



सिमरन मांझानी Simran Manjhani जन्म तिथि/DOB: 14/08/1996 महिला/ FEMALE Mobile No: 9575103801 3900 6299 4958

मेरा आधार, मेरी पहचान





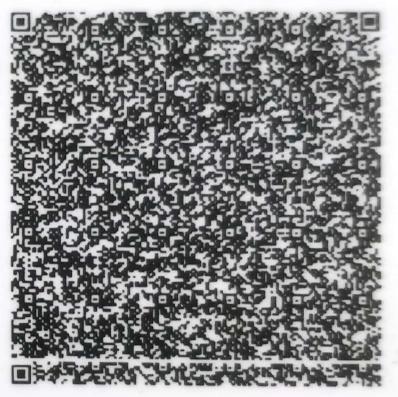




पता:

D/O: शंकर लाल मांझानी, न्यू- बी-38/393, संत हिरदाराम नगर, बैरागढ़, हुजुर, बैरागढ़, भोपाल, मध्य प्रदेश - 462030

Address: D/O: Shankar Lal Manjhani, New- B-38/393, sant hiradaram Nagar, Bairagarh, Huzur, PO: Bairagarh, DIST: Bhopal, Madhya Pradesh - 462030





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help@uidai.gov.in



www.uidai.gov.in





Ref. Dr.

Center

CITI MULTI SPECIALITY HOSPITAL MIG -215 216,Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No. : 0755-4272669, 4250134



Patient Name: MRS SIMRAN MANJHANIAge/Gender: 27 Yrs/Female

: CMH OPD

: Dr. APOLLO CLINIC

CMSH24/7112

 Registration Date
 : 23/03/2024 11:38 AM

 Collection Date
 : 23/03/2024 11:40 AM

 Report Date
 : 23/03/2024 03:51 PM



HAEMATOLOGY REPORT

Test Descrip	ption	Result	Unit	Biological Reference Ranges
HbA1c Glyco	silated Haemoglobin	5.1	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Av	verage Glucose :	100	mg/dL	
Reference Ra	nge (Average Blood Suga	r):		
Excellent control	: 90 - 120 mg/dl			
Good control	: 121 - 150 mg/dl			
Average control	: 151 - 180 mg/dl			
Action suggested	: 181 - 210 mg/dl			
Panic value	: > 211 mg/dl			
Interpretation	& Remark:	ontrol. It reflects the estin	nated average gluc	

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 associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7

6. Interference of Haemoglobinopathies in HbA1c estimation.

- A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

Dr. Subhash Parmar Consultant Pathologist





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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH	FACTOR		
ABO Type Rh Factor	B POSITIVE(+VE)	

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Sister Concern : Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopal - 462011. Ph. : 0755-4287772-73

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BIOCHEMISTRY REPORT

Result	Unit	Biological Reference Ranges
19.1	mg/dl	15 - 50
0.48	mg/dl	0.6 - 1.5
135	ml/min	
8.93	mg/dl	<mark>7</mark> - 20
142.5	mmol/L	1 <mark>35</mark> - 150
4.78	mmol/L	<mark>3.5 - 5</mark> .0
102.0	mmol/L	<mark>94.0 -</mark> 110.0
1.16	mmol/L	<mark>1.10 - 1</mark> .35
4.0	mg/dl	<mark>2.6 - 6.</mark> 0
ditions.		
	0.48 135 8.93 142.5 4.78 102.0 1.16 4.0	19.1 mg/dl 0.48 mg/dl 135 ml/min 8.93 mg/dl 142.5 mmol/L 4.78 mmol/L 102.0 mmol/L 1.16 mmol/L 4.0 mg/dl

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BIOCHEMISTRY REPORT					
Test Description	Result	Unit	Biological Reference Ranges		
LIVER FUNCTION TEST (LFT)					
TOTAL BILIRUBIN	0.61	mg/dl	0 - 1.2		
DIRECT BILIRUBIN	0.19	mg/dL	0 - 0.3		
INDIRECT BILIRUBIN	0.42	mg/dl	0.1 - 0.8		
SGOT (AST)	19.6	U/L	<mark>0</mark> - 35		
SGPT (ALT)	20.4	U/L	0 - 45		
ALKALINE PHOSPHATASE	82.0	U/L	<mark>64 - 1</mark> 47		
GAMMA GLUTAMYL TRANSFERASE	22.5	IU/L	12 - 43		
TOTAL PROTEIN	6.94	g/dl	<mark>6.4 - 8.</mark> 3		
SERUM ALBUMIN	3.75	g/dl	3.2 - 5.2		
SERUM GLOBULIN	3.19	g/dl	1.8 - 3 .6		
A/G RATIO	1.18		<mark>1.2 -</mark> 2.2		
NOTE · Please correlate with clinical	conditions				

