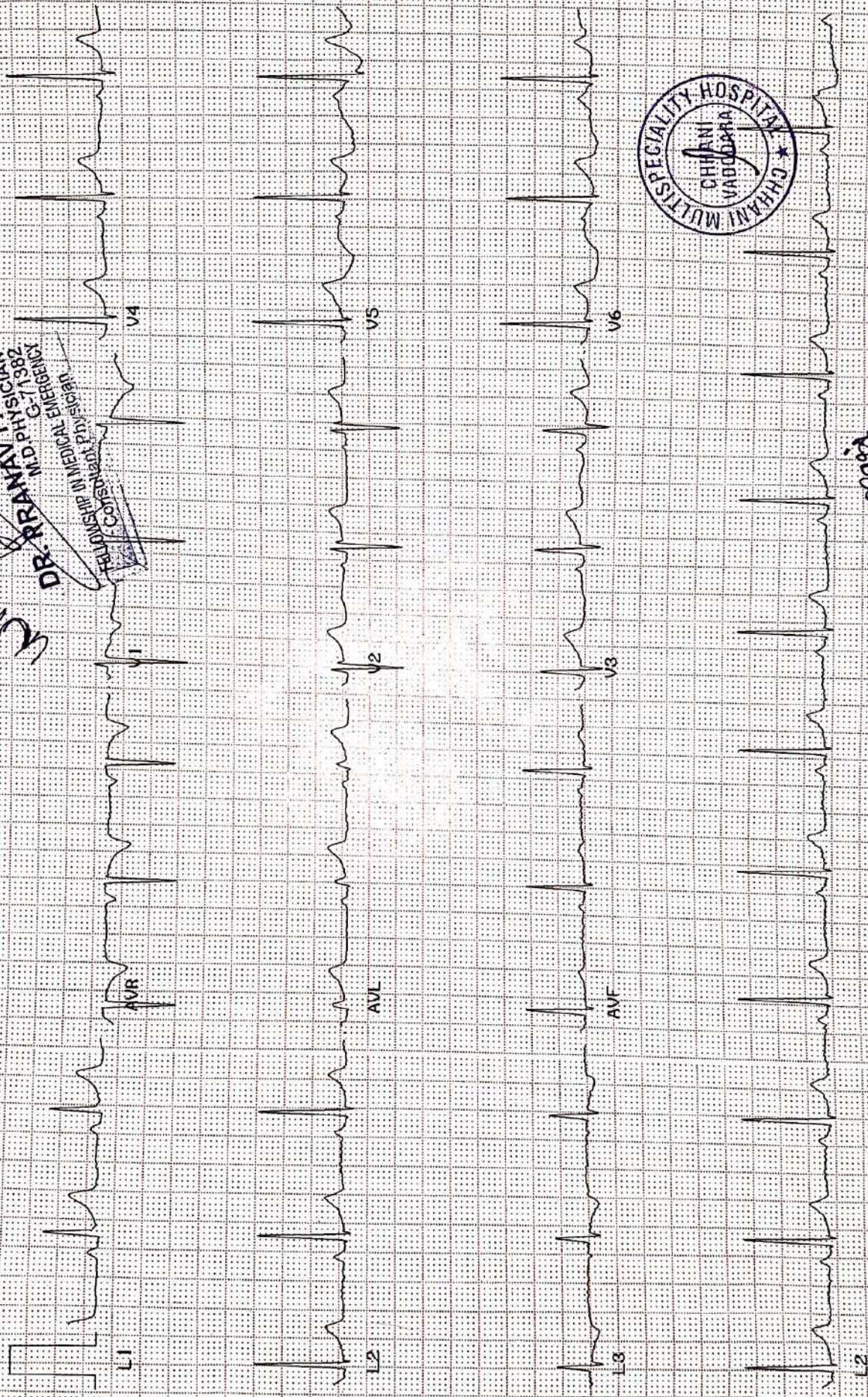


036996

Chandakumar I
F 29Y 059Kg
10-14 AM
26/08/2023

25 mm/s	P	=	72 ms	QT/QTc	=	94%	To be clinically correlated.	HR =	68bpm
15mm/mV	QRS	=	102 ms	QT/RR	=	40%			
0.1 - 35Hz	PR	=	130 ms	QRS axis	=	42°			
50Hz Rej-Y	QT	=	355 ms	P axis	=	23°			
AUTO 12LS BLC-Y	QTc	=	377 ms	T axis	=	08°			



