## MER- MEDICAL EXAMINATION REPORT

Date of Examination	29 03 2024
NAME	Taoun Sin4h
AGE	37 Gender Male
HEIGHT(cm)	174 WEIGHT (kg) 92 kg
B.P.	100170
ECG	Mormul
X Ray	No Significant abnormality detected.
Vision Checkup	Color Vision: Normal Far Vision Ratio: Normal
	Near Vision Ratio: Morraul
Present Ailments	NIL
Details of Past ailments (If Any)	MIL
Comments / Advice : She /He is Physically Fit	FIT

Dr. VATSAL SINGH CIMS, Bilaspur (C.G.) CGMC-8519/2018

Signature with Stamp of Medical Examiner

25/03/2029

# **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination
of Tasiun Singh on 29/03/2024
After reviewing the medical history and on clinical examination it has been found that he/she is
Medically Fit
• Fit with restrictions/recommendations
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.
1
2
3
However the employee should follow the advice/medication that has been communicated to him/her.
Review after
Currently Unfit.     Review after
• Unfit
Dr. VATSAL SING CIMS, Bilaspur (C.C. Medical Officer The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



Mr. TARUN SINGH

PID NO.202429319321 AGE 37 Y / SEX Male

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3816

Sample Received on/at: 29/03/2024 02:29PM

Reported on/at

29/03/2024 05:25PM

#### **HAEMATOLOGY**

Investigation

**Observed Value** 

Unit

**Biological Reference Interval** 

**ESR- Erythrocyte Sedimentation Rate** 

ESR- Erythrocyte Sedimentation Rate 09

mm/hr

0 - 15

(Citrate Blood)

Method: Westergren manual

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. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

#### **Blood Group ABO & Rh Typing**

(EDTA Whole Blood)

Blood Group (ABO Typing)

"B"

RhD (Rh Typing)

Positive

#### HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin

5.0

Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4% to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control

Estimated Average Glucose (EAG)

96.80

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.

3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often.

Checked By Sr. Technician

Page 5 of 7

Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AIIMS, New Delhi

Kamla Complex, Beside Tehsil Office Nehru Chowk, Bilaspur (C.G.) 495001

Cont.No.: 07752 408222, +91 9630066355 E-mail: riddhidiagnosticsbilaspur@gmail.com



Mr. TARUN SINGH

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## CBC Haemogram

Haemoglobin(Hb)	15.0	gm/dl	12 - 17
Erythrocyte (RBC) Count	5.3	mill/cu.mm.	4.0-6.0
PCV (Packed Cell Volume)	45.0	%	38-48
MCV (Mean Corpuscular Volume)	84.9	fL.	78 - 100
MCH (Mean Corpuscular Haemoglobin)	28.3	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 36
Total Leucocytes Count (TLC)	5800	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	59	%	40-75
Lymphocytes	35	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	3422	/cu.mm	2000-7000
Absolute Lymphocyte count	2030	/cu.mm	1000-3000
Absolute Eosinophils Count	116	/cmm	20-500
Absolute Monocyte count	232	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
<u>Platelets</u>			
PLT Count	307,000	/cmm	150,000 - 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.

(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.

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TZELFRAZZO A

Mr. TARUN SINGH

PID NO.202429319321 AGE 37 Y / SEX Male Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3816

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#### **BIOCHEMISTRY**

Investigation

**Observed Value** 

Unit

Biological Reference Interval

Creatinine

0.8

mg/dl

0.7-1.3

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#### **BUN Urea Nitrogen Serum**

**BUN-Blood Urea Nitrogen** 

12.0

mg/dl

7 - 20

(Serum, Urease)

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

#### **FBS (Fasting Blood Sugar)**

Glucose-Fasting

77

mg/dl

Normal: 70-99

Impaired Tolerance: 100-125

Diabetes mellitus: >= 126

(on more than one occassion) (American diabetes association guidelines 2018)

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Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



