

By Dai Palmland Hospital Pyt. Ltd.)

Personal Hi	story			training and an exercise				
Name	KUNAL NA	VINPRASAD I	MOWAR	Employee Cod	e		Sr. No	2
Age	31 YRS	Sex	Male				Date	12-06-2023
Designation/dep	o	BAI	NKING		ID MARK	MOLE ON	RIGHT CHEE	СК
Company N	ame	MEDIWHE	EL					
Built Histor	y so the same						(XIIIa) SHOULD	
Height	173CM	To the second		Past History		NO		
Weight	64KG	BMI	21.4	Family History		NAD		
Allergic To	NO		or pulled a	Personal Histo	ry	NAD		
Addiction	NO			Occupational I	History	NAD	10,2000	
Present Com	plain	NO						
General Exa	mination							
T/P/R	N/76/19				Blood Pres	sure	120/80MI	ИНG
SpO2 %	99%							
Pallor/Icterus/	'Cyanosis/ Clul	bbing / Odema	/ Lymphnod	es/ Others	No			
Systemic Ex	amination		Section Con-				Water State	
cvs	NAD		The second second	ENT Exa.		NAD		
R/S	NAD			Skin Exa.		NAD		
A/S	NAD	Will Street		Musculoskleta	l System	NAD	10000000	
CNS	NAD	N.W		Genitourinary		NAD		
Vision Testi	ng		2012/7					
/. //	В			Acuity Of Vision				
67	Withou	ıt Glass	48			Wit	h Glass	
Righ	it Eye	Lef	t Eye		Righ	nt Eye	Le	eft Eye
Distant	Near	Distant	Near		Distant	Near	Distant	Near
N/6	N/6	N/6	N/6					
Color Blindne	ss-NO	AND						
Laboratory	nvestigation	n				e i		Calmida
Blood Group	O NEGATIV	/E		HAEMOGRAM	2700	WITHIN NO	DRMAL LIMI	T American
Other Inves	tigation		SALES VAL					
Vertigo Test	NO PAST	HISTORY		AUDIOMETRY	NAD			
ECG	NAD			X-Ray Chest	NAD		The	~
HEMOGRAM		•		• *************************************			1	
Advice/ Rema		NOT ANY						
quvice/ kema	31.65	INOTAINT						ASIM RA
Fitness Status		PERSON FI	T FOR JOB					.S., M.D., CIF
						The state of the s	occupati	onal Health