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BIOCHEMISTRY REPORT				
Test Description	Result	Unit	Biological Reference Ranges	
LIPID PROFILE				
Cholesterol-Total	139.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High	
Triglycerides level	101.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High	
HDL Cholesterol	58.2	mg/dL	< 40 Major Risk for Heart	
LDL Cholesterol	60.60	mg/dL	 > 40 Normal < 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 	
			160-189 High	
VLDL Cholesterol	20.20	mg/dL	> 190 Very High 6 - 38	
CHOL/HDL RATIO	2.39		3.5 - 5.0	
LDL/HDL RATIO NOTE 8-10 hours fasting sample is req	1.04 uired		2.5 - 3.5	

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar Method : Hexokinase Interpretation:- Normal: 70-140	95.0	mg/dl	70 - 140
Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion)			

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CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar Method: GOD-POD	72.0	mg/dl	Normal: 70-110 Impaired Fasting
			Glucose(IFG):

Diabetes mellitus: >= 126

Note:- 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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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.16	ng/mL	0.69 - 2.15
THYROXIN, (T4)	10 <mark>2.0</mark>	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-	2.49	μIU/mL	0.3-4.5
Serum			Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION TSH T3 / FT3 T4 / FT4 Suggested Interpretation for the Thyroid Function Tests Pattern Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be Within Range Decreased Within Range upto 25% •Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Within Range Subclinical Autoimmune Hypothyroidism Raised Within Range Intermittent T4 therapy for hypothyroidism Recovery phase after Non-Thyroidal illness" Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Raised Decreased Decreased Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies) Raised or within Raised or Intermittent T4 therapy or T4 overdose Raised within Range Range Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics" Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Raised or within Raised or within associated with Non-Thyroidal illness Decreased Range Subclinical Hyperthyroidism Range Thyroxine ingestion Central Hypothyroidism Non-Thyroidal illness Decreased Decreased Decreased Recent treatment for Hyperthyroidism (TSH remains suppressed)" Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Raised Raised Decreased •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum" Decreased or T3 toxicosis Raised Within Range within Range Non-Thyroidal illness

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URINE EXAMINATION REPORT				
Result	Unit	Biological Reference Ranges		
Pale Yellow		Pale Yellow		
Clear		Clear		
Absent		Absent		
Acidic		5.0-8.5		
1.020		-1.005-1.030		
Absent		Absent		
NIL		NIL		
Normal		Normal		
Negative		Negative		
NIL	/hpf	NIL		
Occasional	/hpf	0-5/hpf		
1-2	/hpf	0-4/hpf		
Absent		Absent		
Not Seen		Not Seen		
Absent		Absent		
Not seen		Not seen		
	ResultPale YellowClearAbsentAcidic1.020AbsentAbsentAbsentAbsentNILNormalNegativeNILOccasional1-2AbsentNot SeenAbsent	ResultUnitPale YellowClearAbsentAcidic1.020AbsentAbsentAbsentAbsentAbsentNILNormalNegativeNILNILNormalNegativeNILNot SeenAbsentNot SeenAbsentNot seen		

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pretest conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	11.7	gm/dL	11.0 - 15.0
RBC Count	4.76	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	36.4	%	37.0 - 47.0
Mean Corp Volume MCV	76.5	fL	80.0 - 100.0
Mean Corp Hb MCH	24.6	pg	<mark>2</mark> 7.0 - 34.0
Mean Corp Hb Conc MCHC	32.1	gm/dL	32.0 - 36.0
Platelet Count	2.50	lac/cmm	<mark>1.50 -</mark> 4.50
Total WBC Count /TLC	4.87	10^3/cu.mm	<mark>4.0 - 1</mark> 1.0
DIFFERENTIAL LEUCOCYTE COU	NT		
Neutrophils	67	%	40 - 70
Lymphocytes	28	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	3.3	thou/mm3	2.00 - 7.00
Absolute Lymphocyte Count	1.4	thou/mm3	1.00 - 3.00
Absolute Monocytes Count	0.1	thou/mm3	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm3	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC

differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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		Unit	Biological Reference Ranges
ESR - ERYTHROCYTE 12 SEDIMENTATION RATE	2	mm/hr	0 - 20