DR. PRANAV RAJTEL
M.D. PHYSICIAN
G-716389
TELECONSULTATION & EMERGENCY
MEDICINE
TEL: 0844-2511000
CLINIC IN MEDICAL EMERGENCY



Chandakumar I

FITNESS CERTIFICATE

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Name: chanda kumari
Date of Birth: 05/01/1994 Age: 29 Blood Group: B +ve
Sex: Male Female Marital Status: Married Unmarried
Address: _____
Any allergy / Disability / Pre-existing disease: NO ANY ALLERGY Date: 26/08/23

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Height <u>159 Cms.</u>	Weight <u>59 Kgs.</u>	Near L.E. <u>6/6</u> R.E. <u>6/6</u>	Hearing Left Ear <u>(2)</u> Right Ear <u>(2)</u>
BP: <u>110/70 mmHg</u>		Pulse Rate: <u>75/min</u>	Resp. Rate: <u>18/min</u>
CVS: <u>S1S2 (w)</u>	RS: <u>AEBE clear</u>	Abdomen: <u>soft</u>	

Any other Findings: None

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I Dr.: Pranav Patel
hereby certify that I have examined Mr./Ms.: chanda kumari
on 26/8/2023 and find him (FIT) / UNFIT for employment.
Remarks if unfit: NO

DR. PRANAV PATEL
M.D. PHYSICIAN
G-71382
Signature & Seal
FELLOWSHIP IN MEDICAL EMERGENCY
Consultant Physician

x chanda kumari
Signature of Candidate

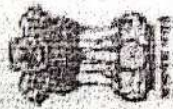
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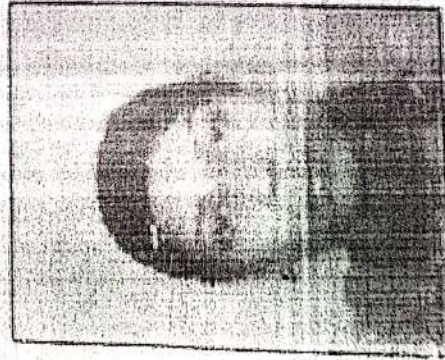
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I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could 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: x chanda kumari Date: 26/08/23



भारत सरकार
GOVERNMENT OF INDIA



चंदा कुमारी

Chanda Kumari

जन्म तिथि/DOB: 05/01/1994

महिला / FEMALE

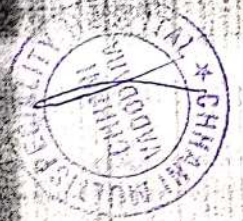


4213 6578 5934

मेरा आधार, मेरी पहचान



Chanda
Kumari





PATIENT NAME: MRS CHANDA KUMARI

AGE /SEX : 29/F

DATE :26/08/2023

CONCLUSION:

- NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION
- LVEF 58%
- NORMAL CARDIAC CHAMBERS
- NO RWMA AT REST
- NO MR/NO MS
- TRIVIAL TR, NO PAH (RVSP-15MMHG)
- NO AR/AS
- NORMAL DDISTOLIC FUNCTION OF LV
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NO ASD/VSD/CoA NOTED
- IVC -12 MM SIZE WITH MORE THAN 50% COLLAPSIVE

M:MODE

AO: 25mm	LA: 35mm	IVS:10mm
LVdd:47mm	LVds:30mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.96	A :0.48
AORTIC VALVE	1.08	



DR. PRANAV PATEL
M.D. PHYSICIAN
G-71382
FELLOWSHIP IN MEDICAL EMERGENCY
Consultant Physician
DR. PRANAV PATEL



NAME: MRS CHANDA KUMARI

AGE:29/FEMALE

DATE: 26/08/2023

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 in size ,contour, and echotexture.