Mr. TARUN SINGH	Reference: HEALTH CHECK	(UP,Bilaspur	VID: 600100/3816	
PID NO.202429319321			Sample Received on/at: 29/03/2024 02:29PM	
AGE 37 Y / SEX Male			Reported on/at 29/03/2024 05:25PM	
Lipid Profile				
Cholesterol - Total	158	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240	
Triglycerides level	136	mg/dl	60 - 165	
HDL Cholesterol	45	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease:>65	
LDL Cholesterol	85 80	mg/dl	Optimat < 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190	
VLDL Cholesterol	27.20	mg/dl	6 - 38	
LDLC/HDLC Ratio	1.91		2.5 - 3.5	
TCH/HDLC Ratio	3.51		0-5.0	

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#### PP (Glucose-Post Prandial)

Glucose -Post prandial

119

mg/dl

Normat 70-139

Impaired Tolerance: 140-199

Diabetes mellitus: >= 200

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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#### Uric Acid

Uric Acid

5.68

mg/dL

3.5 - 7.2

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Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi



AGE 37 Y / SEX Male

Mr. TARUN SINGH

PID NO.202429319321

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3816

Sample Received on/at:

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**BUN/Creatinine Ratio** 

**BUN-Blood Úrea Nitrogen** 

12.0

mg/dl

7 - 20

(Serum, Urease)

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea

mass units by multiplying by 2.14.

Creatinine

8.0

mg/dl

0.7 - 1.3

**BUN/Creatinine Ratio** 

15

10-20:1

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#### **LFT-Liver Function Test**

Bilirubin - Total	0.49	mg/dl	0.1 - 1.2
(Serum,Diazo)			
Bilirubin - Direct	0.16	mg/dl	0 - 0.2
(Serum,Diazo)			
Bilirubin (Indirect)	0.33	mg/dl	0 - 1
(Serum,Calculated)			
Total Proteins	7.73	g/dl	6.6-8.8
(Serum,Biuret)			
Albumin	4.65	g/dl	3.5 - 5.2
(Serum, Bromocresol green)			
Globulin	3.08	g/dl	1.8 - 3.6
(Serum)			
A/G Ratio	1.51	%	1.1 - 2.2
(Serum)			
SGOT (AST)	18	U/L	0 - 35
(Serum, Enzymatic)			
SGPT (ALT)	30	U/L	0 - 45
(Serum, Enzymatic)			
Alkaline Phosphatase	172	U/L	80-306
Gamma-glutamyltransferase (GGT)	19.4	U/L	<49

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Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AlIMS, New Delhi



Mr. TARUN SINGH

PID NO.202429319321 AGE 37 Y / SEX Male Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3816

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Reported on/at

29/03/2024 05:25PM

#### **IMMUNOASSAY**

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
Т3	1.09	ng/mL	0.69 - 2.15
T4	83.2	ng/ml	52 - 127
TSH	3.11	uIU/ml	0.3 - 4.5

Method: CLIA

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Dr. Digvijay Singh
MBBS, DCP (Pathologist)
Resident AIMS, New Dolbi



