#### MER- MEDICAL EXAMINATION REPORT

Date of Examination	25 03 24
NAME	Priyonka Angela Lakka
AGE	34 Gender Female.
HEIGHT(cm)	160 WEIGHT (kg)
B.P.	wind Modfor a deliver
ECG	Boxderline
X Ray	No significant abnoxmality detected
Vision Checkup	Far Vision Ratio: K1-0. 75 4-0.25
	Near Vision Ratio: Normal
Present Ailments	NiL
Details of Past ailments (If Any)	NIL
Comments / Advice : She /He is Physically Fit	FIT
· Hypothyroicism medicine	thyraxin To my Since 201
- Bronehifts, Degular Salà	injuntaler Since 2019
Hypothyroiclism mediline Bronehifts, Iregular Sala Kichney Stone Surgery rock	dene in Jan 2028

CIMS, Bilaspur (C.G.)

Signature with Stamp of Medical Examiner

2027

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical	al examination	
or Priyanka Angela Lakra		
After reviewing the medical history and on clinic that he/she is	•	
Medically Fit		Tick
Fit with restrictions/recommendations		
Though following restrictions have been renot impediments to the job.		
3		
However the employee should follow the been communicated to him/her.		7.1.1
Review after	A solution of the state of	
Currently Unfit.  Review after	recommended	11.7
• Unfit		
	Medical Officer CGMC	TSAL SING Bilaspur (C.G. 28519/2018
	The Apollo Clinic, (Location)	1.0

This certificate is not meant for medico-legal purposes

2022





Miss PRIYANKA ANGELA LAKRA

PID NO.202429319317

AGE 34 Y / SEX Female

Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3814

Sample Received on/at:

29/03/2024 11:29AM

Reported on/at

29/03/2024 05:17PM

#### **HAEMATOLOGY**

Investigation

**Observed Value** 

Unit

**Biological Reference Interval** 

**ESR- Erythrocyte Sedimentation Rate** 

ESR- Erythrocyte Sedimentation Rate 23

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)

"A"

RhD (Rh Typing)

Positive

#### HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin

5.2

%

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)

102.54

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



Miss PRIYANKA ANGELA LAKRA

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PID NO.202429319317 AGE 34 Y / SEX Female

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#### **CBC Haemogram**

A TELESCOPIC MANAGEMENT				
Haemoglobin(Hb)	12.6	gm/dl	11-15	
Erythrocyte (RBC) Count	4.3	mill/cu.mm.	3.0-6.0	
PCV (Packed Cell Volume)	35.1	%	36-45	
MCV (Mean Corpuscular Volume)	81.6	ſL.	78 - 92	
MCH (Mean Corpuscular Haemoglobin)	29.3	pg	27 - 32	
MCHC (Mean Corpuscular Hb Concn.)	35.9	g/dl	32 - 36	
Total Leucocytes Count (TLC)	7800	cells/cu.mm.	4000 - 11000	
Differential Leucocyte Count (DLC)				
Neutrophils	68	%	40-75	
Lymphocytes	26	%	20-45	
Monocytes	04	%	2 - 10	
Eosinophils	02	%	1 - 6	
Basophils	00	%	0 - 1	
Absolute Neutrophil count	5304	/cu.mm	2000-7000	
Absolute Lymphocyte count	2028	/cu.mm	1000-3000	
Absolute Eosinophils Count	156	/cmm	20-500	
Absolute Monocyte count	312	/cu.mm	200-1000	
Absolute Basophil count	0	/cu.mm	0-200	
<u>Platelets</u>				
PLT Count	229,000	/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



#### Miss PRIYANKA ANGELA LAKRA

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VID: 600100/3814

Sample Received on/at: 29/03/2024 11:29AM

Reported or/at

29/03/2024 05:17PM

#### **BIOCHEMISTRY**

Investigation

**Observed Value** 

Unit

**Biological Reference Interval** 

Creatinine

8.0

mg/dl

0.6 - 1.2

These reports are machine generated for assisting medical professionals in their diagnosis and treatments .Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

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

**BUN-Blood Urea Nitrogen** 

12.6

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

83

mg/dl

Normal: 70-99

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

Diabetes ii

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

These reports are machine generated for assisting medical professionals in their diagnosis and treatments .Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By Sr. Technician

Page 1 of 7

Dr. Digvijay Singh
MBBS, DCP (Pathologist)



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Miss PRIYANKA ANGELA LAKRA PID NO.202429319317

AGE 34 Y / SEX Female

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Sample Received orVat:

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			28/03/2024 03:171 10
Lipid Profile			
Cholesterol - Total	157	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	118	mg/dl	40 - 140
HDL Cholesterol	46	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>800
LDL Cholesterol	87.40	mg/dl	Optimat < 100 Near Optimal:100 – 129 Borderline High: 130-159 High: 160-189 Very High: >=190
VLDL Cholesterol	23.60	mg/dl	6 - 38
LDLC/HDLC Ratio	1.90		2.5 - 3.5
TCH/HDLC Ratio	3.41		0-5.0

These reports are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes *I* evidences.

