





Rajesh Kumar Balat DOB: 18/11/1968 Male

7176 6810 4863

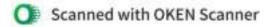
भारत सरकार Government of India



आधार - आम आदमी का अधिकार



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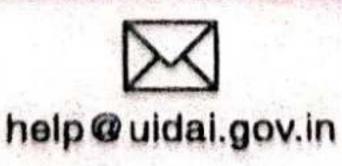






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7176 6810 4863





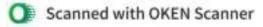
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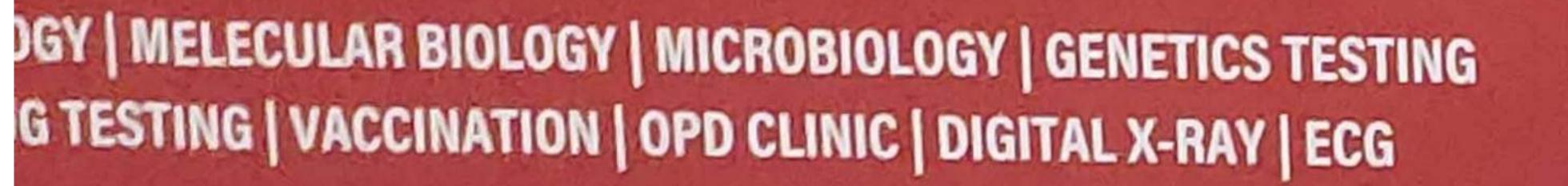