Both ovaries appears normal in size and echotexture. No adnexal mass lesions.

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.





Sunny K. Machhi
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+91 82205 81551
sunnydigitalxray@yahoo.com

NAME	CHANDA KUMARI	AGE/SEX	29/FEMALE
REF. BY	CHHANI HOSPITAL	DATE	26/08/2023

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)



Pt. Name : CHANDA KUMARI

Registered On : 26 Aug, 2023 12:58 PM

Age/Gender : 29 Years Female

Collected On : 26 Aug, 2023 01:00 PM

Patient ID : 1849



Reported On : 26 Aug, 2023 02:46 PM

Ref. By : Dr. BOB

MO : 9097950477

Address :

CBC

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			
Hemoglobin (Hb)	11.2	12 - 15	g/dL
Total RBC Count	3.66	3.9 - 4.8	mill/cumm
BLOOD INDICES			
Packed Cell Volume (PCV)	32.4	36.1 - 44.3	%
Mean Corpuscular Volume(MCV)	88.52	78.2 - 97.93	fL
Mean Corpuscular Hemoglobin (MCH)	30.60	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	34.57	33 - 36	g/dL
Red cell Distribution Width (RDW)	12.4	11.5 - 16	%
WBC COUNT			
Total WBC Count	3800	4000 - 11000	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	57	40 - 70	%
Lymphocytes	38	20 - 40	%
Eosinophils	02	1 - 6	%
Monocytes	03	2 - 6	%
Basophils	0		%
Erythrocyte Sedimentation Rate (ESR)	26	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	131000	150000 - 450000	/cumm

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M.D.(Pathology)

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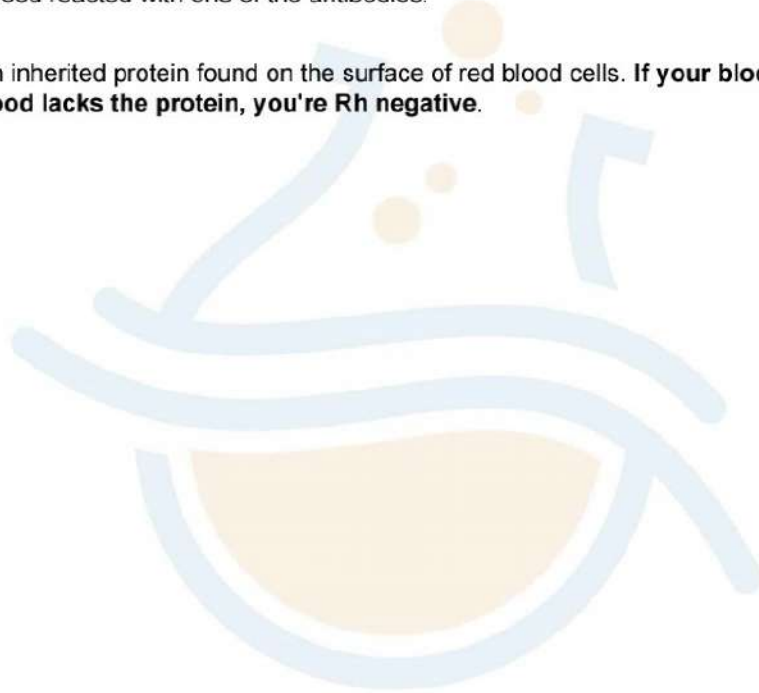
BLOOD GROUP

Blood Group, ABO & RH Typing

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & RH TYPING			
ABO Group	"B"		
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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HBA1C

Investigation	Observed Value	Biological Reference Interval	Unit
Glycosylated Hemoglobin (GHb/HbA1c)	5.0	4.0 - 6.0	mg/dL
Mean Blood Glucose	96.80	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.