Palshruti Nagar, Station Road, Bharuch, Gujarat - 392001

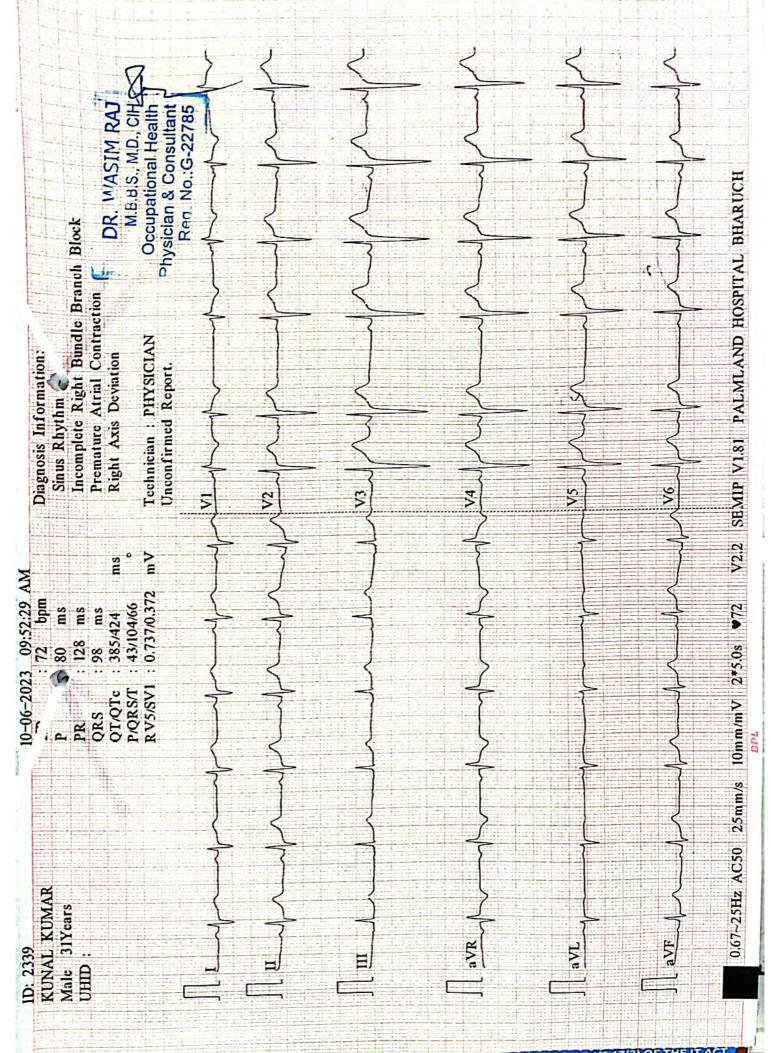
<u>0</u> 02642 - 263108 | 97378 55550

www.palmlandhospital.com | follows us on : (7)











(Manage By Raj Palmland Hospital Pvt. Ltd.)

OPD NEW CASE

CASE NO

: 2324/N/2509 (UHID: 2324/01857)

NAME

: KUNAL KUMAR

ADDRESS

: GAYTRI NAGAR , MAKTAMPUR, BHARUCH

PATIENT TYPE

CONS. DR.

: CREDIT

: WASIM RAJ

DATE TIME

: 10/06/2023 08:43 AM

AGE / SEX

PHONE NO.

: 31Y / MALE : 9525816539

COMPANY

: MEDIWHEEL

REF. DR.

: DIRECT

VITALS:

TEMP :

PULSE :

/MIN

MM/HG

SPO2 :

RBS

RS

CVS

CNS

INVESTIGATION

BLOOD ;

RADIO :

OTHER :

Case seen, Reports noted, All blood reports doe custonin Novomer 19mit, ECH - WNL USON - WNL.

pesson FIT For Job.

🔾 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

O2642 - 263108 | 97378 55550

www.palmlandhospital.com | follows us on : () ()









DR. WASHM RAJ M.B.B.S., M.D., CIH Occupational Health

Regulativa Gm222785

REG NO. G - 22785

Physician & Consultant

M.D. (INTERNAL MEDICINE)





Name : KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M Date

: 10/06/2023

: W-3 Report ID. Ward

9525816539

HAEMATOL	OGY	ANALY	<u>'SIS</u>
-----------------	-----	-------	-------------

TEST		RESULT	<u>UNIT</u>	METHOD	REFERENCE INTERVAL
BLOOD COUNTS & INDICES	920	45.00	0/		13.5 - 17.0 gm%
Haemoglobin	:	15.90	gm% mill/cn	am.	4.6 - 6.2 mill/cmm
Total RBC	-	5.00 47.00	//////////////////////////////////////	ши	40 - 54 %
PCV MCV	:	94.00	fL		80 - 96 fL
MCH	:				27 - 31 pg
MCHC	:	31.80 33.83	pg %		32 - 36 %
RDW	:	12.00	%		10 - 15 %
Figure 2000	•		10.70.70		4,000 - 11,000/cmm
Total WBC	:	5,600	/cmm		1.5 - 4.0 Lac/cmm.
Platelet Count	:	2,33,000	/cmm		1.5 - 4.0 Lac/offini.
DIFFERENTIAL LEUCOCYTES	20	UNT			
Neutrophils	:	56	%		55 - 70 %
Lymphocytes	:	37	%		20 - 40 %
Eosinophils	:	04	%		01 - 06 %
Monocytes	:	03	%		02 - 08 %
Basophils	:	00	%		00 - 01 %
ABSOLUTE COUNTS					
Neutrophils	:	3136	/µL		2000 - 7000 /µL
Lymphocytes	:	2072	/µL		800 - 4000 /μL
Eosinophils	:	224	/µL		20 - 500 /µL 120 - 1200 /µL
Monocytes	٠	168	/µL		120 - 1200 /µL
NEUTROPHIL : LYMPHOCYTE		1.51			
Ratio	:				
Platelet In Smear	:	ADEQUA	IE		
ERYTHROCYTES SEDIMENTAT	10			Mesteran	01 - 07 mm
ESR	:	6	mm	Westergren	01 - 07 111111
Blood Group	:	" O "			
Rh Factor	:	" NEGAT	IVE "		
(Anti D.)					