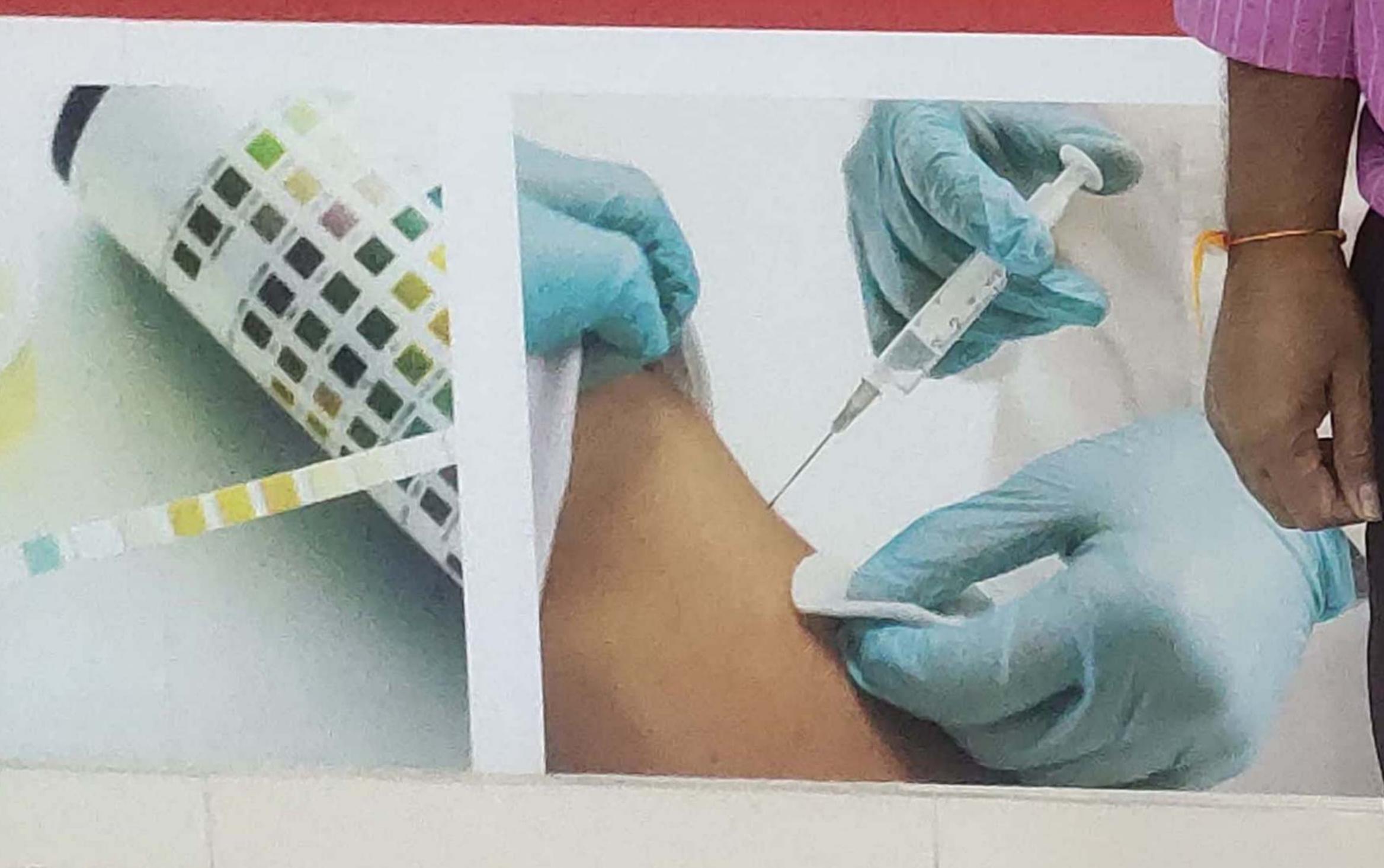
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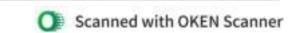
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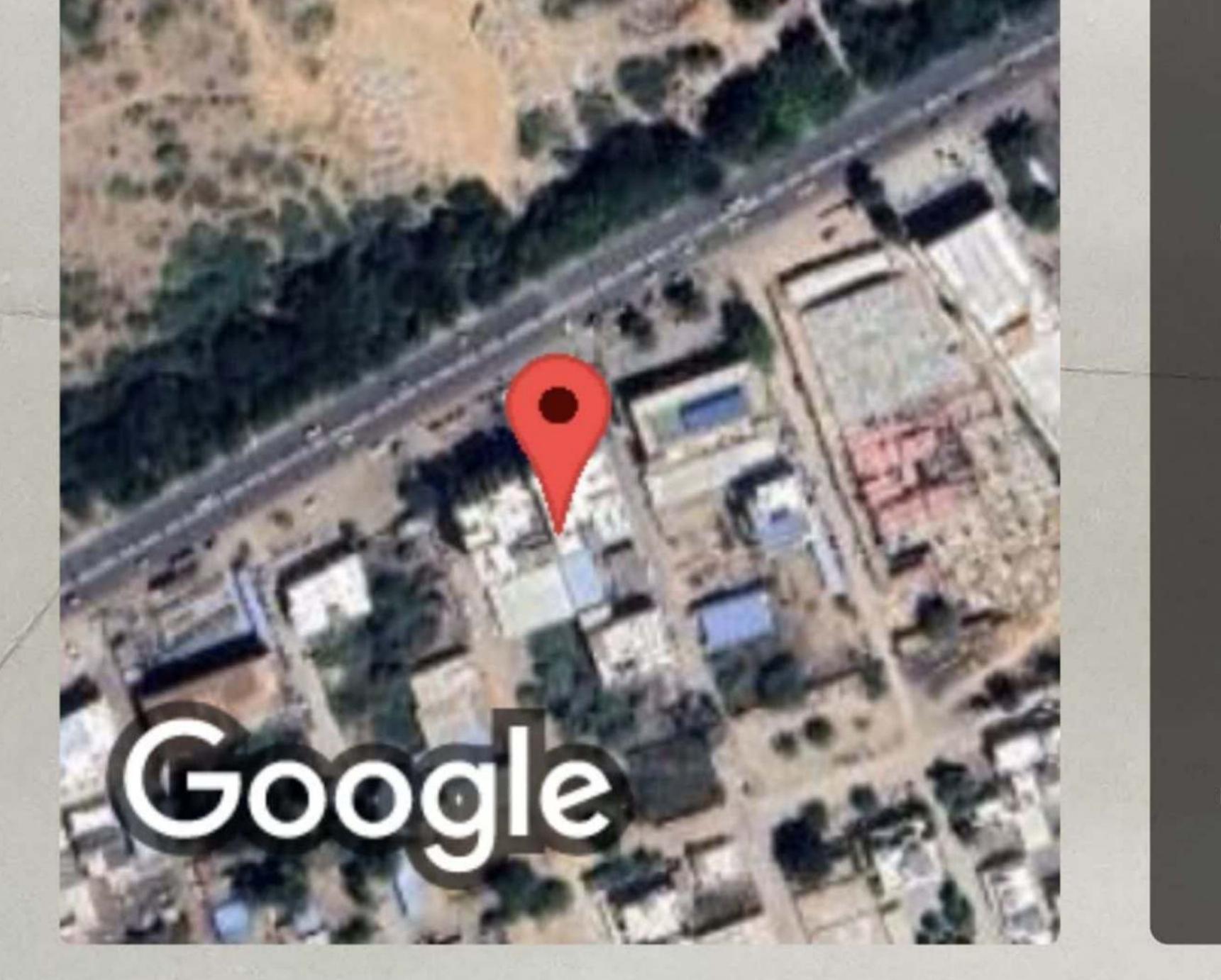
LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS











