



भारत सरकार
GOVERNMENT OF INDIA



सुरज सिंह परमार
Suraj Singh Parmar

जन्म वर्ष / Year of Birth : 1964

पुरुष / Male



9954 4676 6132

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O रूप सिंह परमार, ग्राम
लमुडल्या पातला (माता), पोस्ट खरदौन
कलां, तह काला पीपल, जिला शाजापुर,
लमुडल्या पातला, खरदौन कला, शाजापुर,
मध्य प्रदेश, 465339

Address: S/O Roop Singh Parmar,
Gram Lasudlya Patla Mata, Post
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Khardonkala, Shajapur, Madhya
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P.O. Box No.1947,
Bengaluru-560 001

Laboratory Report

Patient Name : MR PARMAR SURAJ
SINGH RUPSINGH



CPL24/18641



Age/Gender : 60 Yrs/Male

Registration Date : 27/07/2024 12:21 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 27/07/2024 12:24 PM

Center : CMH OPD

Report Date : 29/07/2024 02:04 PM

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	6.2	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0

Estimated Average Glucose : 131 mg/dL

Reference Range (Average Blood Sugar):

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:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 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 % .

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HAEMATOLOGY REPORT

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

Peripheral Blood Smear

RBC Morphology	Normocytic Normochromic
WBC Morphology	Within normal limits
Platelets	Platelets are adequate.
Parasites	No Parasite Seen.

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	26.0	mg/dl	15 - 50
Serum Creatinine	0.95	mg/dl	0.7 - 1.5
eGFR	87	ml/min	
Blood Urea Nitrogen-BUN	12.15	mg/dl	7 - 20
Serum Sodium	137.2	mmol/L	135 - 150
Serum Potassium	4.16	mmol/L	3.5 - 5.0
Chloride	99.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.14	mmol/L	1.10 - 1.35
Uric Acid	5.7	mg/dl	3.2 - 7.0

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.73	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.11	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.62	mg/dl	0.1 - 0.8
SGOT (AST)	27.4	U/L	0 - 35
SGPT (ALT)	31.0	U/L	0 - 45
ALKALINE PHOSPHATASE	46.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	24.0	IU/L	15 - 45
TOTAL PROTEIN	7.30	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.46	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.84	g/dl	1.8 - 3.6
A/G RATIO	1.57		1.2 - 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	187.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	156.5	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	38.2	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	117.50	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	31.30	mg/dL	6 - 38
CHOL/HDL RATIO	4.90		3.5 - 5.0
LDL/HDL RATIO	3.08		2.5 - 3.5

NOTE

8-10 hours fasting sample is required



Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	161.0	mg/dl	70 - 140

Method : Hexokinase

Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200

(on more than one occassion)

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	99.0	mg/dl	Normal: 70-110

Method: GOD-POD

Impaired Fasting Glucose(IFG):

100-125

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)	1.55	ng/mL	0.69 - 2.15
Thyroxin, (T4)	87.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.03	μIU/mL	0.3-4.5 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
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal 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 or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness



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PSA Total-Serum 1.17 ng/mL Conventional for all ages: ≤ 4
Above 79 yrs: 0 - 7.2

Method: CLIA

Remark:-Kindly correlate clinically
INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.



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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	Occasional	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not 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. Pre-test 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	15.9	gm/dL	12.0 - 16.0
RBC Count	5.12	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	50.3	%	40.0 - 54.0
Mean Corp Volume MCV	98.2	fL	80.0 - 100.0
Mean Corp Hb MCH	31.1	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	31.6	gm/dL	32.0 - 36.0
Platelet Count	4.22	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	9.4	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	60	%	40 - 70
Lymphocytes	33	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	5.6	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	3.1	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.4	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.3	thou/mm ³	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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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	07	mm/hr	0 - 09

Method: Wintrob's

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.

