MER-MEDICAL EXAMINATION REPORT

Date of Examination	0	C	2/2 / 2/4	
NAME			03/2024	
AGE			hu Dheu	
HEIGHT(cm)	30	_	nder	Female
	.	W	EIGHT (kg)	
B.P.	13	10	180	10.00
ECG .	1			
X Ray	No.	Sig	gnificant a cted.	ibnoomality
Vision Checkup	Color V	ision	: Norma	1
·	Far Vi	sion	Ratio: RL-2.	20
	Near V	ision	Ratio: 4 - 1.	25
Present Ailments		N	111	
Details of Past ailments (If Any)		Ν	IL	
Comments / Advice : She /He is Physically Fit	F	Ţ.	T -	
Comments / Advice: She / He is Physically Fit Surgery in 2020 of overnow Leus January In 2016 Intestinal Surgery In 2016 Now Occasioned	n c	9	st admitted	ter 30 Jour
		_		

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

Signature with Stamp of Medical Examiner

Varda Phinas

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical example.	mination	
or Nausha Dhruwa on	29/03/2020	
After reviewing the medical history and on clinical exathat he/she is		
		Tick
Medically Fit	*	
Fit with restrictions/recommendations		
Though following restrictions have been reveal not impediments to the job.	led, in my opinion, these are	
1		
2	***************************************	
3		-
However the employee should follow the advice been communicated to him/her.		
Review after		
Currently Unfit. Review after	recommended	
• Unfit	١.	
· · · · · · · · · · · · · · · · · · ·	Medical Officer CGMC	SAL SINGH laspur (C.G.) -8519/2018
The state of the s	The Apollo Clinic, (Location)	

This certificate is not meant for medico-legal purposes

Jangrathanns



26222317313

Miss VARSHA DHRUWA

PID NO.202429319315 AGE 30 Y / SEX Female Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3812

Sample Received on/at: 29/03/2024 10:34AM

Reported on/at

29/03/2024 05:10PM

HAEMATOLOGY

Investigation

Observed Value

Unit

Biological Reference Interval

ESR- Erythrocyte Sedimentation Rate

ESR- Erythrocyte Sedimentation Rate 32

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.
- 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)

"O"

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 AllMS, New Delhi



12429319315

Miss VARSHA DHRUWA

PID NO.202429319315 AGE 30 Y / SEX Female Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3812

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CBC Haemogram

Haemoglobin(Hb)	12.5	gm/dl	11-15
Erythrocyte (RBC) Count	4.36	mill/cu.mm.	3.0-6.0
PCV (Packed Cell Volume)	33.6	%	36-45
MCV (Mean Corpuscular Volume)	77.1	fL	78 - 92
MCH (Mean Corpuscular Haemoglobin)	28.7	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	37.2	g/dl	32 - 36
Total Leucocytes Count (TLC)	6900	cells/cu.mm.	4000 - 11000
Differential Leucocyte Count (DLC)			
Neutrophils	55	%	40-75
Lymphocytes	37	%	20-45
Monocytes	05	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	3795	/cu.mm	2000-7000
Absolute Lymphocyte count	2553	/cu.mm	1000-3000
Absolute Eosinophils Count	207	/cmm	20-500
Absolute Monocyte count	345	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
<u>Platelets</u>			
PLT Count	226,000	/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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Page 6 of 7

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



32420319315

Miss VARSHA DHRUWA

PID NO.202429319315 AGE 30 Y / SEX Female Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3812

Sample Received on/at:

29/03/2024 10:34AM

Reported on/at 29/03/2024 05:10PM

BIOCHEMISTRY

Investigation

Observed Value

Unit

Biological Reference Interval

Creatinine

0.7

mg/dl

0.6-1.2

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen

11.2

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

75

mg/dl

Normat 70-99

Impaired Tolerance: 100-125 Diabetes mellitus: >= 126

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

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Checked By Sr. Technician

Page 1 of 7

Dr. Digvijay Singh MBBS, DCP (Pathologist)



Miss VARSHA DHRUWA	Reference: HEALTH CHEC	KUP,Bilaspur	VID: 600100/3812	
PID NO.202429319315			Sample Received on/at:	
AGE 30 Y / SEX Female			29/03/2024 10:34AM	
			Reported on/at 29/03/2024 05:10PM	
Lipid Profile				
Cholesterol - Total	158	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240	
Triglycerides level	109	mg/dl	40 - 140	
HDL Cholesterol	47	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease:>800	
LDL Cholesterol	89.20	mg/dl	Optimal:< 100 Near Optimal:100 – 129 Borderline High: 130-159 High: 160-189 Very High: >=190	
VLDL Cholesterol	21.80	mg/dl	6 - 38	
LDLC/HDLC Ratio	1.90		2.5 - 3.5	
TCH/HDLC Ratio	3.36		0-5.0	