#### PP (Glucose-Post Prandial)

Glucose -Post prandial

109

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** 

4.56

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 PRIYANKA ANGELA LAKRA

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VID: 600100/3814

Sample Received or/at: 29/03/2024 11:29AM

Reported on/at

29/03/2024 05:17PM

**BUN/Creatinine Ratio** 

**BUN-Blood Urea Nitrogen** 

12.6

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

0.6-1.2

**BUN/Creatinine Ratio** 

15.75

10-20:1

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

Bilirubin - Total (Serum,Diazo)	0.47	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.18	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum,Calculated)	0.29	mg/dl	0 - 1
Total Proteins (Serum,Biuret)	7.67	g/dl	6.6-8.8
Albumin (Serum,Bromocresol green)	4.18	g/dl	3.5 - 5.2
Globulin (Serum)	3.49	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.20	%	1.1 - 2.2
SGOT (AST) (Serum,Enzymatic)	18	<b>⊢ U/L</b>	0 - 31
SGPT (ALT) (Serum,Enzymatic)	29	U/L	0 - 34
Alkaline Phosphatase	158	U/L	64 - 306
Gamma-glutamyltransferase (GGT)	21.2	U/L	<32

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Checked By Sr. Technician

Page 3 of 7

Dr. Digvijay Singh MBBS, DCP (Pathologist)



02429319317

Miss PRIYANKA ANGELA LAKRA

PID NO.202429319317 AGE 34 Y / SEX Female Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3814

Sample Received on/at: 29/03/2024 11:29AM

Reported on/at

29/03/2024 05:17PM

#### **CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Urine Examination Routine</b>			
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
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

Nil

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#### Urine Sugar - Fasting

Urine - Glucose

Nil

Nil

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Page 4 of 7

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



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AGE 34 Y / SEX Female

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29/03/2024 05:17PM

#### **IMMUNOASSAY**

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
Т3	1.47	ng/mL	0.69 - 2.15
T4	79.6	ng/ml	52 - 127
TSH	2.08	uIU/ml	0.3 - 4.5

Method: CLIA

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Checked By Sr. Technician

Page 7 of 7

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





NAME MISS. PRIYANKA ANGELA		AGE /SEX	34Y/FEMALE		
NAME MISS. PRIYANKA ANGELA  REF BY. DR. SELF	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.

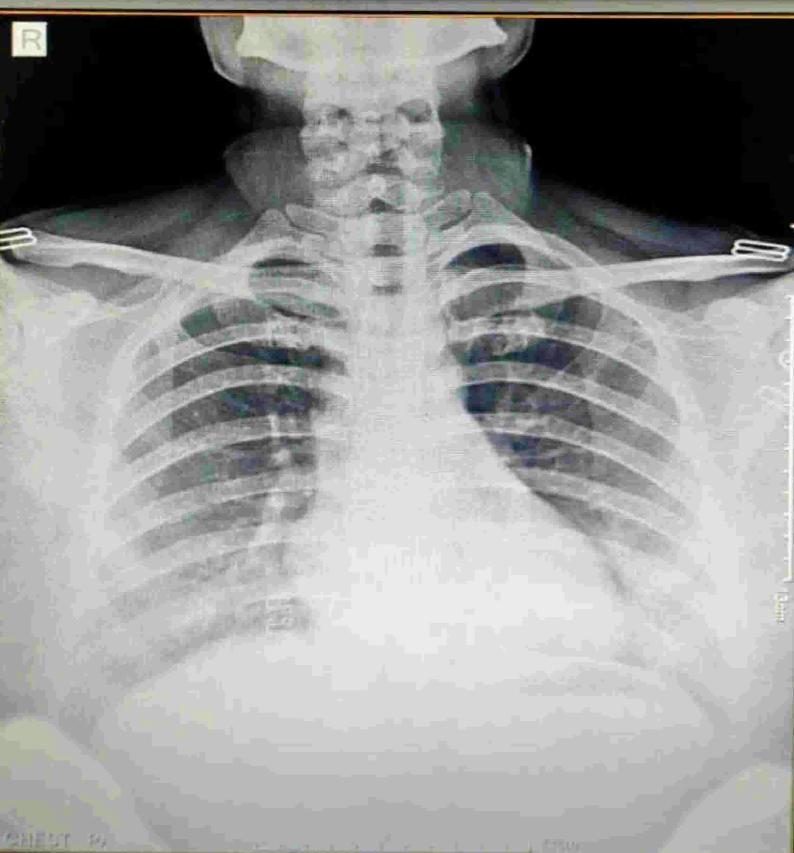
Dr. Avinash. Rathod. MBBS, DMRD.

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.

E-mail: riddhidiagnosticsbilaspur@gmail.com





## ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande **Consultant Radiologist** M.B.B.S, D.M.R.D 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 Biochemistry) Reg. No.: CGMC-3298/2011

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

: PRIYANKA LAKRA NAME

AGE:34 YEARS

SEX: F

REF.BY :RD . DATE: 29-03-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY:

LIVER

:Normal in Size- 12.1 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- 9.9 cm, Normal In Shape & Echotexture.