Method: Wintrobes

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. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

Dr. Subhash Parmar Consultant Pathologist

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

on 23-03-24 of MRS. SIMRAN MANJHANI

After reviewing the medical history and on clinical examination it has been found that he/she is

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edically Fit	
t with restrictions/recommendations	
nough following restrictions have been revealed, in my opinion, these are or impediments to the job.	
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rrently Unfit. view afterrecommended fit Dr. SABYASACHI GUPTA Dr. SABYASACHI GUPTA DS:(Gold Medalist), MO (Med.), RCGP (U.K.) Medical Officer 671 The Apollo Clinic, (Location)	
	nough following restrictions have been revealed, in my opinion, these are

This certificate is not meant for medico-legal purposes

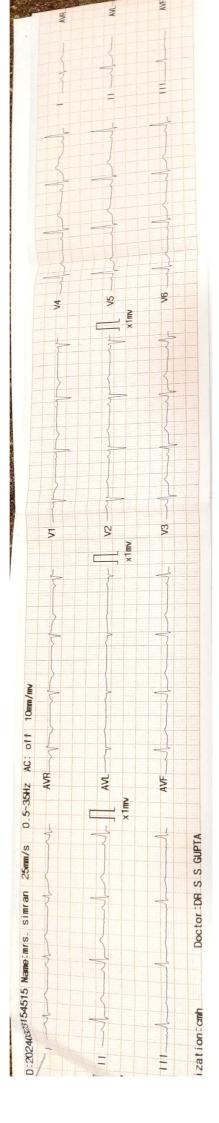


MER-MEDICAL EXAMINATION REPORT

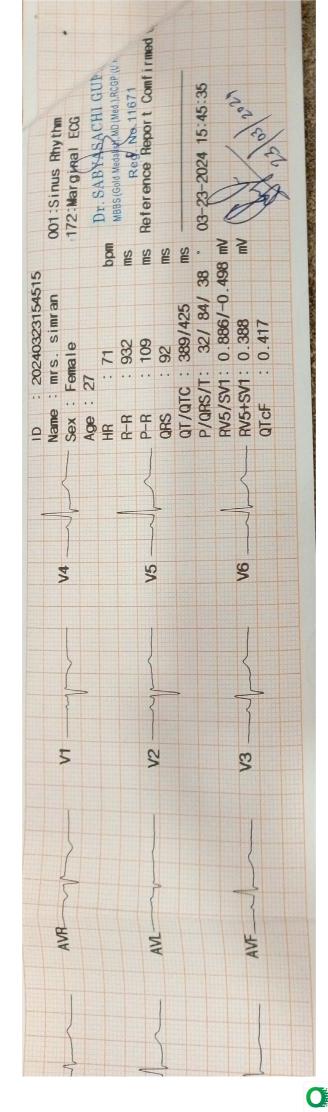
Date of Examination	23 - 03 - 2024
NAME	MRS. SIMRAN
AGE	Gender F
HEIGHT(cm)	160 WEIGHT (kg) 61
B.P.	110/70MMHS
ECG	WNL
X Ray	Normal
Vision Checkup	Color Vision : No Far Vision Ratio : No
	Near Vision Ratio : NO .
Present Ailments	No. proesent althents.
Details of Past ailments (If Any)	No. past ailments.
Comments / Advice : She /He is Physically Fit	No. past ailments. She is physically fit.

Dr. SABYASACHI GUPTA MBBS (Gold Medalisy), MD(Med.), RCGP (U.K.) Reg. No. 11671 Signature with Stamp of Medical Examiner









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Patient- Name:	MRS. SIMRAN MANJHANI	Age/Sex:	27 Y/F
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Referred. By:	INS	Date:	23.03.2024

5 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

: 7771008660,8319214664, 9303135719

X-RAY CHEST PA VIEW

SPECIALITY HOSPITAL

- -Bilateral Lungs Fields Appear Clear.
- -Bilateral Hilar Shadows Appear Clear.
- -Bilateral CP Angels Appear Clear.

hone No. : 0755 - 4250134

-Both The Domes Of Diaphragm Appear normal in shape and position.

