

FITNESS CERTIFICATE

Date:09/09/23

I Dr. Aman Khanna do hereby certify that I had carefully examined Mrs. SAMEER MHATRE .Age 35/M He was fit for Join duty, No any other problem and no any skin allergy, Eye vision is good ,Ear vision is good.

Height:171 , Weight: 65.4 , BMI: 22.4:

Vitals : Bp: 110 /70 , P:82 ,Spo2:98% ,T: 97.4F.

Dr Aman Khanna

Anjna Hospital & Clinisearch Pvt. Ltd.
7-8-9, Urban Ville, Village : Sevasi,
Taluka & Dist. Vadodara-391101
Signature of Authorized Medical Attendant

Place: Vadodara

Date: 09/09/2023

Registration No. 28161

042 09/03/00 03:05

ANJNA HOSPITAL

Room : 118

ID : 0

Name :

Gender :

Height : 000 (cm)

Dep: OPD

Age : 000 (Yrs)

Weight: 000(Kg)

HR : 72 bpm

Intervals (msec)

PR: 175, QRS: 100

QT: 356, QTc: 390

ST: 103

Axes (deg)

P : 71

QRS: 55

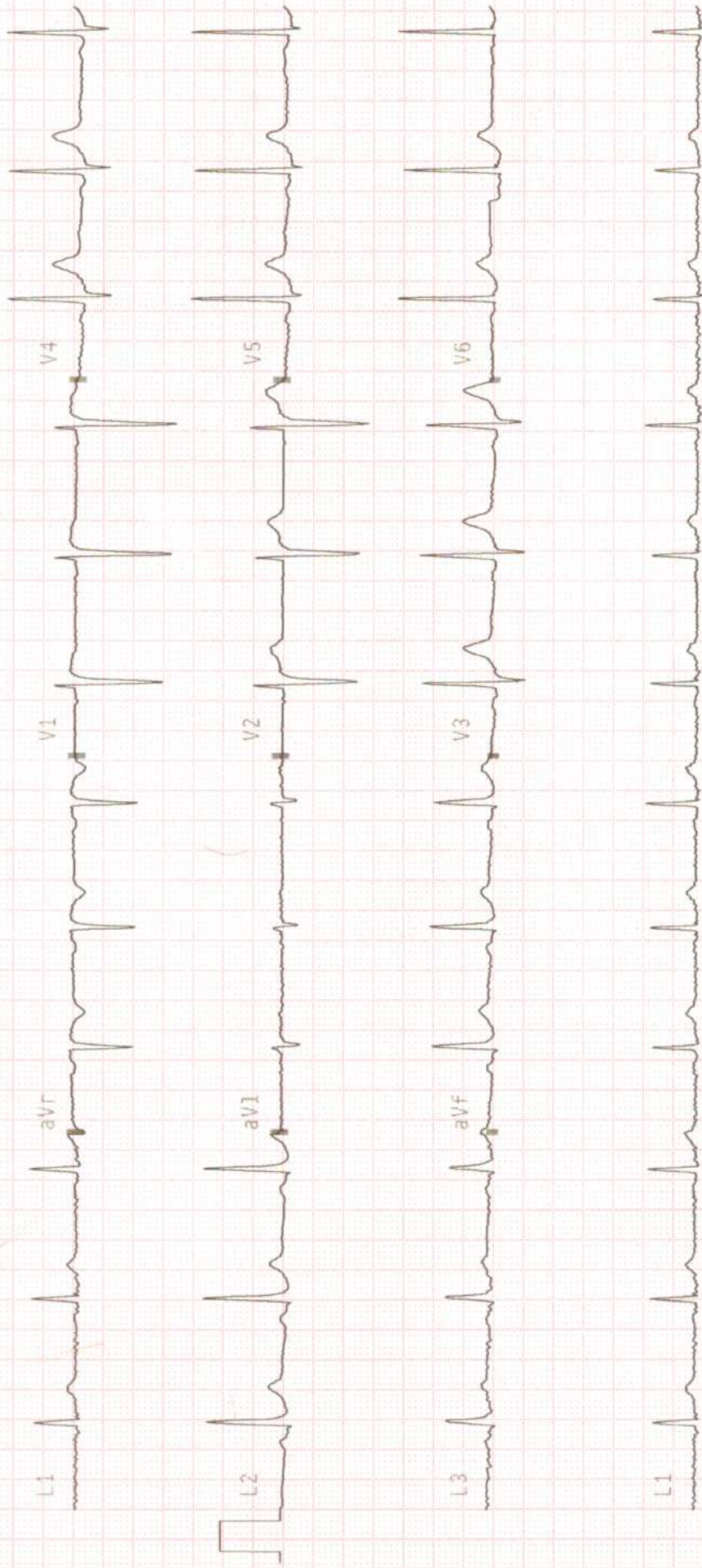
T : 53

Sameer Mans

9/9/23

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Anjina Hospital & Clinisearch Pvt. Ltd.
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भारत सरकार
GOVERNMENT OF INDIA