024.29319321

Mr. TARUN SINGH

PID NO.202429319321 AGE 37 Y / SEX Male Reference: HEALTH CHECKUP, Bilaspur

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#### **CLINICAL PATHOLOGY**

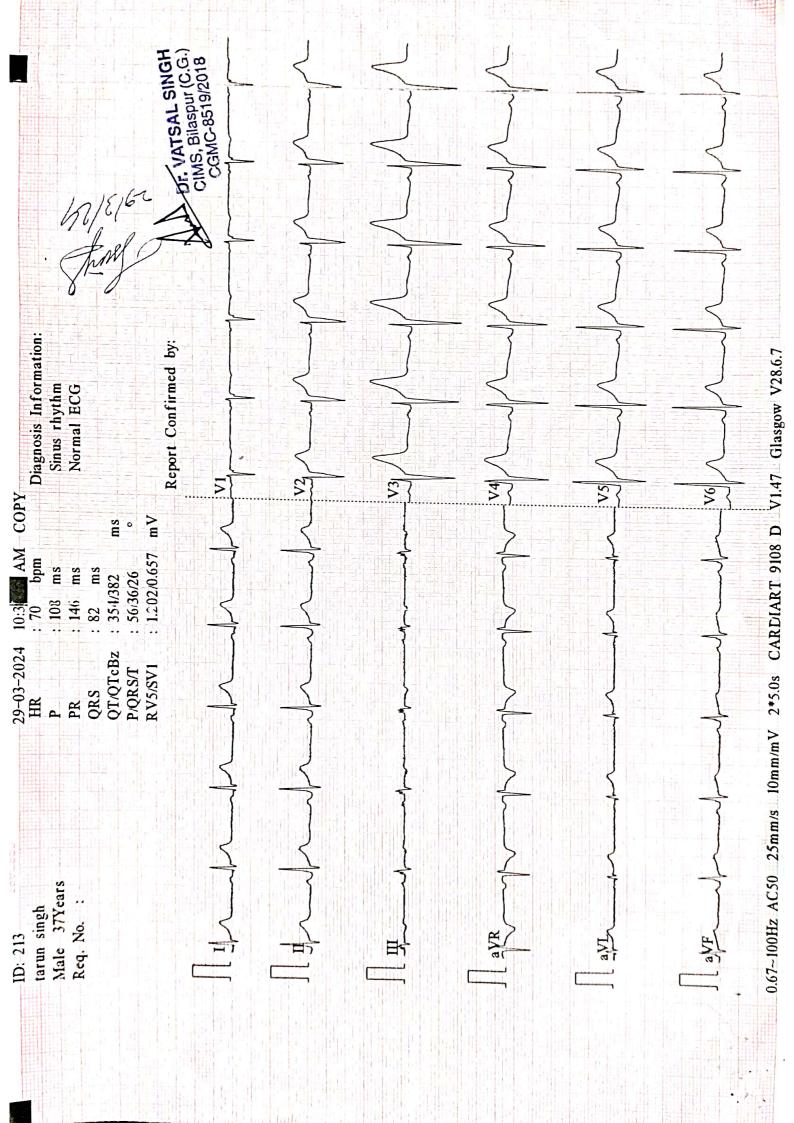
Investigation	Observed Value	Unit	Biological Reference Interval
<b>Urine Examination Routine</b>			3
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<b>Chemical Examination</b>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
Microscopic Examination			
Pus cells	1-2	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Dr. Digvijay Singh MBBS, DCP (Pathologist) Ex Resident AllMS, New Delhi





PATIENT NAME	MR TARUN SINGH	AGE / SEX	37YRS / MALE
REF. BY	HEALTH CHECKUP	DATE	29/03/2024

## **2 D ECHO REPORT**

#### M MODE STUDY

# Ao =2.90 LA =2.65 IVSd =0.90 LVPWd =0.85 LVIDd = 4.55 LVIDs = 3.05 EF = 61.59%

#### **DOPPLER STUDY FINDINGS**

No diastolic Dysfunction	THE RESERVE
No AS/AR/MS/MR	Sp. 18
NO PAF	

### Description

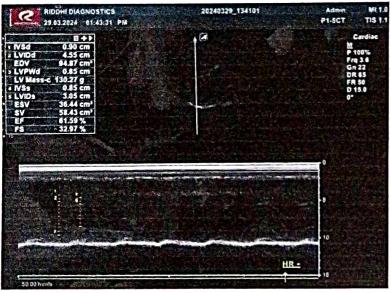
- Mitral valve leaflets normal, subvalvular apparatus normal, Mitral valve areas normal, no evidence of prolapse, calcification or vegetation.
- Aortic valve trileaflet, Opening amplidute is adequate, No significant AS/AR
- Tricuspid Valve is normal, No TR
- Pulmoanry valve is normal.
- PA is normal in size.
- Normal chamber diamension.
- No regional wall motion abnormality.
- NO CLOT/VEGETATION/EFFUSION.

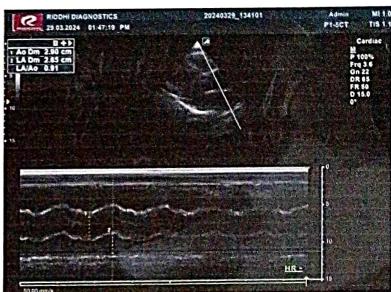
IMPRESSION: NORMAL STUDY.

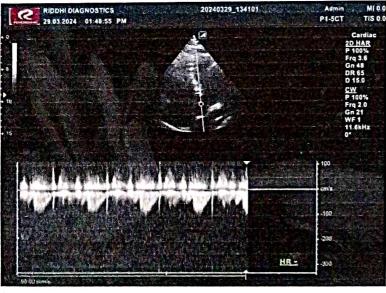
Good LV/RV function.