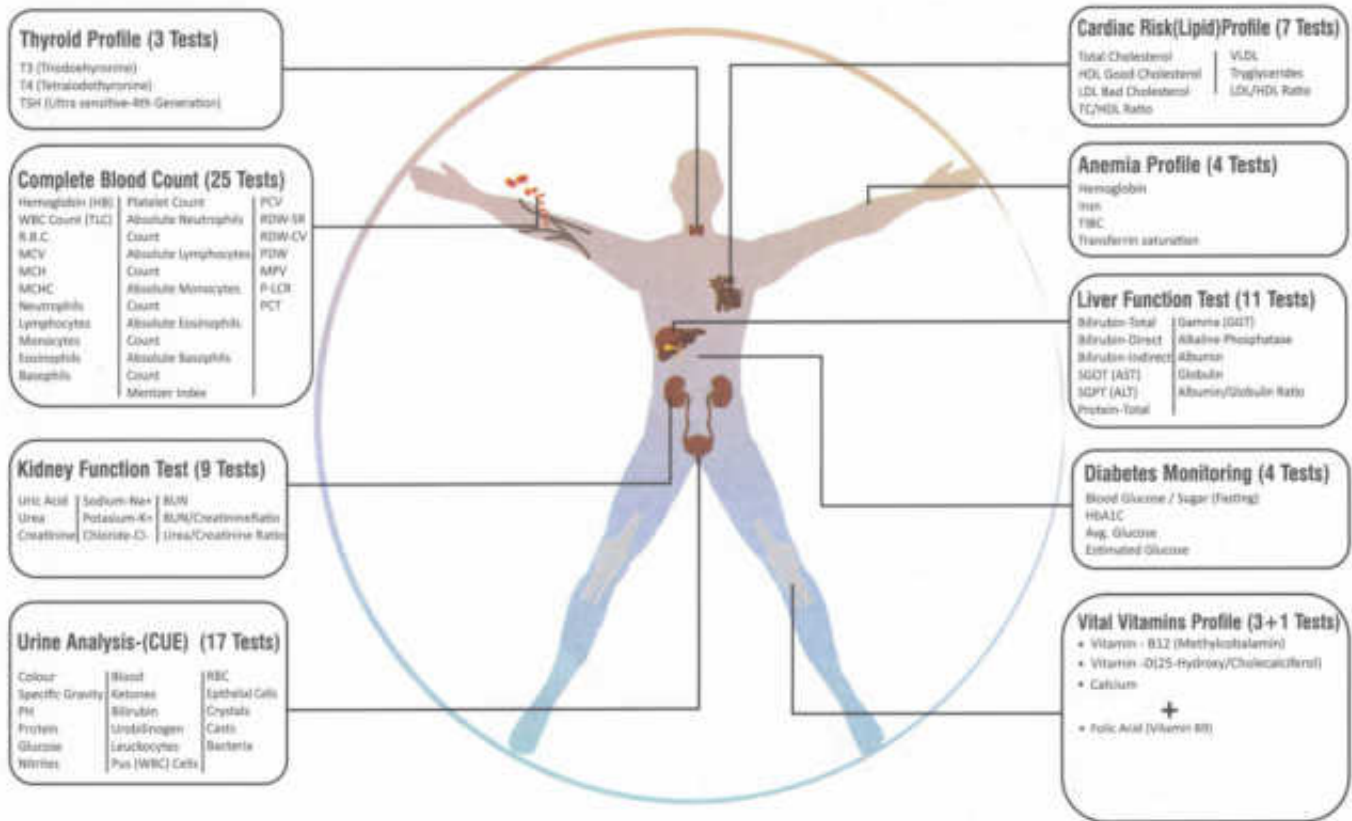
**** End of the report****

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. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs
 Flat No. 004, Shivaay South City Complex,
 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)
 citipathlabs@gmail.com
 9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination	27-7-24		
NAME	MR. PARMAR SURAJ SINGH RUPSI		
AGE	60	Gender	M
HEIGHT(cm)	159	WEIGHT (kg)	76.3
B.P.	140/80		
ECG	WNL		
X Ray	Normal.		
Vision Checkup	Color Vision : Normal. Far Vision Ratio : No Near Vision Ratio : No.		
Present Ailments	No. Any present ailments		
Details of Past ailments (If Any)	No Any past ailments.		
Comments / Advice : She /He is Physically Fit	He is physically fit.		

Dr. SBYASHI GUPTA

MBBS (Gold Medalist, MD (Med), RCGP (U.K.)