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Mo: 9033286182 / 9099685928

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FASTING BLOOD SUGAR

FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	81	70 - 110	mg/dL
PP2BS	110	80 - 140	mg/dL



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LIPID PROFILE

Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	153	150 - 199	mg/dL
Serum Triglycerides	110	0 - 150	mg/dL
HDL Cholesterol	41	42 - 88	mg/dL
LDL Cholesterol	90.00	0 - 100	mg/dL
VLDL Cholesterol	22.00	0 - 30	mg/dL
Non-HDL cholesterol	112.00	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	2.20	1.5 - 3.5	
Total-HDL Cholesterol Ratio	3.73	3.5 - 5	
Triglycerides HDL Ratio	2.68		

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

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LFT

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.71	0 - 1.2	mg/dL
Direct Bilirubin	0.23	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.48	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	21	0 - 40	IU/L
SGOT (AST)	26	0 - 31	U/L
Alkaline Phosphatase	73	60 - 320	U/L
SERUM PROTEINS			
Total Serum Protein	7.0	6.3 - 7.9	g/dL
Serum Albumin	3.99	3.5 - 5.5	g/dL
Serum Globulin	3.01	2.5 - 3.5	g/dL
A/G Ratio	1.33	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.

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URINE ROUTINE

Urine Examination Routine

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	6.5		
Specific Gravity	1.010		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Leucocyte Esterase	Absent	Negative	
Bile Pigment	Negative		
Bile salt	Negative		
MICROSCOPIC EXAMINATION			
R.B.C.	Absent		
Pus Cells	1-2/hpf		
Epithelial Cells	2-3/hpf Squamous		
Bacteria	Absent		

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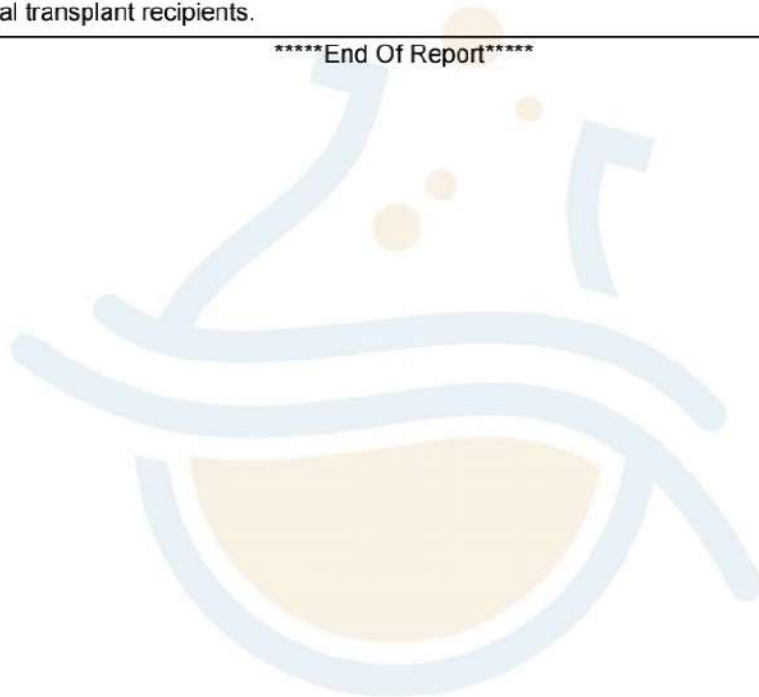
Investigation	Observed Value	Biological Reference Interval	Unit
SERUM CREATININE			
Serum Creatinine	0.46	0.5 - 0.9	mg/dL