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PP (Glucose-Post Prandial)

Glucose -Post prandial

98

mg/dl

Normal: 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

3.9

mg/dL

2.6 - 6.2

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Checked By Sr. Technician

Page 2 of 7

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



MISS VARSHA DHRUWA

PID NO.202429319315

AGE 30 Y / SEX Female

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3812

Sample Received on/at:

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Reported on/at

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BUN/Creatinine Ratio

BUN-Blood Urea Nitrogen

11.2

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

0.7

mg/dl

0.6-1.2

BUN/Creatinine Ratio

16

10-20:1

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LFT-Liver Function Test

Bilirubin - Total (Serum,Diazo)	0.33	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum,Diazo)	0.12	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum,Calculated)	0.21	mg/dl	0 - 1
Total Proteins (Serum,Biuret)	7.11	g/dl	6.6-8.8
Albumin (Serum,Bromocresol green)	3.96	g/dl	3.5 - 5.2
Globulin (Serum)	3.15	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.26	%	1.1 - 2.2
SGOT (AST) (Serum,Enzymatic)	16	U/L	0 - 31
SGPT (ALT) (Serum,Enzymatic)	28	U/L	0 - 34
Alkaline Phosphatase	169	U/L	64 – 306
Gamma-glutamyltransferase (GGT)	13.4	U/L	<32

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Page 3 of 7

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



Miss VARSHA DHRUWA

PID NO.202429319315 AGE 30 Y / SEX Female Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3812

Sample Received on/at: 29/03/2024 10:34AM

Reported on/at

29/03/2024 05:10PM

IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
Т3	1.78	ng/mL	0.69 - 2.15
T4	103	ng/ml	52 - 127
TSH	2.64	ulU/ml	0.3 - 4.5

Method: CLIA

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Dr. Digvijay Singh MBBS, DCP (Pathologist)



Miss VARSHA DHRUWA

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VID: 600100/3812

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Reported on/at

29/03/2024 05:10PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Examination Routine			
Volume	20	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
Chemical Examination			
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	1-3	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP) Nil

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Urine Sugar - Fasting

Urine - Glucose Nil Nil

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Checked By Sr. Technician

Page 4 of 7

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

Kamla Complex, Beside Tehsil Office Nehru Chowk, Bilaspur (C.G.) 495001 Cont.No.: 07752 408222, +91 9630066355 E-mail: riddhidiagnosticsbilaspur@gmail.com

Nil

0.67~100Hz AC50 25					varsha dhruwa Female 30Years Req. No. :
25mm/s 10mm/mV 2*5.0s C/				\frac{\{\}}{\}	HR P PR QRS QT/QTcBz P/QRS/T RV5/SV1
CARDIART 9108 D. VI.44	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	84 bpm Diagnos 98 ms Sinus 140 ms Norn 80 ms 340/402 ms 64/52/45 ° 1.502/0.954 mV Report
Glasgow V28.6.7					Diagnosis Information: Sinus rhythm Normal ECG Report Confirmed by:
RIDDHI DIAGNOSTICS					CIMS, Bilaspur (C.G.) CGMC-8519/2018 CGMC-8519/2018
	}				Or. VATSAL SINGH CIMS, Bilaspur (C.G.) CGMC-8519/2018 CGMC-8519/2018



PATIENT NAME	MISS VARSHA DHRUWA	AGE / SEX	30YRS / FEMALE
REF. BY	HEALTH CHECKUP	DATE	29/03/2024

2 D ECHO REPORT

M MODE STUDY

DOPPLER STUDY FINDINGS

Ao =2.20	LA =2.55
IVSd =1.10	LVPWd =0.95
LVIDd = 3.55	LVIDs = 2.50
EF = 57.59%	

No diastolic Dysfunction	
No AS/AR/MS/MR	
NO PAF	
Al .	

