE 38 YEAR/MALE HAS UNDERGONE MEDICAL EXAMINATION ON 26.10.2024 DURING HIS GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

HE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HIS VITALS PARAMETERS ARE HEIGHT: 172 cms,WEIGHT: 101 kg, BP: 128/79 mmhg, HR: 89 bpm, BMI: 34.1

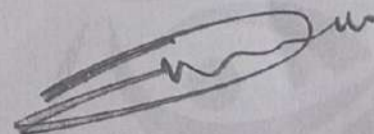
HIS BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

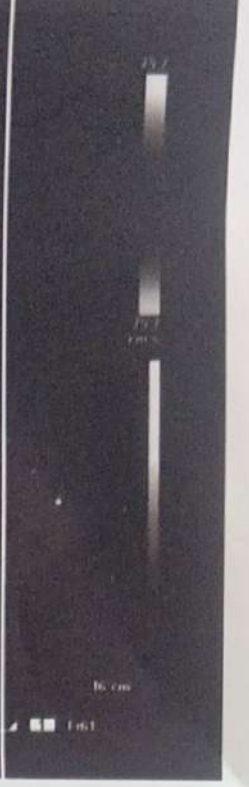
HE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

HE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HIM ALL THE BEST.



**Dr. Shailendra Ruprela**  
MD , Medicine  
Reg. No.: CGMC-511/200

P4.2  
 Cardiac  
 0 dB  
 2.2 MHz  
 4380 Hz  
 Filter 1  
 Persist 0  
 R/S 3  
 Map D  
 Priority 2  
 Smooth 2  
 Flow M  
 26 fps  
 DTCE Low

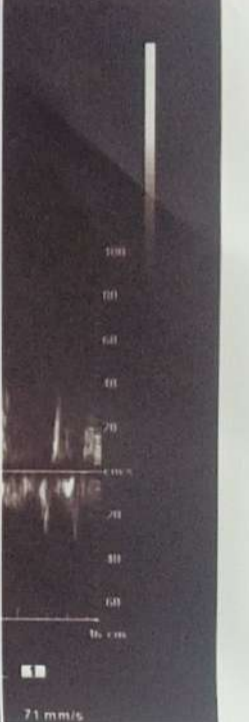
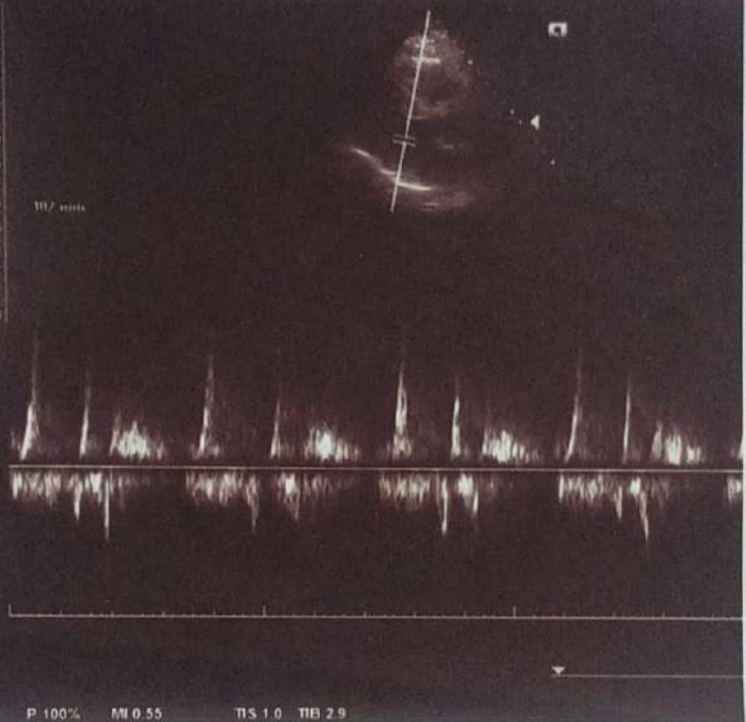


P 100% MI 0.74 TIS 0.9 TIB 0.9

16 cm

1.61

P4.2  
 Cardiac  
 60 dB  
 2.2 MHz  
 5208 Hz  
 Filter 234 Hz  
 Update Off  
 DR 55 dB  
 Map A  
 Tint 2  
 10.7 mm  
 Sweep 4  
 Gate 5.0 mm  
 TIF Res C  
 Angle 0  
 55 fps

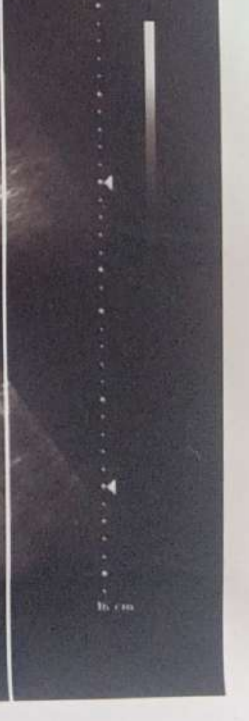


P 100% MI 0.55 TIS 1.0 TIB 2.9

71 mm/s

16 cm

CH5.2  
 Abdomen  
 0 dB  
 TIB 3.6 MHz  
 DR 65 dB  
 Edge 1  
 Persist 3  
 R/S 3  
 Map F  
 Tint 2  
 SC 2  
 16 fps



P 100% MI 0.95 TIS 0.4 TIB 0.4

16 cm