Reg. No. 71671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. Suraj Singh on 27-7-24

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✗
<ul style="list-style-type: none"> Currently Unfit. _____ recommended Review after _____ 	✓
<ul style="list-style-type: none"> Unfit 	✗

Dr. SARYASACHI GUPTA
 MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)
 Reg. No. 11671

Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

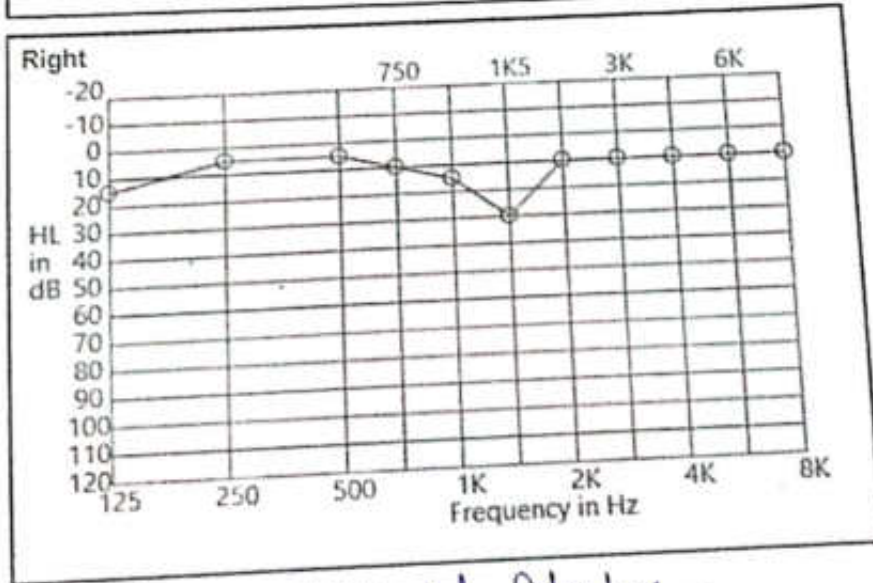
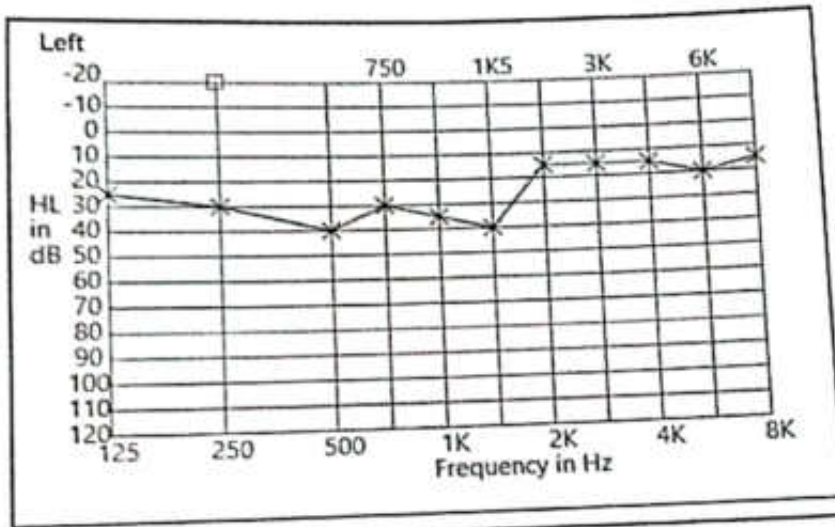
CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL


462023

Name	Case No.	Age	Sex	Phone No.
MR SURAJ SINGH PARMAR	108	60	Male	9753008077
Address		Referred By		Date & Time
BHOPAL				27/07/24



Interpretation

Normal Study.


Doctor/Audiologist **SACHI GUPTA**
MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)
Reg. No. 11671



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



NAME – MR.SURAJ SINGH PARMAR

AGE – 60Y/M

REF: BY- APOLLO CLINIC

DATE- 27/07/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ Normal great vessel relationship
- ❖ ALL cardiac valve are normal
- ❖ Normal Four chambered Heart
- ❖ Concentric LVH With good LV Function LVEF- 77%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Concentric LVH With good LV Function LVEF-77%
- ❖ Trivial MR

DR. S. S. GUPTA (M.D.)

CONSULTANT ECHOCARDIOLOGIST

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 be asked

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



CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MR SURAJ SINGH PARMAR
60Y

Patient Id: 270724-110240

Date: 27/07/2024

Birthdate:

Sex: Male

Accession #:

Perf.Physician:

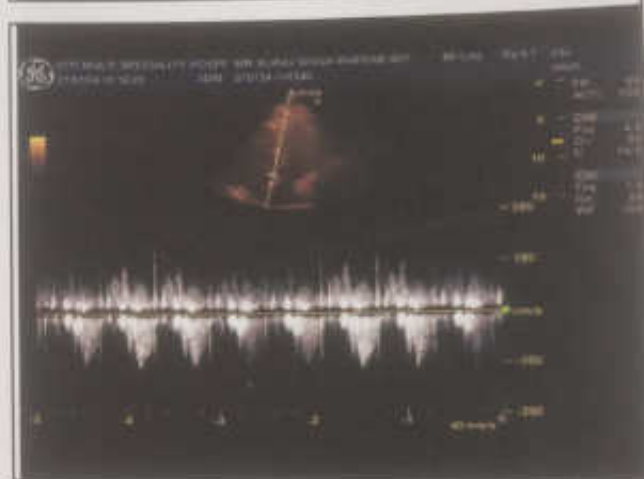
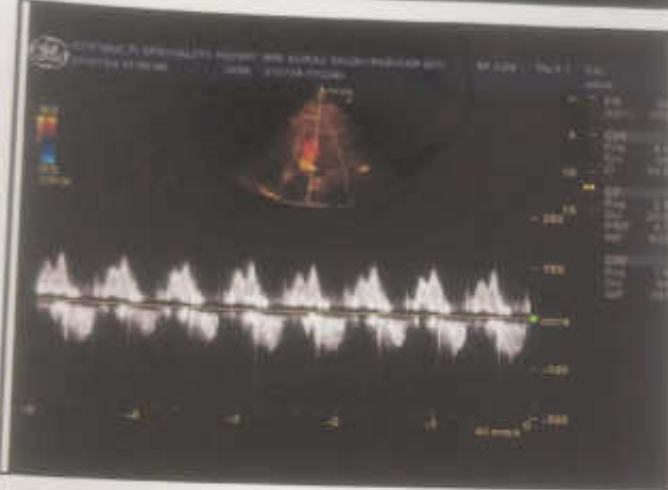
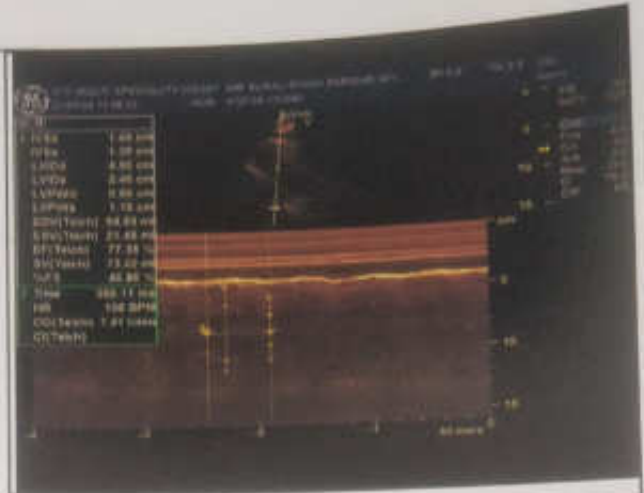
Ref.Physician:

Operator: ADM

M-MODE & PW

Ao Diam	2.94 cm
LA Diam	3.05 cm
AV Cusp	1.71 cm
LA/Ao	1.04
Ao/LA	0.96
RVIDd	2.62 cm
IVSd	1.44 cm
LVIDd	4.55 cm
LVPWd	0.86 cm
IVSs	1.39 cm
LVIDs	2.46 cm
LVPWs	1.18 cm
EDV(Teich)	94.80 ml
ESV(Teich)	21.48 ml
EF(Teich)	77.35 %
%FS	45.88 %
SV(Teich)	73.32 ml
Time	556.11 ms
HR	108 BPM
CO(Teich)	0.00 l/min

Print Date





CITI MULTI SPECIALITY HOSPITAL

M/C - 215-216 Gautam Nagar, Govindpura, Bhopal 462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 9771008860, 8319214604, 9303135719



Patient Name :	MR.PARMAR SURAJ SINGH RUPSINGH	Age /sex :	60 Y/M
Referred .By:	INS	Date	27.07.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear .
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angles Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position
- Visualized bony cage and soft tissue appear normal .

IMPRESSION

NO Significant Abnormality Seen.

Prinal

Dr. DADHANIA PRINALBEN
MD RADIODIAGNOSIS
CONSULTANT RADIOLOGIST

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

RT

PA

Name: MR. PARMAR SURAJ SINGH RUPSINGH 60 Y/M

Sex: M

27.07.2024



CITI MULTI SPECIALITY HOSPITAL

BIG -215-216, Govind Nagar, Govindnagar, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4877772
Mobile No. : 7771008660, 9319214464, 9303135710



Name of Patient : MR. SURAJ SINGH PARMAR
Age/SeX : 60Y/M
Date : 27/07/2024

USG ABDOMEN & PELVIS

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is increased in echotexture because of fatty liver intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

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

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal. No caliceal dilatation seen on either side.