-Visualized bony cage and soft tissue appear normal.

IMPRESSION

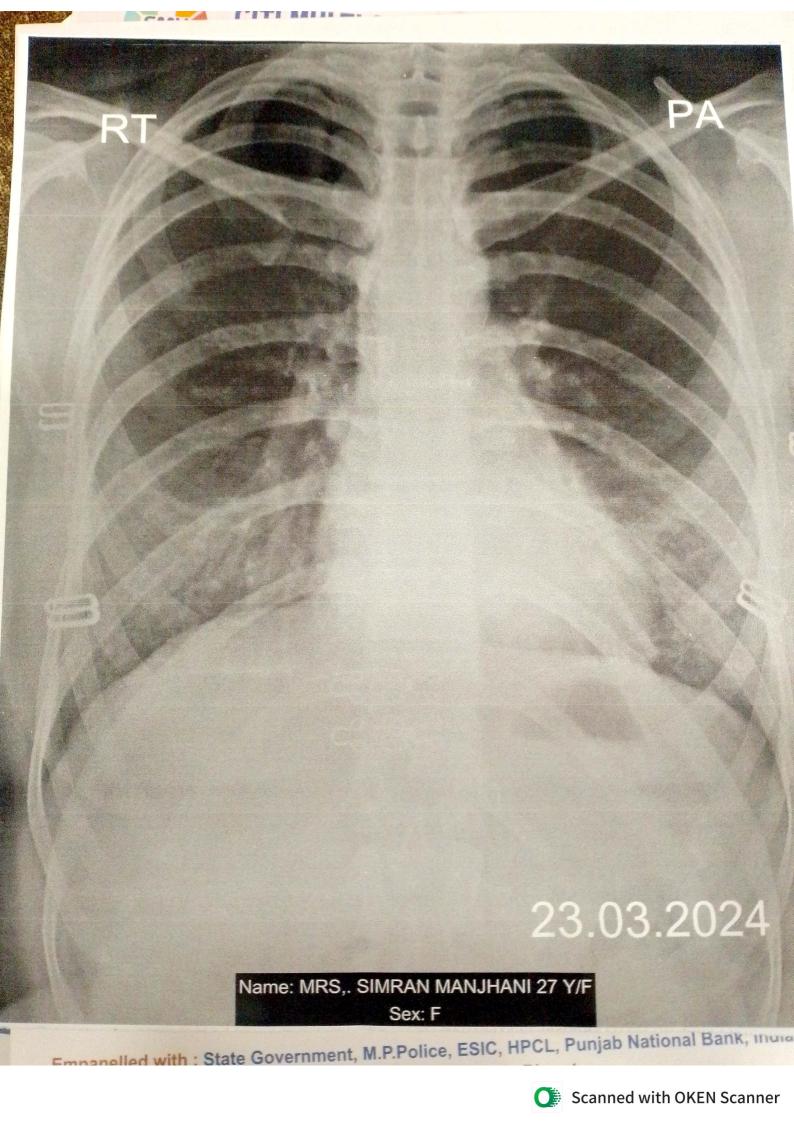
No Significant Abnormality.



Dr. SANJAY ... CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat





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Name of Patient;- MRS. SIMRAN Age/Sex 27/F : Date 23/03/2024

USG ABDOMEN

Liver : The liver is normal in size, shape, and normal in echogenecity. No intra hepatic biliary radical dilation seen.

Gall Bladder : Gall bladder Normal in size, shape and echotexture.

Spleen . Normal in size, shape and echotexture.

Kidneys : Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation are both kidney fine concretion .

Urinary bladder : Normal size, shape and echotexture.

Uterus & Ovaries: Uterus & Ovaries is normal in size & shape. and echotexture

Pancreas : Normal in size, shape and echotexture.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IMPRESSION: Normal study

CONSULTANT ADIOLOGIST

. Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can b

For Emergency Contact: 7771008660 Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772-73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat











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