Bhuj, Gujarat, India 1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India Lat 23.235059° Long 69.650494° 13/01/24 09:45 AM GMT +05:30





| | | LAB DIVISIO | N | | |
|--------------------------------------|-----------------|--|---------------|---------------------|---------------------|
| Patient ID | 12233091 | | Colle | ected On | 13/01/2024 09:46:16 |
| Patient Name | Mr. RAJESH KU | MAR BALAT | Rece | 13/01/2024 09:46:17 | |
| Gender / Age | Male / 55 Y | rs 1 Mon 25 Days | Rele | ased On | 13/01/2024 15:49:08 |
| Refd. By | | | Print | ted On | 13/01/2024 15:53:35 |
| Client | Apollo Health | & Lifestyle Lt d | | | |
| nvestigation | | Value | Unit | Biolo | gical Ref. Range |
| Glucose (Fasting) GOD-PAP | | 120.00 | mg/dL | 60.00 |) - 110.00 |
| Fasting Plasma C | ilucose (mg/dl) | 2 hr plasma Glucose (mg/dl) Post Glucose load | D | agnosis | |
| 99 or t | elow | 139 or below | N | iormal | |
| 100 to | | 140 to 199 | | abetes (IGT) | |
| 126 or . | above | 200 or above | D | abetes | |
| Glucose, Post Pran GOD-PAP | dial (PP) | 99.20 | mg/dL | 70.00 |) - 140.00 |
| Fasting Glucose Plas | ma | 2 hr Plasma Glucose (mg/dl) Post Glucose load | Diagnosis | | |
| 99 or below | | 139 or below | Normal | | |
| 100 to 125 | | 140 to 199 | Pre- Diabetes | | |
| 126 or above | | 200 or above | Diabetes | | |



Note: 1. These report are more estimation and are liable to vary / Charge in different constitions in different laboratories. 2. The values are to be constitution with clinical fielding and any elamining of unexpected result should be referred to the liab ungently 3. These reports are not valid for medico legal purposes.



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| LAB DIVISION | | | | |
|--------------|-------------------------------|--------------|---------------------|--|
| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 | |
| Patient Name | Mr. RAJESH KUMAR BALAT | Received On | 13/01/2024 09:46:17 | |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 | |
| Refd. By | | Printed On | 13/01/2024 15:53:40 | |
| Client | Apollo Health & Lifestyle Ltd | | | |

| Investigation | Value | Unit | Biological Ref. Range |
|------------------------|-------|------|-----------------------|
| Giycosylated Hb | 6.4 | % | |
| Average Plasma Glucose | 137 | | |

Interpretation :

HbA1c %

| CONTRACTOR DO | |
|---------------|-------------|
| <=5.6 | Normal |
| 5.7-6.4 | At Risk for |
| | Diabetes |
| >=6.5 | Diabetes |
| | |

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible

| HbA1c % | 5 | 5.5 | 6 | 6.5 | / | 7.5 | | 8.5 | 9 | 10 | | 12 |
|-------------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| (eAG) mg/dL | 97 | 111 | 126 | 140 | 154 | 169 | 183 | 197 | 212 | 240 | 269 | 298 |

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of *Diobetes mellitus* through routine monitoring & assesses compliance with therapeutic regimen.



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LAB DIVISION Patient ID 12233091 Collected On 13/01/2024 09:46:16 Mr. RAJESH KUMAR BALAT Patient Name Received On 13/01/2024 09:46:17 Gender / Age Male / 55 Yrs 1 Mon 25 Days 13/01/2024 15:49:08 Released On Refd. By Printed On 13/01/2024 15:53:43 Client Apollo Health & Lifestyle Ltd Investigation Value Unit **Biological Ref. Range**

Blood group Gel Technique

"B" Positive

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



Note: 1. These report act more admitted and are later to vary / Charge elidificant constants in different lateratories. 2. The values are to be constanted with clinical finding and any atlenting of unexpected result should be referred to the lateraperty 3. These reports are not valid for motion legal purprises.