समीर सुरेश म्हात्रे

Sameer Suresh Mhatre

DOB: 11-01-1988

MALE

9203 4847 9460

Mera Aadhaar, Meri Pehchaan

Aadhaar 1



24 Hours Pathology Laboratory

G/F - 17, 18, 20, Kalpvruksh, Nr. Gotri Medical College, Gotri Main Road, Vadodara - 390 021.
(M) 96620 53260 / 72288 66487

BRANCH : Ground Floor C-64, Nutan Maheshwar Nagar, Opp. Indusind Bank, Subhanpura, Vadodara 390023.
(M) 7490053260 / 8511153260



TEST REPORT

Reg. No : 2309100986

Reg. Date : 09-Sep-2023

Name : SAMEER MHATRE

Collected On : 09-Sep-2023

Age : 35 Years Sex : Male

Ref. By : Dr. ANJNA HOSPITAL & CLINISEARCH PVT. LTD.

Location : Hospital

Disp. At :

Parameter	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin (SLS method)	16.1	g/dL	12.0 - 17.0
RBC Count (Electrical Impedance)	5.35	million/cmm	4.6 - 6.5
Hematocrit- HCT (Elec. Impedance)	47.90	%	35 - 54
WBC Count (Flowcytometry)	6180	/cmm	4000 - 10500
Platelet Count (Electrical Impedance)	279000	/cmm	150000 - 450000
MCV (Calculated)	89.5	fL	80 - 96
MCH (Calculated)	30.1	Pg	27 - 33
MCHC (Calculated)	33.6	%	32 - 36

DIFFERENTIAL WBC COUNT (Manual By Microscopy)

Neutrophils (%)	62	%	45 - 75
Lymphocytes (%)	32	%	20 - 40
Monocytes (%)	2	%	1 - 10
Eosinophils (%)	4	%	1 - 4
Basophils (%)	0	%	0 - 1

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour) 10 mm/hr 0 - 20

By Fully Automated 5 Part Differential Cell Counter Sysmex XN 350

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

Approved by: Dr. Tushar Sonaiya
M.D.
Reg. No. 15158



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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

Blood Group

ABO 'A'

Rh (D) Positive

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Parameter	Result	Unit	Biological Reference Interval
BIOCHEMISTRY			
Fasting Blood Sugar (FBS)	101.20	mg/dL	65 - 110
Post Prandial Blood Sugar (PP2BS)	138.90	mg/dL	65 - 140
BUN	14.10	mg/dL	7 - 20
Creatinine	1.09	mg/dL	0.6 - 1.40
Uric Acid	4.20	mg/dL	3.5 - 7.0

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THYROID FUNCTION TEST

T3 (Triiodothyronine)	1.26	ng/mL	0.7 - 2.04
T4 (Thyroxine)	9.40	mIU/mL	4.5 - 10.9
TSH	2.005	µIU/ml	0.4 - 4.2

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.

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Parameter	Result	Unit	Biological Reference Interval
LIPID PROFILE SPECIMEN: SERUM SAMPLE			
Cholesterol	228.50	mg/dL	Desirable : < 200.0 Borderline High: 200-239 High : >240
Triglyceride	101.60	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	20.32	mg/dL	7 - 40
LDL	169.98	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	38.20	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio	5.98		0 - 5.0
LDL / HDL RATIO	4.45		0 - 3.5

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LIVER FUNCTION TEST			
Total Protein	7.04	g/dL	6.3 - 7.8
Albumin	4.11	g/dL	3.4 - 5.0
Globulin	2.93	g/dL	2.3 - 3.5
A/G Ratio	1.40		0.8 - 2.0
SGOT	26.50	U/L	5 - 50
SGPT	30.20	U/L	5 - 45
Alakaline Phosphatase	88.60	U/L	42 - 141
Total Bilirubin	0.78	mg/dL	0 - 1.4
Direct (Conjugated) Bilirubin	0.39	mg/dL	0.0 - 0.6
Indirect (Unconjugated) Bilirubin	0.39	mg/dL	0.0 - 1.1

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HEMOGLOBIN A1 C ESTIMATION

SPECIMEN: BLOOD EDTA

Hb A1C	5.30	% of Total Hb	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose	105.41	mg/dL	

Criteria for the diagnosis of diabetes

1. HbA1c $\geq 6.5^*$

Or

2. Fasting plasma glucose ≥ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.

*In the absence of unequivocal hyperglycemia criteria 1 - 3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

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

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