Description

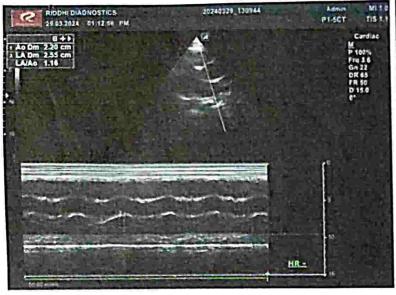
- Mitral valve leaflets normal, subvalvular apparatus normal, Mitral valve areas normal, no evidence of prolapse, calcification or vegetation.
- Aortic valve trileaflet, Opening amplidute is adequate, No significant AS/AR
- Tricuspid Valve is normal, No TR
- Pulmoanry valve is normal.
- PA is normal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

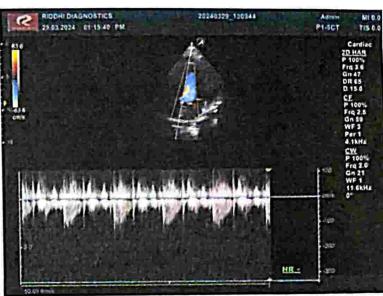
IMPRESSION: NORMAL STUDY.

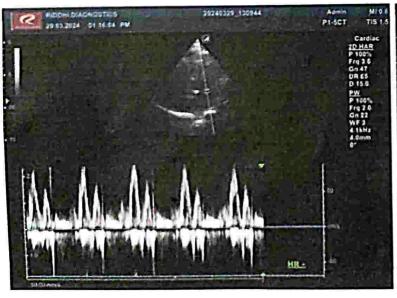
Good LV/RV function.

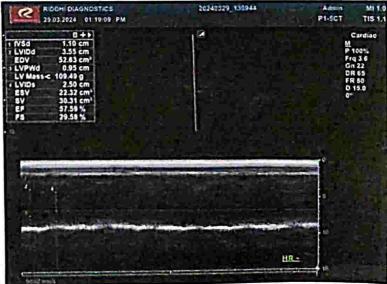
DR. PRAKSH JAISWAL MO MEDICINE)

Yousha Dhouwa













		LIAUIUUI	
NAME	MISS. VARSHA DHURWA	AGE /SEX	30Y/FEMALE
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.

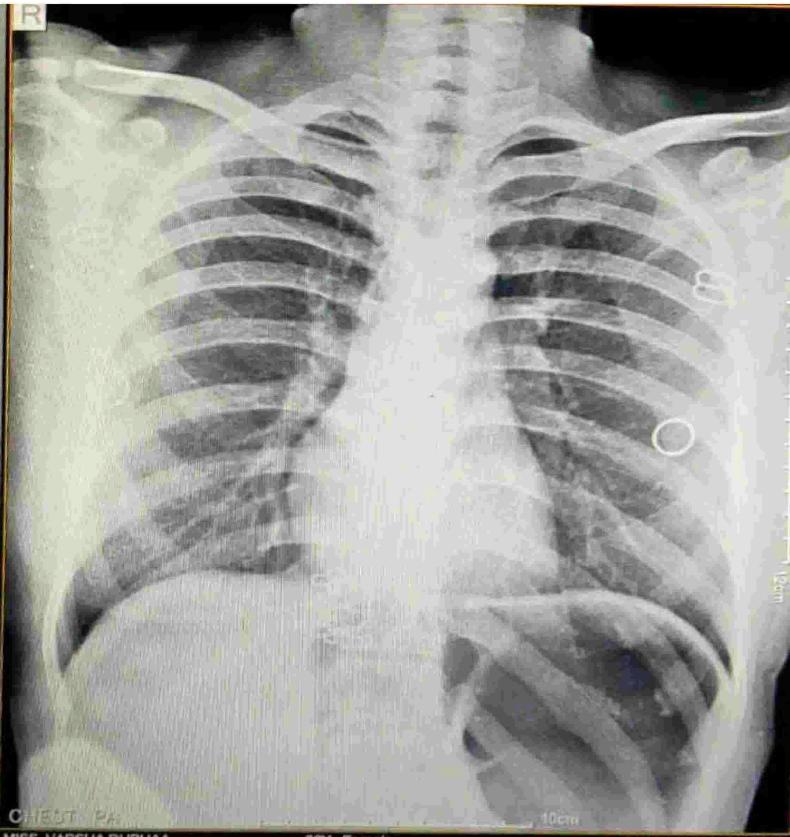
ADVICE :- Clinical correlation and follow up.

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.



ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande **Consultant Radiologist** MARS, DARD D.N.B. (Radiodiagnosis), M.N.A.M.S. Reg. No.: CGMC-3232/2010



Dr. Chitrangi P. Barpande **Consultant Pathologist** MBBS, MD (Pathology)

Msc. (Medical Biochemistr Reg. No.: CGMC-3298/2011

SEX:F

Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.: +91 7720044949, E-mail : anushka.diagnostics@gmail.com

: VARSHA DHRUW NAME :RD .