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| | | LAB DIVE | SION | |
|---|-------------------------------|----------|----------------|------------------------|
| Patient ID | 12233091 | | Collected | On 13/01/2024 09:46:16 |
| Patient Name | Mr. RAJESH KUMAR BALAT | | Received | On 13/01/2024 09:46:17 |
| Gender / Age | Male / 55 Yrs 1 Mon 25 | Days | Released | On 13/01/2024 15:49:08 |
| Refd. By | | | Printed O | n 13/01/2024 15:53:46 |
| Client | Apollo Health & Lifestyle Ltd | | | |
| Investigation | | Value | Unit | Biological Ref. Range |
| <u>Complete Blood (</u> | Count | | | |
| Hemoglobin Cynmeth Photometric Mea | surement | 13.2 | gm/dL | 13.0 - 17.0 |
| Erythrocyte RBC (Electrical Impedance | Count | 5.59 | millions/cu.mm | 4.50 - 5.50 |
| HCT Electrical Impedance | | 40.3 | % | 40.0 - 50.0 |
| Mean Cell Volume Electrical Impedance | e (MCV) | 72.0 | fL | 80.0 - 100.0 |
| Mean Cell Haemo Electrical Impedance | oglobin (MCH) | 23.6 | pg | 27.0 - 32.0 |
| Mean Corpuscula Electrical Impedance | r Hb Concn. (MCHC) | 32.8 | gm/dL | 32.0 - 35.0 |
| Red Cell Distributi | on Width (RDW-CV) | 14.4 | % | 11.5 - 14.5 |
| Total Leukocyte C Electrical Impedance | ount (TLC) | 4.0 | X10^3/uL | 4.0 - 11.0 |
| Differential Leukoc | yte Count (DLC) | | | |
| Neutrophils vcs | | 60 | % | 40 - 80 |
| Lymphocytes vcs | | 33 | % | 20 - 40 |
| Eosinophils vcs | | 02 | % | 01 - 06 |
| Monocytes vcs | | 05 | % | 02 - 08 |
| Basophils vcs | | 00 | % | 00 - 02 |
| Platelet Count Electrical Impedance | | 297 | x10^3/uL | 150 - 450 |



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| | | LAB DIVIS | ION | | |
|--------------|-------------------------------|-----------|------|--------------|--------------------|
| Patient ID | 12233091 | | | Collected On | 13/01/2024 09:46:1 |
| Patient Name | Mr. RAJESH KUMAR BALAT | | | Received On | 13/01/2024 09:46:1 |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | | | Released On | 13/01/2024 15:49:0 |
| Refd. By | | | | Printed On | 13/01/2024 15:53:5 |
| Client | Apollo Health & Lifestyle Ltd | | | | |
| rwestigation | | Value | Unit | Biolo | gical Ref. Range |

* Test conducted on EDTA whole blood at 37 degree Celsius.

* ESR is an index of the presence of the active diseases of many types.

* Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.

14

* A rising ESR suggests a progressive disease.

Erythrocyte Sedimentation Rate (ESR)

Westeraren's

* Decreased- in polycythemia, congestive heart failure.

* ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.



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mm in 1hr

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Biological Ref. Range

| LAB DIVISION | | | |
|--------------|-------------------------------|--------------|---------------------|
| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 |
| Patient Name | Mr. RAJESH KUMAR BALAT | Received On | 13/01/2024 09:46:17 |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 |
| Refd. By | | Printed On | 13/01/2024 15:53:57 |
| Client | Apollo Health & Lifestyle Ltd | | |

Unit

Investigation

Value

Peripheral Blood Smear Microscopy

Microscopy

RBCs:- Normocytic normochromic with anisocytosis.

WBCs:- TLC is normal and DLC are within normal range.

Platelet:- Adequate in number and normal in morphology.

PARASITE AND IMMATURE CELLS:- Not seen.

Impression:- Normocytic normochromic blood picture.

Advise:- Clinical correlation.