No Focal Lesion Seen. Splenic Vein - Normal.

**PANCREAS** 

: Pancreas Normal In Size And Echotexture.

RIGHT KIDNEY: Normal in size(9.1 x 4.5 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY

: Normal in size(9.4 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 normal In Size- 7.2 X 3.4 X 4 cm.

Normal In Shape & Echotexture.

Myometrium And Endometrium Appear To Be Normal.

Endometrial Thickness- 8 mm.

RIGHT OVARY :

Appear Normal In Size(Volume-6.5 ml).

Normal In Shape And Echo Morphology.

LEFT OVARY

Appear Normal In Size(Volume-7.2 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:**

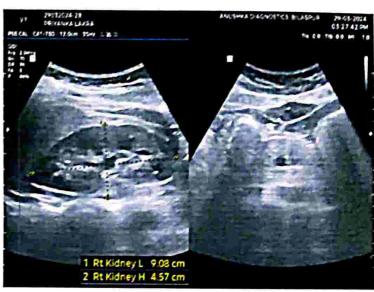
· No Abnormal Sonographic Finding Detected.

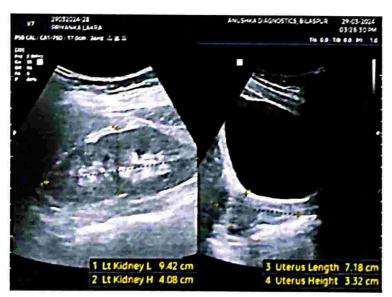
Thanks For Referral.

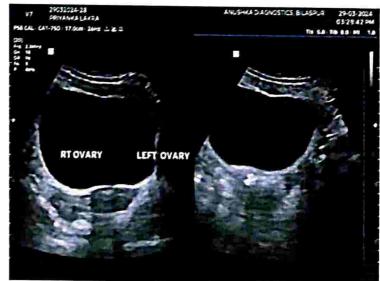
DR. PRASHANT S. BANPANDE MBBS, D.M.R.D, DNB (RADIODIAGNOSIS) M.N.A.M.S, CONSULTANT RADIOLOGIST REG. NO.- CGMC-3232/10















PATIENT NAME	MISS PRIYANKA ANGELA LAKRA	AGE / SEX	34YRS / FEMALE	
REF. BY	UEAL TU OUE OUT			
	HEALTH CHECKUP	DATE	29/03/2024	

### **2 D ECHO REPORT**

#### M MODE STUDY

# Ao =2.10 LA =2.25 IVSd =0.50 LVPWd =0.75 LVIDd = 4.70 LVIDs = 3.15 EF = 51.21%

#### DOPPLER STUDY FINDINGS

No diastolic Dysfunction	
No AS/AR/MS/MR	
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.

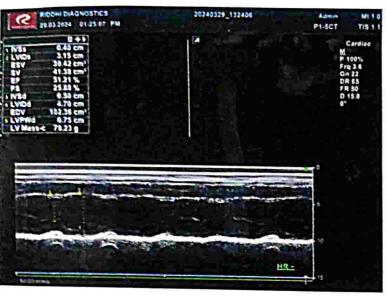
IMPRESSION: NORMAL STUDY.

Good LV/RV function.

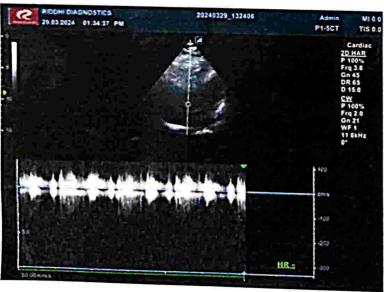
dis-

DR. PRAKSH JAISWAL (MD MEDICINE)

# Pritanka Angela Lakra









0.67~100Hz AC50 25mm/s 1						Req. No. :		priyanka angelalakra
10mm/mV 2*5.0s CARDIART 9108 D					QT/QTcBz : 362/413 ms P/QRS/T : 60/63/48 ° RV5/SV1 : 0.715/1.097 mV	S : 90	P : 96 ms	R : 78
V1.44 Glasgow V28.6.7 RIDDHI I	V6	V4			Report Confirmed by:	Borderline ECG	Sinus rhythm  Anterior T wave abnormality is	Diagnosis Information:
RIDDHI DIAGNOSTICS				CIMS, Bilaspur (C.G.) CGMC-8519/2018	The sold of the so	. V	Smus rhythm  Anterior T wave abnormality is borderline for age and gender	





The same of the sa









GPS Map Camera



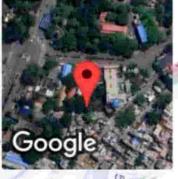
## Bilaspur, Chhattisgarh, India

Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India Lat 22.08668°

Long 82.144024°

29/03/24 10:33 AM GMT +05:30





Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India Lat 22.086634°

Long 82.143958°

29/03/24 10:35 AM GMT +05:30