End Of Report

Fmail

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the repering occups information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name : KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3 : -1

9525816539

Hba1c report by HPLC METHOD

REFERENCE INTERVAL RESULT TEST UNIT **GLYCOSYLATED HB** Non Diabetic: 4.3 - 6.3 % Hb A1C : 5.1 Good Control: 6.4 - 7.5 % Moderate Control: 7.5 - 9.0

Poor Control: 9.0 % & Abov

Avg. Blood Glucose Level

mg/dl

Notes:

Average		
Blood Glucose		Hemoglobin Alc%
298	-	12 %
269	_	11 %
240	-	10 %
212	_	09 %
183	_	08 %
154	-	07 %
126	-	06 %
97	-	05 %

HbAlc is an important indicator of long-term glycemic control ability to reflect the cumulative glycemic history of the preceding two to three months. HbAlc not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory Investigations are never conclusive, but are 10 the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and examination to conclude final diagnosis, keeping in mind the limitation of methodology and examination to conclude final diagnosis, keeping in mind the limitation of methodology and examination to conclude final diagnosis, keeping in mind the limitation of methodology. in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name : KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3

9525816539

BIOCHEMISTRY ANALYSIS

TEST	RESULT UNIT	REFERENCE INTERVAL
Blood Urea Blood Urea Nitrogen Creatinine S. Uric Acid Fasting Blood Glucose (FBS) Post-Prandial Blood Glucose	: 20.50 mg/dl : 9.50 mg/dl : 1.0 mg/dl : 5.00 mg/dl : 99 mg/dl : 86 mg/dl	10 - 50 mg/dl 4.5 - 19 mg/dl 0.70 - 1.40 mg/dl 2.5-7.0 mg/dl 70 - 110 mg/dl 80 to 140 mg/dl
	in the state of th	

End Of Report





Name : KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

W-3

9525816539

THYROID FUNCTION TEST

TEST	RESULT	<u>UNIT</u> <u>METHOD</u>	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 0.90	ng/ml ELIFA	0.97-1.69 ng/ml
Total Thyroxine(T4)	: 9.10	ug/dl ELIFA	6.09-12.23ug/dl
Thyroid Stimulating Hormone	: 3.50	μlU/ml	0.38-5.33 uIU/ml

NORMAL VALUES

			Prof. Sect. (Acc. Sec. Electrical
Age	T3 ng/ml	T4 µg/dl	T.S.H. µlu/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0
			14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

^{*}Test done by Access-2 Beckman Coulter / mini Vidas

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring occupys information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name : KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M Date : 10/06/2023