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LAB DIVISION

| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 |
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| Patient Name | Mr. RAJESH KUMAR BALAT | Received On | 13/01/2024 09:46:17 |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 |
| Refd. By | | Printed On | 13/01/2024 15:53:59 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | Value | Unit | Biological Ref. Range | |
|--|-------------------------|------------|-----------------------|--|
| | Liver Function Test + G | <u>iGT</u> | | |
| Billirubin – Total Diazonium Salt | 0.48 | mg/dL | 0.20 - 1.30 | |
| Billirubin – Direct Diazo Reaction | 0.21 | mg/dL | 0.00 - 0.50 | |
| Bilirubin, Indirect Calculated | 0.27 | mg/dL | 0.00 - 0.70 | |
| Gultamic Oxaloacetic Transaminase (SGOT, AST) | 24.70 | U/L | 0.00 - 37.00 | |
| Gultamic Pyruvic Transaminase (SGPT, ALT) IFCC | 12.40 | U/L | 0.00 - 41.00 | |
| ALP (Alkaline Phosphatase) | 106.00 | U/L | 40.00 - 150.00 | |
| Total Protien Biuret method | 7.15 | g/dL | 6.60 - 8.70 | |
| Albumin Bromcresol Green | 4.07 | g/dL | 3.50 - 5.20 | |
| Globulin Calculated | 3.08 | g/dL | 2.30 - 3.50 | |
| A:G (Albumin:Globulin) Ratio | 1.32 | | 1.20 - 2.00 | |
| Gamma Glutamyle Transpeptidas | 25.50 | U/L | 0.00 - 55.00 | |

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knownliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Sometests are associated with functionality [e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract(gamma-glutamyl transferase and alkaline phosphatase).

Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicityetc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are alsocarried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation



Note: 1 These report act more admitted and are later to vary / Charge el different conditions in different laterations. 2 The values are to be comparated with clinical finding and any atlanting of unexpected result should be referred to the lateraperty 3. These reports are not valid for medico legal purpreses.



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| LAB DIVISION | | | | |
|--------------|-------------------------------|--------------|---------------------|--|
| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 | |
| Patient Name | Mr. RAJESH KUMAR BALAT | Received On | 13/01/2024 09:46:17 | |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 | |
| Refd. By | | Printed On | 13/01/2024 15:54:06 | |
| Client | Apollo Health & Lifestyle Ltd | | | |

| Investigation | Value | Unit | Biological Ref. Range |
|--------------------------------|--------------------|-----------|-----------------------|
| | Kidney Function Te | <u>st</u> | |
| Urea, Serum Urease | 20.00 | mg/dL | 13.00 - 43.00 |
| Blood Urea Nitrogen Urease | 9.35 | mg/dL | 7.00 - 21.00 |
| Creatinine Modified jaffe's | 1.10 | mg/dL | 0.60 - 1.30 |
| Uric Acid, Serum enzymatic | 6.40 | mg/dL | 3.50 - 7.20 |
| Calcium Arsenazo III | 9.50 | mg/dl | 8.40 - 10.20 |
| Phosphorus UV PHOTOMETRIC | 3.41 | mg/dL | 2.60 - 4.50 |
| BUN Creatinine Ratio | 8.50 | Ratio | 6.00 - 22.00 |

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxichence KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure Blood Urea can increase in dehydration and GI bleed. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.



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Note: 5. These report are new estimation and are lative to vary / Drange in different conditions in different latioathrees. 2. The values are to be considerated with clinical finding and any ataming of unexpected result should be referred to this lati organity 3. These reports are not valid for method logar purposes.

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| LAB DIVISION | | | | | |
|--------------|-------------------------------|--------------|---------------------|--|--|
| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 | | |
| Patient Name | Mr. RAJESH KUMAR BALAT | Received On | 13/01/2024 09:46:17 | | |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 | | |
| Refd. By | | Printed On | 13/01/2024 15:54:11 | | |
| Client | Apollo Health & Lifestyle Ltd | | | | |

| rvestigation | Value | Unit | Biological Ref. Range |
|---|---------------|-------|--|
| | Lipid Profile | | |
| Cholesterol TOTAL CHOD-PAP | 226.00 | mg/dL | Desirable < 200 Borderline 200 - 239 High Risk >= 240 |
| Triglycerides Glycerol Phosphate Oxidase | 188.00 | mg/dL | Normal <150 Borderline 150-199 High 200-499 Very High >=500 |
| DIRECT HDL Accelerator Selective Detergent | 47.50 | mg/dL | Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60 |
| VLDL Cholesterol Calculated | 37.60 | mg/dL | 0.00 - 30.00 |
| LDL Calculated | 140.90 | mg/dL | Recommended <130 Moderate Risk 130-159 High Risk >160 |
| Total / HDL Cholesterol Ratio | 4.76 | | Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0 |
| Non HDL Cholesterol Calculated | 178.5 | mg/dL | Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220 |

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference range between laboratories.



