



PRE - EMPLOYMENT HEALTH CHECK UP REPORT

DATE - 1/10/22

PATIENT NAME - Mr Alok Bagri AGE - 35yrs GENDER - M

WEIGHT(KG) - 78.9 kg HEIGHT - 173 cm

PHYSICAL EXAMINATION

PULSE

BP 110/80

BLOOD SUGAR(RANDOM)

FINDINGS

INVESTIGATIONS : Investigation reports are attached

FITNESS CERTIFICATE

SIGNATURE



(This is only professional opinion and not the diagnosis, Please correlate clinically)

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines) Fax : 0124-2218733 E-mail : parkmedicenters@gmail.com

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr ALOK BAGRI	Billed Date	01/10/2022	3.10 PM
Reg No	662779	Reported Date	01/10/2022	
Age/Sex	35 Years 11 Months 2Days / Male	Req. No.	22969815	
Type	OPD	Consultant Doctor	Dr. RMO	

X-RAY CHEST AP/PA

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

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 for patient age and view.

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

To be correlated clinically



Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. ALOK BAGRI
MR No : 662779
Age/Sex : 35 Years 11 Months 2 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 01/10/2022 / 3.10 PM
Reporting Date : 05/10/2022
Sample ID : 48549
Bill/Req. No. : 22969815
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.24	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.6	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE (TSH)	1.95	0.5-5.50 ,	µIU/ml	
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



Dr. NALANDA BUKTARE
MD (Pathology)

Dr. PRADIP KUMAR
Consultant (Microbiology)

Dr. NISHA TIWARI
MBBS, MD (Microbiology)
USER NM DINESH

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Bill Date : 01/10/2022
Reporting Date : 05/10/2022
Sample ID : 48549
Bill/Req. No. : 22989815
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units
PSA TOTAL			
PROSTATE SPECIFIC ANTIGEN(PSA)	0.80	0.57 - 4.0	ng/ml
SPECIMEN TYPE	SERUM		
Method : chemiluminescent immunoassay			

Note : Clinical Use: -

An aid in the early detection of Prostate cancer in Male. Follow up and amazement of Prostate cancer patients. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

Note: -

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & non-specific protein binding. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

***** END OF THE REPORT *****



Sample no.

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Type : OPD

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	86	60 - 100	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



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MBBS, MD (Microbiology)
USER NM AMIT

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Test	Result	Blo. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	20ml	5 - 100	m1	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear			
SPECIFIC GRAVITY	1.020	1.000-1.030		MANUAL
PH	6.0	Acid/Alkaline		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	NIL	NIL		Either Reaction
URINE PROTEIN	NIL	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		Griess test
TOTAL BILIRUBIN	NIL	0.1 - 1.2	mg/dL	DIAZO
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	Negative		SOD.NITROPRUSSIDE
MICRO.EXAMINATION				
PUS CELL	2.3	0-5	/hpf	
RED BLOOD CELLS	Nil	0-2	/hpf	
EPITHELIAL CELLS	1.2	4---5		/hpf
CASTS	nil	nil	/lpf	
CRYSTALS	NIL	NIL		

***** END OF THE REPORT *****

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Dr.NISHA TIWARI
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USER NM NEERAJPA752



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Test	Result	Bio. Ref. Interval	Units
BLOOD GROUPING AND RH FACTOR			
BLOOD GROUP	* B * RH POSITIVE		

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	15.2	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	7600	4000 - 10000	/ μ L	ELECTRICAL IMPEDANCE
DIFFERENTIAL COUNT				
NEUTROPHILS	54	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	37	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	2.0 - 10.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.0 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.7	H 3.5 - 5.5	millions/ μ L	ELECTRICAL IMPEDANCE
PACKED CELL VOLUME	44.2	35.0 - 50.0	%	ELECTRICAL IMPEDANCE
MEAN CORPUSCULAR VOLUME	76.7	L 83 - 101	fL	ELECTRICAL IMPEDANCE
MEAN CORPUSCULAR HAEMOGLOBIN	26.4	L 27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	34.4	33 - 37	g/dl	CALCULATED
PLATELET COUNT	274	150 - 450	thou/ μ L	ELECTRICAL IMPEDANCE
RDW	13.7	11.6 - 14.5	%	CALCULATED

***** END OF THE REPORT *****



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Type :	OPD	Bill/Req. No. :	22969815
TPA/Corporate :	MEDIWHEEL PVT LTD	Ref Doctor :	Dr.RMO