Report ID. : W-3 Ward : -/

9525816539

LIPID PROFILE

TEST	RESULT UNIT	REFERENCE INTERVAL
Total Lipid (Calculated)	: 458 mg/dL	350 - 750 mg/dL
Serum Cholesterol Serum Triglyceride HDL Cholesterol LDL Cholesterol LDL Cholesterol - Direct CHOL./HDL Chol. Ratio LDL Chol/HDL Chol Ratio	: 178.0 mg/dL : 63.0 mg/dL : 46.0 mg/dL : 119.4 mg/dL : 100.0 mg/dL : 3.87 : 1 : 2.60 : 1	130 - 200 mg/dL 60 - 165 mg/dL 30 - 70 mg/dL Upto 150 mg/dL Upto 150 mg/dL Less than 5 Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200 200 - 239 > = 240	Desirable Borderline High
TRIGLYCERIDES	< 170 170 - 199	Normal Borderline High
LDL CHOLESTEROL	> 200 < 100 100 - 129 130 - 159	Desirable Sub-Optional Borderline Hig
HDL CHOLESTEROL	> 160 < 35 > 60	High Low High

End Of Report

avan

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring occupy information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology (d) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name: KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3 : -1

9525810539

LIVER FUNCTION TEST

<u>TEST</u>	RESULT UNIT	REFERENCE INTERVAL
Total Billirubin Direct Billirubin Indirect Billirubin S. Alk. Phosphatase S.G.P.T. S.G.O.T.	: 0.60 mg/dl : 0.20 mg/dl : 0.40 mg/dl : 86 U/L : 28 U/L : 23 IU/L	0 - 1.0 mg/dl up to 0.25 mg/dl 0.1 - 1.0 mg/dl 36.00 - 113.00 U/L 10 - 40 U/L up to 40 IU/L
Total Protein Albumin Globulin A.G. Ratio GGTP	: 8.00 g/dl : 5.00 g/dl : 3.00 g/dl : 1.7 : 26	6.0 - 8.0 g/dl 3.5 - 5.0 g/dl 2.3 - 3.5 g/dl 2.5 - 1.2 : 1 5 - 85

Test done by (DIASYS)

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory Investigations are never conclusive, but are log-the respective to the property to the property of the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name: KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3

9525816539

PROSTATE SPECIFIC ANTIGEN

TEST

P. S. A.

RESULT UNIT

0.900

ng/ml

REFERENCE INTERVAL

0.0 - 4.0 ng / ml

(i) 04 - 15 ng/ml

Possibly Benign Prostate Hy

(ii) > 20 ng/ml

Suspected Prostate Carcino

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctors information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name: KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3 : -/

9525816539

STOOL ANALYSIS

REFERENCE INTERVAL **RESULT TEST**

PHYSICAL EXAMINATION

YELLOW Colour

Consistency SEMI FORMED

Blood ABSENT **Parasites** ABSENT

CHEMICAL TEST

ABSENT Occult Blood : ABSENT

MICROSCOPIC EXAMINATION / HPF

Ova ABSENT Cysts. **ABSENT** Pus Cells ABSENT Red Blood Cells ABSENT

Epithelial Cells : ABSENT

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are to the preparity entering entering the property in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name: KUNAL KUMAR

Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 31 Yrs./M

Date

: 10/06/2023

Report ID. Ward

: W-3

9525816539

URINE ANALYSIS

RESULT <u>UNIT</u> **TEST**

RANDOM Sample

PHYSICAL EXAMINATION

ml 20 Quantity PALE YELLOW

Colour **CLEAR** Transperancy

1.030 Specific Gravity **ACIDIC** pH

CHEMICAL EXAMINATION

ABSENT Albumin

ABSENT Sugar **ABSENT** Acetone

ABSENT Bile Salts ABSENT **Bile Pigments**

ABSENT Occult Blood

MICROSCOPIC EXAMINATION

: 1-2 Pus Cells / h.p.f.

: ABSENT R.B.C. / h.p.f.

Epithelial / h.p.f.

End Of Report



Dr. Darshit B. Shah

M.B.B.S., M.D. (Radiodiagnosis) Ex- Clinical Associate, Lilavati hospital (Mumbai)



- MRI (1.5 T)
- Multi Slice CT Scan
- Sonography
- · X-Ray
- Colour Doppler

Pt Name: Kunal Kumar Date: 10/06/2023

USG OF ABDOMEN & PELVIS

Liver is normal in size, shape and normal in echotexture. No evidence of focal SOL or dilatation of IHBR seen. Porta hepatis appear normal.