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| Patient ID | 12233091 | Collected On | 13/01/2024 09:46:16 |
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| Gender / Age | Male / 55 Yrs 1 Mon 25 Days | Released On | 13/01/2024 15:49:08 |
| Refd. By | | Printed On | 13/01/2024 15:54:24 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | Value | Unit | Biological Ref. Range | |
|--|--------------------|------------|--|--|
| | Thyroid Function T | <u>est</u> | | |
| Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA) | 1.88 | ng/ml | 0.69 - 2.15 | |
| Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA) | 98.10 | ng/mL | 52.00 - 127.00 | |
| Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA) | 2.09 | ulU/ml | 0.45 - 5.60 | |
| | | | Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 | |

Hyperthyroid < 0.15 Hypothyroid > 7.00

| TSH | T3 | Т4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|--------------|--------------|--------------|---|
| Raised | Within range | Within range | Raised Within Range Within Range . Isolated High TSHespecially in the range |
| | _ | _ | of 4.7 to 15 m1U/m1 is commonly associated |
| | | | with Physiological & Biological TSH Variability. Subclinical Autoimmune |
| | | | Hypothyroidism. Intermittent 14 therapy for |
| | | | hypothyroidism .Recovery phase after Non-Thyroidal illness" |
| Raised | Raised | Decreased | Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine |
| | | | Hypothyroid phase of transient thyroiditis" |
| Raised or | Raised | Raised or | Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent |
| within | | within | 14 therapy or T4 overdose • Drug interferenceAmiodarone, Heparin, Beta |
| range | | range | blockers, steroids, anti-epileptics |
| Decreased | Raised or | Raised or | isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & |
| | within | within | Range Range associated with Non-Thyroidal |
| | range | range | illness .Subclinical Hyperthyroidism .Thyroxine ingestion' |
| Decreased | Decreased | Decreased | Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for |
| | | | Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic |
| | | | nodule • Transient thyroiditis: Postpartum, Silent |
| | | | (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational |
| | | | thyrotoxicosis with hyperemesis gravidarum" |
| Decreased | Raised | Within range | T3 toxicosis •Non-Thyroidal illness |
| Within Rang | | | |
| Within range | Decreased | Within range | Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In |
| 0 | | J J | elderly the drop in 13 level can be upto 25%. |



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| | | LAB DIVISI | ON | | |
|----------------------|-------------------------------|------------|------|--------------|--------------------|
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| Patient Name | Mr. RAJESH KUMAR BALAT | | | Received On | 13/01/2024 09:46:1 |
| Gender / Age | Male / 55 Yrs 1 Mon 25 Da | ys | | Released On | 13/01/2024 15:49:0 |
| Refd. By | | | | Printed On | 13/01/2024 15:54:3 |
| Client | Apollo Health & Lifestyle Ltd | | | | |
| rwestigation | | Value | Unit | Biolo | gical Ref. Range |
| Physical Examination | ation | | | | |
| Volume | | 30 | mL | | |
| Colour | | Watery | | | |
| Appearance | | Clear | | Clear | r |
| pН | | 5.0 | | Acidi | |
| Specific Gravity | | 1.010 | | | 1-1.035 |
| Chemical Exami | nation | | | | |
| Urine Protein | | Nil | | Nil | |
| Urine Glucose | | Nil | | Nil | |
| 14 J | | •• •• | | | |

| Urine Protein | Nil | | Nil | |
|--------------------------|------------------|------|---------------|--|
| Urine Glucose | Nil | | Nil | |
| Ketone | Negative | | Negative | |
| Nitrite | Negative Negativ | | Negative | |
| Blood | Nil | | Nil | |
| Urobilinogen | Not Increase | ed | Not Increased | |
| Bilirubin | Nil | | Nil | |
| Leukocyte esterase | NIL | | NIL | |
| Microscopic Examination. | | | | |
| Red Blood Cells | Nil | /hpf | Nil | |
| Pus Cells (WBC) | 1-2 | /hpf | NIL | |
| Epithelial Cells | 0-1 | /hpf | Nil | |
| Casts | Nil | /hpf | Nil | |
| Crystals | Nil | | Nil | |
| Bacteria | Nil | | Nil | |
| Yeast Cell | Nil | | Nil | |
| Mucous | Nil | | Nil | |
| Trichomonas | Nil | | Nil | |
| Amorphous Material | Nil | | Nil | |
| | | | | |