Test	Result	Bio. Ref. Interval	Units
ESR (WESTERGREN)			
E.S.R.	25 H	0 - 15	mm at the end of 1st hr

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.3	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	70 H	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE
SGPT (ALT)	146 H	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE MODIFIED IFCC
ALKALINE PHOSPHATASE	94	30 - 170	IU/L	BIURET
TOTAL PROTEINS	6.0 L	6.4 - 8.0	g/dL	BCG DYE
ALBUMIN	3.8	3.3 - 5.5	g/dL	CALCULATED
GLOBULIN	2.2 L	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.73	1.1 - 2.2		CALCULATED

***** END OF THE REPORT *****



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 MR No : 662779
 Age/Sex : 35 Years 11 Months 2 Days / Male
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 Reporting Date : 01/10/2022
 Sample ID : 48549
 Bill/Req. No. : 22969815
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				UREASE-GLDH
SERUM UREA	20	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	5.9	2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	145	136 - 145	meq/l	ISE
SERUM POTASSIUM	4.2	3.5 - 5.5	meq/l	ISE
SERUM CALCIUM	8.5	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.8	2.5 - 4.5	mg/dL	AMMONIUM MOLYBDATE

***** END OF THE REPORT *****



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Reporting Date : 01/10/2022

Sample ID : 48549

Bill/Req. No. : 22969815

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	140	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	93	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	45	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	18	6 - 32	mg/dL	calculated
LDL	77	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.7	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.1	2.0 - 5.0	mg/dl	calculated

***** END OF THE REPORT *****



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NAME	: MR. ALOK BAGRI	DATE	: 1 / 10 / 22
Age Sex	: 35 Years / Male	Inpatient No	:
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 22969544

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler

Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.
Doppler Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.
Doppler Normal / Abnormal.
Pulmonary stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4
Doppler Normal / Abnormal
Aortic Stenosis: Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace



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Measurements	Normal Values	Measurements	Normal Value
IVSD : 1.0cm	(0.6-1.1cm))	LA : 3.5cm	(1.9-4.0cm)
LVID : 4.7cm	(3.7-5.6cm)	LVOT : 1.6cm	(2.0-3.7cm)
LVPW : 0.9cm	(0.6-1.1cm)	AORTA : 2.6cm	Normal / Flat / Paradoxical
EF : 60%	(55% - 80%)	IVSmotion :	

Any Other

CHAMBERS:-

- LV Normal / Enlarged / Clear / Thrombus / Contraction Normal LV shows concentric LVH, no gradient across LVOT / Inetic / Intra capillary Regional wall motion abnormality: Absent / Present
- LA Normal / Enlarged / Clear / Thrombus / Myxoma; LAA: Clear / Thrombus
- RA Normal / Clear / Thrombus, Dilated.
- RV Normal / Mildly Dilated / Enlarged / Clear / Thrombus / Hypertrophied /
- PERICARDIUM Normal / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All Cardiac Chamber Dimensions are within normal limits.
- Global LVEF 60%
- NO RWMA
- NORMAL LV FUNCTION
- NO LVDD
- NO MR / NO MS
- NO AR / NO AS
- TRACE TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. ELA MADAAN
 MBBS, PGDCC
 Fellowship in non Invasive
 Cardiology