Gallbladder appeared normal. No calculi seen.
Gallbladder wall appear normal. No e/o pericholecystic edema noted.
CBD appears normal. no evidence of calculi.

Pancreas appeared normal in size and normal in echotexture. Spleen appeared normal in size, shape and normal in echotexture. Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney appears normal in size, shape and echotexture. Cortex and collecting system of right kidney appeared normal. No calculi or obstructive uropathy.

Left kidney appears normal in size, shape and echotexture. Cortex and collecting system of left kidney appeared normal. No calculi or obstructive uropathy.

Urinary bladder: appears normal. No calculi are seen. Prostate appears normal in size, shape and echotexture. Appendix not seen due to bowel gas. Bowels are visualized and appeared normal. No evidence of free fluid in pelvis.

Conclusion:

No significant abnormalities are seen.

Thanks for the reference

Dr. Payal D. Shah (MBBS, MD) Consultant Radiologist Dr. Darshit B. Shah (MBBS, MD)
Consultant Radiologist

	, Par	e base of HEALTH CAME
DA	LML.	
H	OSPI	TAL

							(Onit of Raj Palmia	nd Hospital Pvt. I
Name:	ky	nou	Kumax		e gre	Date:	16 6	123
Age: 3	1	Sex:	Male □ Female	HCP Reg	.No.:			
Ophthalmic	c History					3.7		
1. Do you fee	The state of the s	eyesight is	falling?	12.74			☐ Yes	No.
2. Any time f	eel to expe	The second of	k outs?				☐ Yes	No.□
3. Any unexp			?				☐ Yes	No⊡
4. Do you ge		in reading s	small letters?			1.01	☐ Yes	No∵⊡∕
5. Do you ex	perience bl	Section 1 Section 1					☐ Yes	No□
6. Do you ha	ve exclusiv	ve aids?	^{9?} ીયલ સાદ્યન વાપરો :	W - N N N			☐ Yes	No□
								-
			. ,					
Examination	n Eves:							
				Left N				· .
Examination 1. Eyelids Right Comea & Comea	J	L		Left N			308s 241	T.
1. Eyelids Right 2. Comea & C Right 3. Vision	J						309a 271	
1. Eyelids Right 2. Comea & C Right 3. Vision	Conjunctiva	AXIS	VN	Left №	CYY	AXIS	VN	
1. Eyelids Right 2. Cornea & C Right 3. Vision Right	Conjunctiva		VN	Left N	CYY	AXIS	VN ·	
1. Eyelids Right 2. Comea & C Right 3. Vision Right	Conjunctiva		VN	Left N	СҮҮ	AXIS	VN	

- **©** 02642 263108 | 97378 55550
- www.palmlandhospital.com i follows us on : 6 @







Colour Vision:	
Tonometry: Right	Left N
Fundus: (Must in case of DM & HT)	writing Laire 1
Right N	Left N
Eye Movements:	
Right $/\sim$	
Clinical Impression:	
$\mathcal{N}_{1}^{\dagger}$	
Recommendation:	
A. Additional Inv. / Referral Suggeste	ed
B. Therapeutic advise	
	LUTIES .
	78
	M.B.B.S., M.D., CIH Occupational Health
	Physician & Consultant Ophthalmology's Signature



Pt Name: KUNAL KUMAR Date: 10/06/2023

Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.

Cardiac shadow appears normal.

Conclusion:

No significant abnormalities are seen.

Thanks for the reference.

Dr. Payal D. Shah (MBBS, MD)
Consultant Radiologist

Dr. Darshit B. Shah (MBBS, MD)
Consultant Radiologist

Palshruti Nagar, Station Road, Bharuch, Gujarat - 392001

(9 02642 - 263108 | 97378 55550