*** End of Report ***



Note: 1. These report act more astrophics and are later to vary / Charge eliditiset constrains in different lateratives. 2. The values are to be constrained with clinical finding and any starting of unexpected result should be referred to the lateraperty 3. These reports are not valid for medico legal purprises.



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

Page No: 11 of 11



MER- MEDICAL EXAMINATION REPORT

| Date of Examination | 13/01/2029 |
|------------------------------------|--|
| NAME | Rajesh Kumar Balat |
| AGE | 55 y Gender Male |
| HEIGHT(cm) | 170 CMS WEIGHT (kg) 104,4 148. |
| в.Р. | 136 82 ; Pulse - 63 |
| ECG | Caxis normal, IAV Block. |
| X Ray | Nurmul |
| | |
| Vision Checkup | Color Vision: No Colow Vision Defe Far Vision Ratio : G/G ywith gl Near Vision Ratio : N/G |
| Vision Checkup Present Ailments | Far Vision: No Colown Vision Ded? Far Vision Ratio : 6/6 ywith gl Near Vision Ratio : N/6 Bloccol Param |
| | |

Signature with Stamp of Medical Examiner Dr. Ninad J. Gor M.B.B.S. Reg. No. : G-64033

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CERTIFICATE OF MEDICAL FITNESS

. .

This is to certify that I have conducted the clinical examination

6

| of | Rajesh | Kyman | Belat | on 13 0 | 1 2024 |
|----|-----------|----------|-------|---------|--------|
| VI | 100-100-1 | 11111111 | | | |

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. recommended |
| | Review after |
| | Unfit |

Dr._ Ninad J Gor____ Medical Officer The Apollo Clinic, (Bhuj)

This certificate is not meant for medico-legal purposes

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Patient Name : ., RAJESH BALAP MR No : 130120241 Modality : DX Gender : M Age: 55YY Date :13/01/2024 Referred By :ROHA HEALTH CARE

X RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION: NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr.BHAVEN SHAH M.D RADIOLOGIST

KRICBHUJ

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Patient Name: Mr. RAJESH KUMAR BALAT

Age: 55

INVESTIGATION- AUDIOMETERY

Date: 13-01-2024 Gender: Male

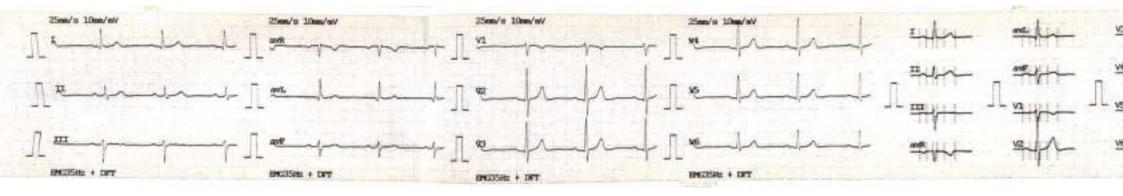
Frequency in Hertz (Hz) 125 250 500 1,000 2,000 4,000 8,000 6,000 | 12,000 3,000 750 1,500 | 1 -10 -10 0 0 10 10 釣 e හ 20 20 Hearing Level in dB (ANSI 1996) 30 30 40 40 į 50 50 ł i 60 60 70 70 ; 80 80 90 90 100 100 1 ł i 110 110 ł į 120 120 Air Conduction Right Left Threshold Ear Ear х Unmasked 0

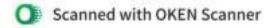
IMP-BOTH EARS ARE SENSITIVITY ARE NORMAL.