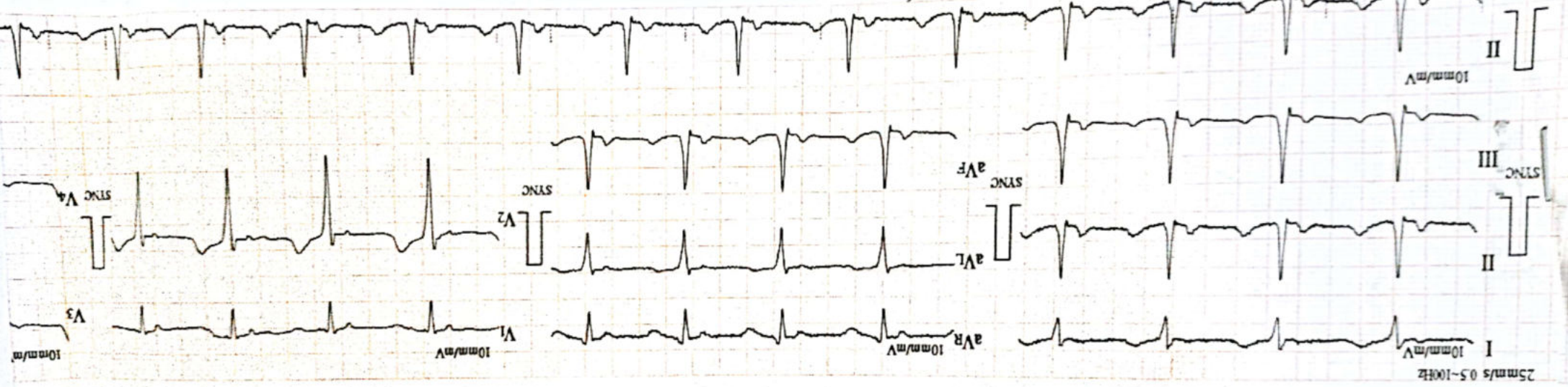


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ECG-1203 V2.000(R105:V2.000/AMP:V1.001) 2016-01-01 00:03



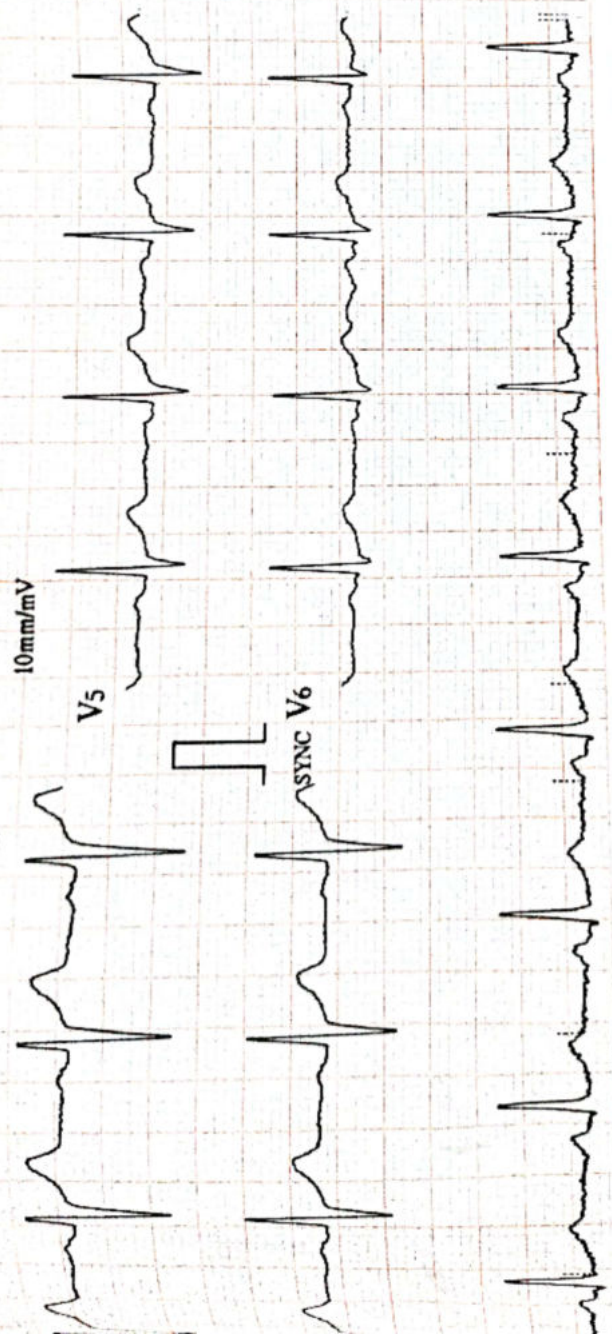
11/02/26

HR : 78 bpm
 R-R : 763 ms
 P-R : 157 ms
 QRS : 110 ms
 QT/QTc : 353/403 ms
 P/QRS/T : 85/104/68 °
 RV5/SV1 : 0.990/0.560 mV
 RV5+SV1 : 1.550 mV

ID : 0123
 Name: Alok
 Sex : male
 Age : 31

----- Sinus Rhythm
 ----- T Abnormality(Flat T)
 ----- Right Axis Deviation

Unconfirmed report Verified by:





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Reporting Date : 05/10/2022
Sample ID : 48549
Bill/Req. No. : 22969815
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	128	80 - 150	mg/dl	