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

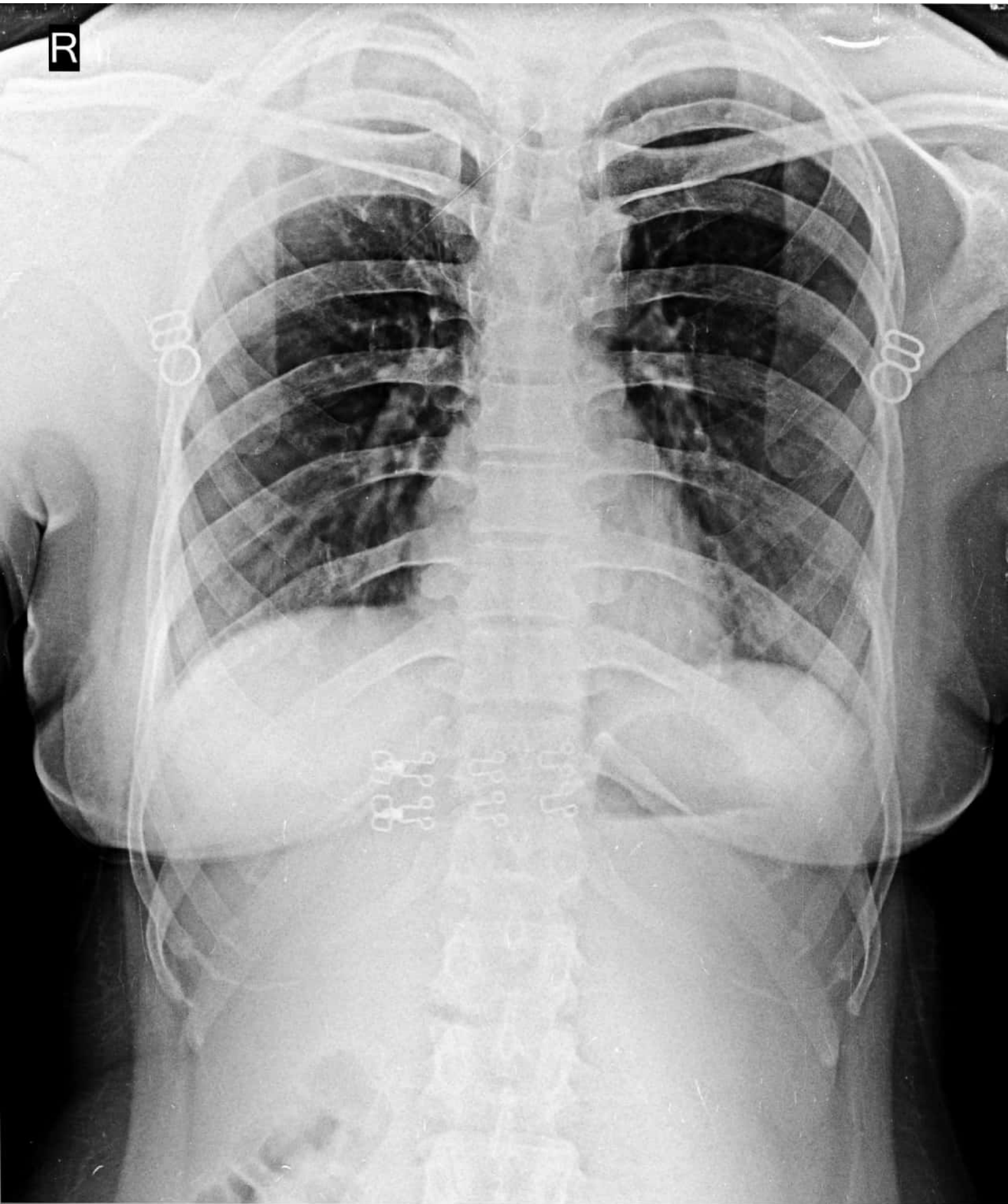
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SUNNY DIGITAL X-RAY SERVICES 8758530074