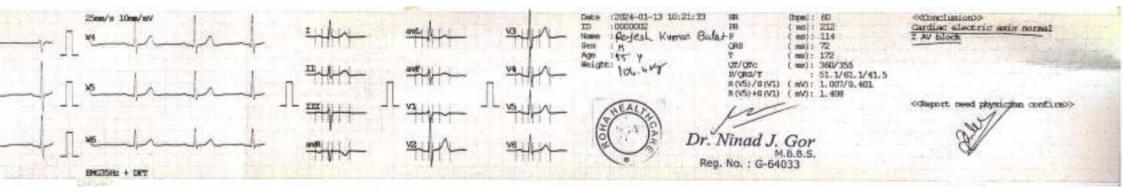
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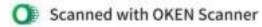


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NAME: RAJESH M VBALAT

13-01-2023

Dr. Jagdish Dhanji AGE/SEXEBSS /MALELOGY & DIABETOLOGY

REF BY: ROHA HEALTHCARE.

2D ECHO AND COLOUR DOPPLER STUDY

FINAL IMPRESSION:

DATE :

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 64.00 %, NO RWMA AT REST.
 - TRIVIAL AR/MILD TR/AR & TRIVIAL MR. NO MS/AS/TS/PS.
- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION. NORMAL RA AND RV. NORMAL LV COMPLAINCE.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC: NORMAL.
- . NO CHD, NO SHD, NO VHD



नाभ नोधामा माटे Appointment : 74074 98098

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Dr. Jagdish Dhanji Halai MERS D. CARDIOLOGY & DIABETOLOGY

RAJESH M BALAT NAME :

AGE/SEX : 55 /MALE

DATE : 13-01-2023 **REF BY: ROHA HEALTHCARE.**

2D ECHO AND COLOUR DOPPLER STUDY

| MITRAL VALVE | : NORMAL. |
|---------------------|---|
| AORTIC VALVE | : NORMLA. |
| PULMONARY VALVE | : NORMAL |
| TRICUSPID VALVE | : NORMAL |
| AORTA | : ROOT: 19.00 MM AND AORTA ST JUNCTION: 20.00 MM. |
| | NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION. |
| LA | : NORMAL, |
| LV- D/LV-S | : 44/27 MM. |
| LVEF | : 64.00 %, NO RWMA AT REST. |
| IVS | : INTACT, IVS: 10.20 MM. |
| IAS | : INTACT, PW: 10.20 MM. |
| AOVP | : 1.24 M/SEC. PVP: 0.86 M/SEC. |
| RA AND RV | : NORMAL, PA: NORMAL. |
| RVSP | : TR JET + RA MEAN PRESSURE: 27 MM HG TAPSE: 21.00 MM |
| COLOR DOPPLER STUDY | : TRIVIAL MR, MILD TR, PR : NO , TRIVIAL AR. |
| | NO AS, NO MS, NO TS/PS. |
| | ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC. |
| MVIS | : MV A/E > 1 |
| | NO PERICARDIAL EFFUSION. |
| | NO VSR, NO SCAR, NO CLOT, NO VEGETATION. |
| | NO THROMBUS IN LV/LVA. |
| | |

লাম লोधामा माटे Appointment : 74074 98098

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RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

Email : kric2008@gmail.com · Website : www.kric.in

Dr. Kripalsinh Jadeja

M.B., D.M.R.E. Consultant Radiologist Dr. Bhaven Shah

M.D. Consultant Radiologist

Patient Name : RAJESH MAGANBHAI BALAT MR No : E03101 Modality : US Gender : M Age: 55YY Date :13/01/2024 Referred By :ROHA.HEALTH.CARE

USG : ABDOMEN & PELVIS



LIVER : appears normal in size and echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving left kidney. Right renal mid calyceal calculus measuring approx 4.2 mm.

RK: 10.1 x 4.9 cm LK: 11.6 x 4.2 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size and measures: 4.4 x 3.4 x 3.2 cm , Weight: 25.8 gm.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION: -

* Right renal mid calyceal calculus measuring approx 4.2 mm.

* NORMAL SONOGRAPHY OF LIVER, GB, SPLEEN, PANCREAS, LEFT KIDNEY, U.BLADDER & PROSTATE.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr.BHAVEN SHAH M.D RADIOLOGIST

KRICBHUJ

- 1.5 TESLA 196 CHANNEL MRI 16 SLICE MDCT SCAN 3D & 4D USG COLOUR DOPPLER DIGITAL X-RAY MAMMOGRAPHY CBCT OPG

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