***** END OF THE REPORT *****



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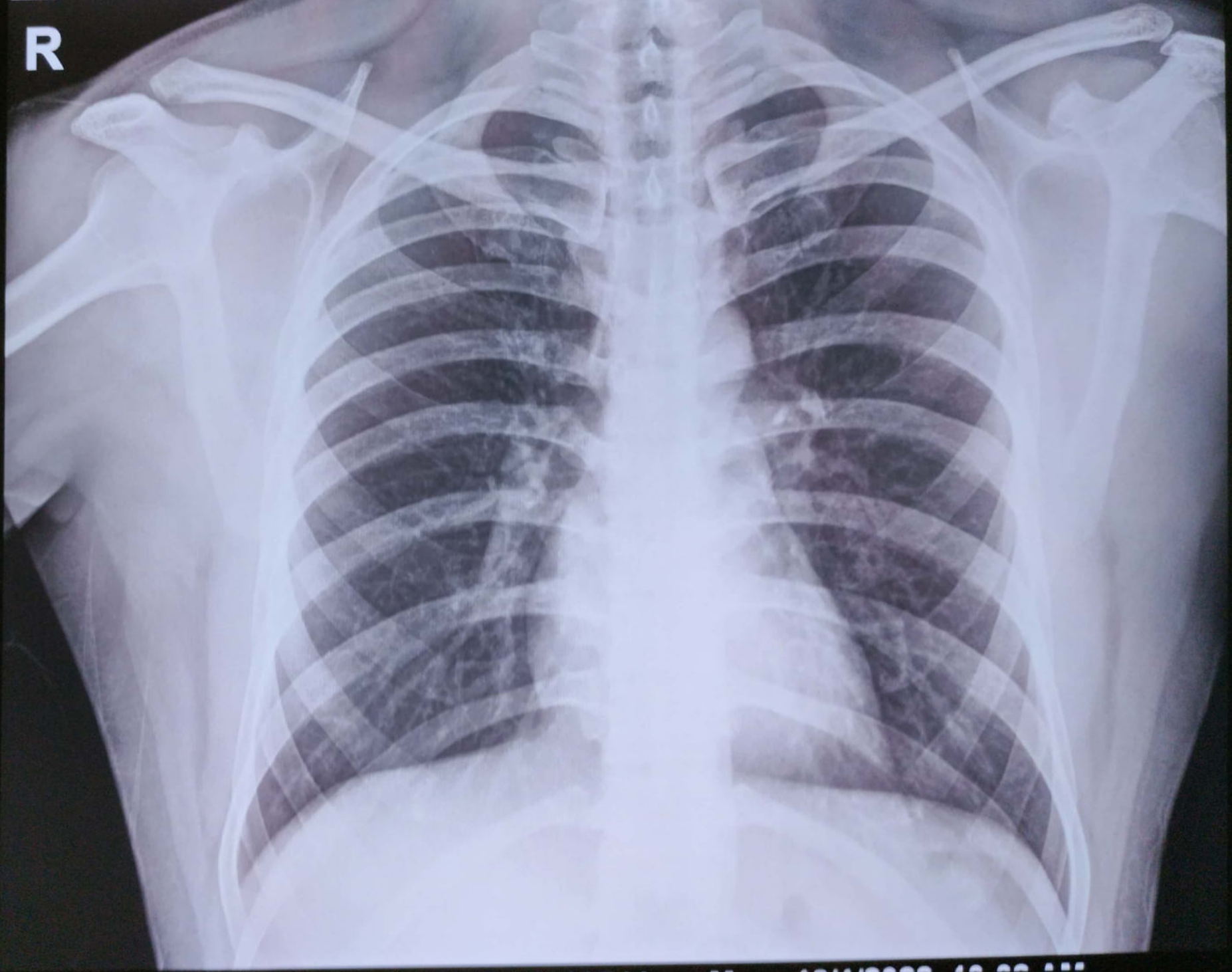
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DEPARTMENT OF RADIOLOGY

Patient Name	Mr ALOK BAGRI	Billed Date	: 01/10/2022	9.31 AM
Reg No	662779	Reported Date	: 01/10/2022	
Age/Sex	35 Years 11 Months 2Days / Male	Req. No.	: 22969544	
Type	OPD	Consultant Doctor	: Dr. RMO	

USG WHOLE ABDOMEN

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size 14.5cm **with fatty infiltration**. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER :The gall bladder is well distended. No evidence any calculus or mass seen.No evidence of pericholecystic fluid is seen.

BILE DUCT :The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN :The spleen is normal in size 8.2 cm and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS :The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained.There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended.Wall thickness within normal limits.No evidence of calculus is seen.No evidence of mass or diverticulum is noted.

PROSTATE: Prostate appears normal in shape, size and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Fatty liver grade-I

To be correlated clinically

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS,DNB
CONSULTANT RADIOLOGIST



(This is only professional opinion and not the diagnosis, Please correlate clinically)

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