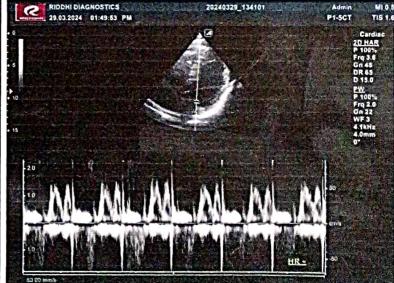
DR. PRAKSH JAISWAL (MD MEDICINE)

TarunSingh

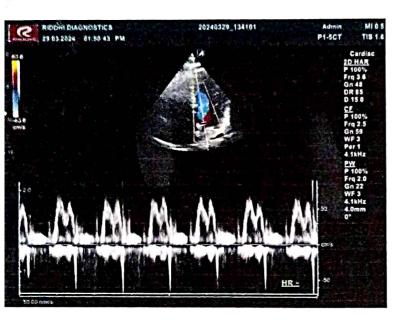








Tanun Singh



#### DIAGNOSTICS ANUSHKA

Dr. Prashant S. Barpande **Consultant Radiologist** M.B.B.S, D.M.R.D.

D.N.B. (Radiodiagnosis), M.N.A.M.S.



Dr. Chitrangi P. Barpande Consultant Pathologist

MRRS, MD (Pathelogy) Mac. (Medical Biochemistry) Reg. No.: CGMC-3298/2011

Reg. No.: CGMC-3232/2010 Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.; +91 77 20044949, E-meil + anvshka.diagnestics@gmail.com

NAME

: TARUN SINGH

AGE: 37 YEARS

SEX: M

REF. BY: RD.

DATE: 29-03-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY,

LIVER

:Normal in Size- 15.4 cm, Normal in Shape.

No Focal Or Diffuse Lesion Seen.

IHBR's & CBD are Normal in Appearance. Portal vein appears normal in

caliber.

**GALL BLADDER** 

: Lumen Is Well Distended & Echo free. No Calculus or Sludge Is Seen.

Wall thickness is normal(2mm). No evidence of pericholecystic collection.

SPLEEN

:Normal In Size- 9.6 cm, Normal In Shape & Echotexture.

No Focal Lesion Seen. Splenic Vein – Normal.

**PANCREAS** 

: Normal in size shape position and echotexture.

RIGHT KIDNEY

: Normal in size(9.2 x 4.8 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY

: Normal in size(8.9 x 4.5 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

**PROSTATE** 

: Prostate Is Normal In Size(Volume=14 ml). No Focal/Diffuse Lesion Seen.

No Evidence Of Median Lobe Bulge Seen.

URINARY BLADDER: Shows Normal Uniform Wall Thickness- 4 mm, And Echo free Lumen.

- > No Evidence Of Free Fluid Seen In Peritoneal Cavity.
- > No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
- No Sonographic Evidence Of Appendicitis In Present Scan.

#### **IMPRESSION:**

No Abnormal Sonographic Finding Detected.

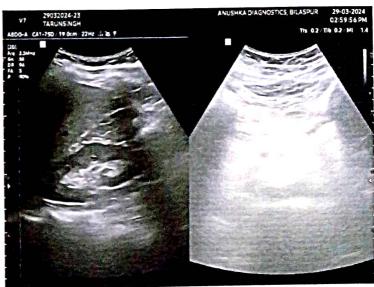
Thanks For Referral.

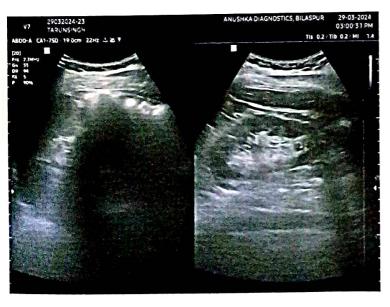
DR. PRASHANT S. BARPANDE MBBS, D.M.R.D, DNB (RADIODIAGNOSIS) M.N.A.M.S, CONSULTANT RADIOLOGIST REG. NO.- CGMC-3232/10

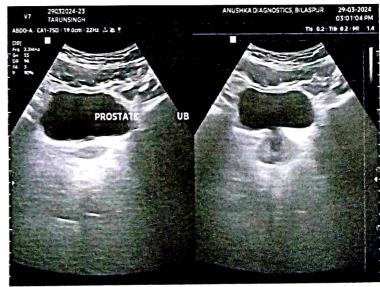
Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging **Findings** 













NAME	MR TARUN SINGH	AGE/SEX	37Y/MALE
REF BY.	DR. SELF	DATE	29/ 03/ 2024

#### X-RAY CHEST PA VIEW

#### FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

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.