AGE:30 YEARS

DATE: 29-03-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY:

LIVER

REF.BY

:Normal in Size- 14.1 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(2 mm). No evidence of pericholecystic collection.

SPLEEN

: Normal In Size- 9.5 cm, Normal In Shape & Echotexture.

No Focal Lesion Seen. Splenic Vein - Normal.

PANCREAS

: Pancreas Normal In Size And Echotexture.

RIGHT KIDNEY: Normal in size (9.2 x 4 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY

: Normal in size(8.9 x 4.2 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

UTERUS

Uterus Is Anteverted And Appears Enlarged In Size- 9.8 X 3.5 X 3.9 cm.

Normal In Shape & Echotexture.

Myometrium And Endometrium Appear To Be Normal.

Endometrial Thickness- 6 mm.

RIGHT OVARY :

Appear Normal In Size(Volume-7.8 ml).

Normal In Shape And Echo Morphology.

LEFT OVARY

Appear Normal In Size(Volume- 4.5 ml).

Normal In Shape And Echo Morphology.

Cervix Appears Normal. No Evidence Of Adenexal Mass Lesion Seen.

No Free Fluid In Pouch Of Douglas Seen. No Evidence Of Lymphadenopathy Seen.

Visualized Bowel Loops Appears Normal. No Sonographic Evidence Of Appendicitis In Present Scan.

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

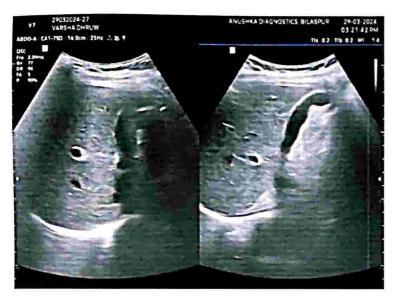
IMPRESSION:

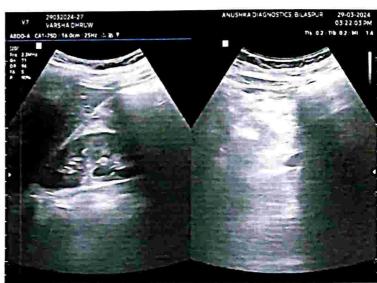
· Bulky Uterus.

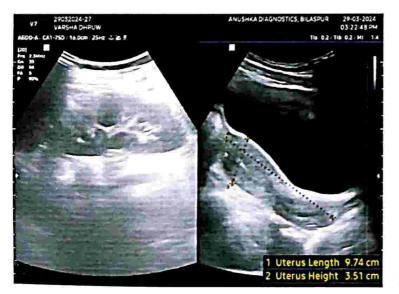
Kindly Correlate With Previous Operative Details.

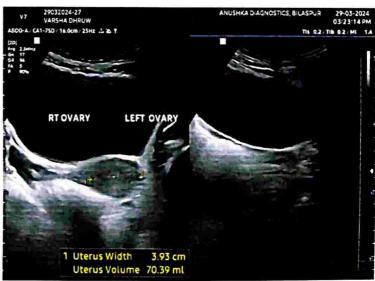
DR. PRASHANT S. BARPANDE MBBS, D.M.R.D, DNB (RADIODIAGNOSIS) M.N.A.M.S , CONSULTANT RADIOLOGIST REG. NO.- CGMC-3232/10













भारत सरकार Government of India



aৰ্ঘ দ্বৰ Varsha Dhruwa ডেন্ম নিথ/DOB: 17/09/1993 মहিলা/ FEMALE



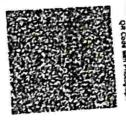
VD: 9138 9012 5460 7097 मेरा आधार, मेरी पहचान



Unique Identification Authority of India

पता: आत्मजा: संतोष कुमार घूव, बॉर्ड न-05, बस्घरा नगर, रिग रोड न-02, पत्नव प्यन के पास, बितासपुर (न.नि.), बितासपुर, छनीसगढ़ - 495001

Address:
D/O: Santosh Kumar Dhruwa, ward no-05, vasundhra nagar, ring road no-02, pallav bhawan ke paas, Bilaspur(m. Corp), Bilaspur, Chhattisgarh - 495001



4669 0929 3476

VID: 9138 9012 5460 7097

Jarchan Abeuras





Bilaspur, Chhattisgarh, India

Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India Lat 22.086574°

Long 82.144048°

29/03/24 10:21 AM GMT +05:30