Urinary bladder : Urinary bladder empty.

Prostate : : Normal in size, shape and echotexture. [11.36CC].

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

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

IMPRESSION ; -Grade I fatty liver

CONSULTANT SONOLOGIST

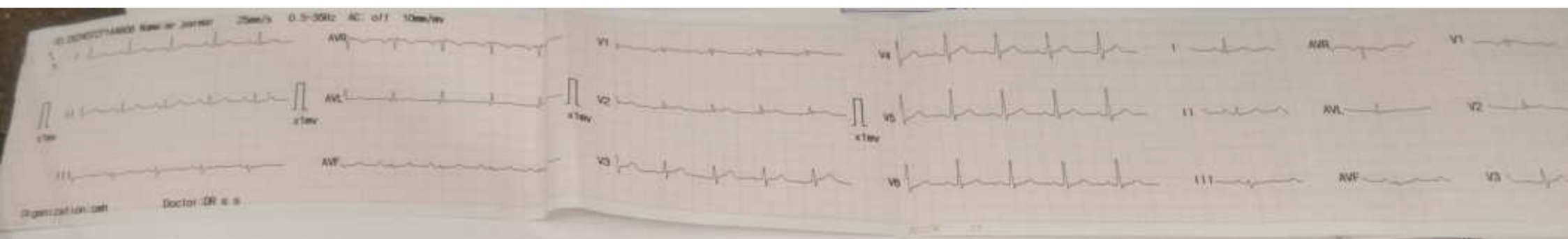
Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case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

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





Organization: DR
Doctor: DR S.S.

ID : 20240727144508

Name : mr .parmar

Sex : Male

Age : 60

HR : 97

P-R : 618

p-R : 154

QRS : 94

QT/QTc : 341/434

P/QRST : 64/ 9/ 55

RV5/SV1 : 0.523/-0.105 mV

RV5+SV1 : 0.724

QTcf : 0.551

001: Sinus Rhythm

162: Low voltage (Chest leads)

173: Atypical ECG

Dr. SANYASRAN GUPTA

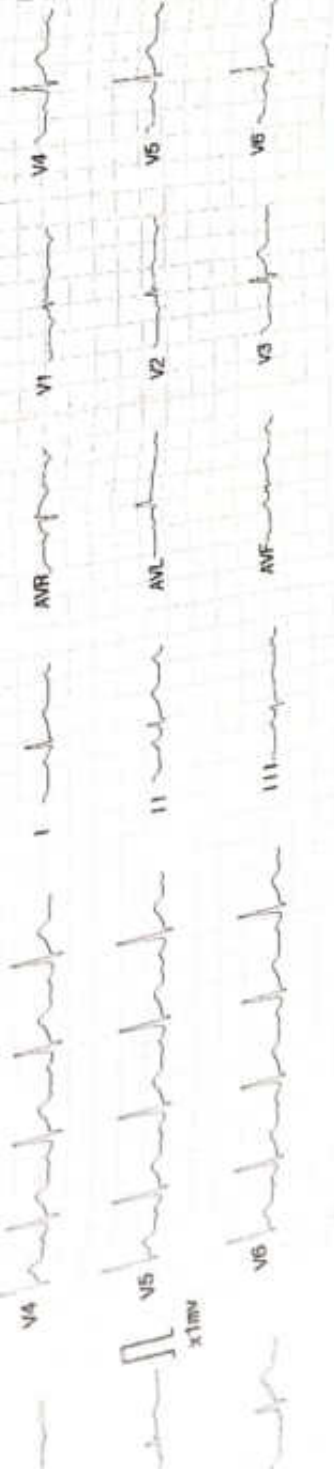
MBBS (Diploma) NO. 31007 (D.A.)

Page No. 16/71

Reference Report Confirmed by:

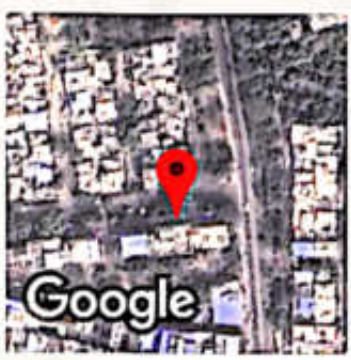
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Long 77.41094°
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