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

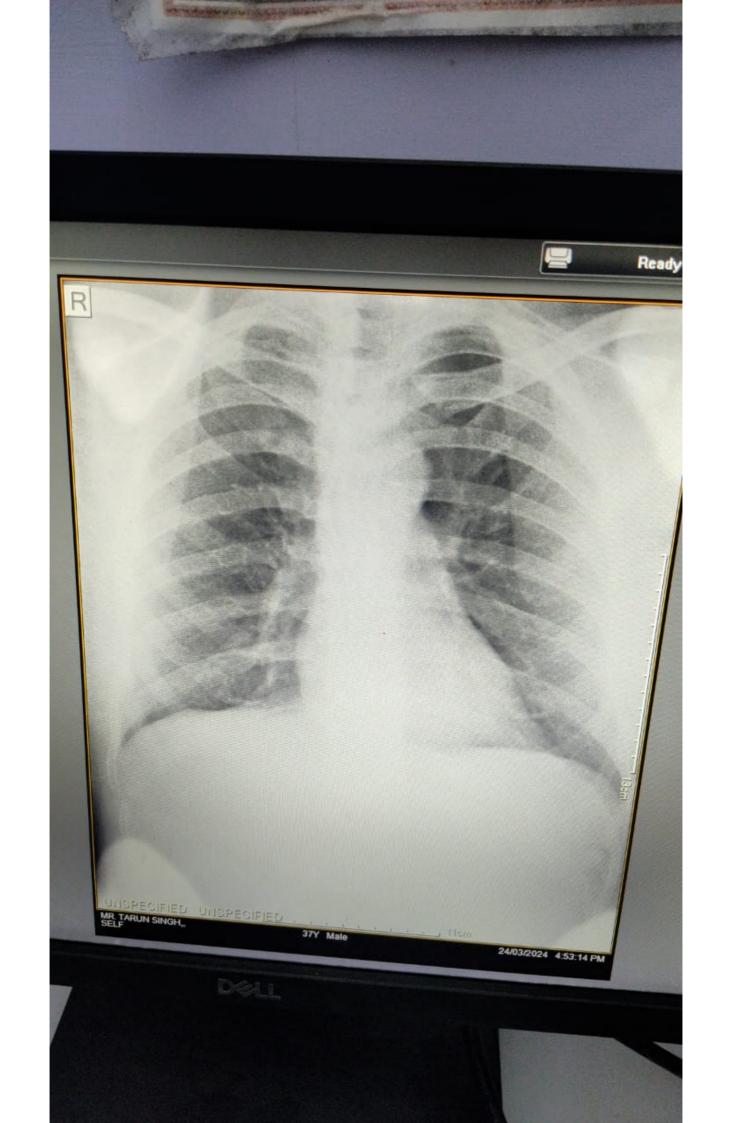
IMPRESSION:- No significant abnormality detected.

ADVICE:- Clinical correlation and follow up.

Dr. Avinash. Rathod. MBBS, DMRD.

Consultant Radiologist Reg.no 2011/05/1616.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.





आंश सामार

Covernment of India





तरण सिंह Tarun Singh जन्म तिथि/DOB: 02/08/1985 gen MALE

lesue Date: 16/05/2020

6908 7599 5694

VID: 9128 4625 9557 6177 मेरा आधार, मेरी पहचान



आरंतिय जितिषद पहणल प्रधिकरण

Unique Identification Authority of India

पता: तरुण विहु, मिन 4, सकेत एकलेव, समर्थ भरित होन के वात, बीर्ड न १, मिलासपुर(एम क्रम), बिलासपुर, सन्तिमण्ड - 495001

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