

MER- MEDICAL EXAMINATION REPORT

Date of Examination	7/02/24		
NAME	Rupesh Kumar Malviya		
AGE	39	Gender	Male
HEIGHT(cm)	169	WEIGHT (kg)	76.1
B.P.	110/80		
ECG	Borderline Normal		
X Ray			
Vision Checkup	Color Vision : Normal Far Vision Ratio : Normal Near Vision Ratio : Normal		
Present Ailments	NIL		
Details of Past ailments (If Any)	NIL		
Comments / Advice : She /He is Physically Fit	FIT		



**Dr. SUNIL THAWAIT**

MD Physician

Signature with Stamp of Medical Examiner

CGMC/3377/2007

Fellowship in Nephrology



07/02/2024


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination


of Rupesh Kumar Mahiya on 7/02/2024

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <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"><li>• Currently Unfit. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

  
Dr. SUNIL THAKUR  
Medical Officer (Physician)  
(The Apollo Clinic (Education))  
CGMC 98772007  
Fellowship in Nephrology


*This certificate is not meant for medico-legal purposes*

  
07/02/2024

MR. Rakesh Kumar Mahalinga  
 Age 39/11/14

**SUGGESTIVE LIST OF MEDICAL TESTS**

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

  
 07/02/2024



# RIDDHI

DIAGNOSTICS PVT. LTD.

Mr. RUPESH KUMAR MALVIYA

Reference: SELF,

VID: 600100/3192

PID NO. 20247218406

Sample Received on/at:

AGE 39 Y / SEX Male

07/02/2024 10:49AM

Reported on/at

07/02/2024 05:07PM

## HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>ESR- Erythrocyte Sedimentation Rate</b>			
<b>ESR- Erythrocyte Sedimentation Rate</b>	06	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.
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. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

### Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"O"
RhD factor (Rh Typing)	Positive

### HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	4.9	%	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
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Estimated Average Glucose (EAG) 93.93

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 7 of 9

  
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### CBC Haemogram

Haemoglobin(Hb)	15.9	gm/dl	12 - 17
Erythrocyte (RBC) Count	5.63	mill/cu.mm.	4.0-6.0
PCV (Packed Cell Volume)	45.6	%	38-48
MCV (Mean Corpuscular Volume)	81.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	28.2	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.9	g/dl	32 - 36
Total Leucocytes Count (TLC)	7100	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	63	%	40-75
Lymphocytes	31	%	20-45
Monocytes	03	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4473	/cu.mm	2000-7000
Absolute Lymphocyte count	2201	/cu.mm	1000-3000
Absolute Eosinophils Count	213	/cmm	20-500
Absolute Monocyte count	213	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
<b>Platelets</b>			
PLT Count	321,000	/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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## BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>BUN Urea Nitrogen Serum</b>			
<b>BUN-Blood Urea Nitrogen</b>	10.4	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	89	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: $\geq$ 126
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(on more than one occasion) (American diabetes association guidelines 2018)

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## LFT-Liver Function Test

<b>Bilirubin - Total</b> (Serum,Diazo)	0.33	mg/dl	0.1 - 1.2
<b>Bilirubin - Direct</b> (Serum,Diazo)	0.12	mg/dl	0 - 0.2
<b>Bilirubin (Indirect)</b> (Serum,Calculated)	0.21	mg/dl	0 - 1
<b>Total Proteins</b> (Serum,Biuret)	7.81	g/dl	6.6-8.8
<b>Albumin</b> (Serum,Bromocresol green)	4.57	g/dl	3.5 - 5.2
<b>Globulin</b> (Serum)	3.24	g/dl	1.8 - 3.6
<b>A/G Ratio</b> (Serum)	1.41	%	1.1 - 2.2
<b>SGOT (AST)</b> (Serum,Enzymatic)	12	U/L	0 - 35
<b>SGPT (ALT)</b> (Serum,Enzymatic)	28	U/L	0 - 45
<b>Alkaline Phosphatase</b>	69	U/L	40 - 129
Gamma-glutamyltransferase (GGT)	17	U/L	<49

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## RFT (Renal Function test)


Sodium (Na)	139	mmol/L	135 - 145
Potassium (K)	4.18	mmol/L	3.5 - 5.5
Urea Serum	26	mg/dl	21 - 43
Creatinine	0.8	mg/dl	0.7-1.3

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## Uric Acid

Uric Acid	4.33	mg/dL	3.5 - 7.2
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### Lipid Profile

Cholesterol - Total	179	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	144	mg/dl	60 - 165
HDL Cholesterol	45	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease: >=65
LDL Cholesterol	105.20	mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130-159 High: 160-189 Very High: >=190
VLDL Cholesterol	28.80	mg/dl	6 - 38
LDLC/HDLC Ratio	2.34		2.5 - 3.5
TCH/HDLC Ratio	3.98		0-5.0

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### PP (Glucose-Post Prandial)

Glucose -Post prandial	94	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
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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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## CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b><u>Urine Examination Routine</u></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
<b><u>Chemical Examination</u></b>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
<b><u>Microscopic Examination</u></b>			
Pus cells	1-2	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/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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### Stool Routine Microscopic

Colour	Greenish Yellow	Straw
Consistency	Semi Solid	Semi Solid
Reaction (pH)	5.5	5.0 - 8.0
Blood	Absent	Absent
Mucus	Absent	
Ova	Absent	Absent
Cyst	Absent	Absent
Fat Globules	Present	Absent
Pus Cell.	0.2	/hpf 1-5
RBCs (STOOL)	Absent	/ hpf Absent
Bacteria	Present	Absent

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## IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.84	ng/mL	0.69 - 2.15
T4	97.2	ng/ml	52 - 127
TSH	0.68	uIU/ml	0.3 - 4.5

Method: CLIA

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ID: 55

Rupesh Kumar Malviya  
Male 39Years  
Req. No. :

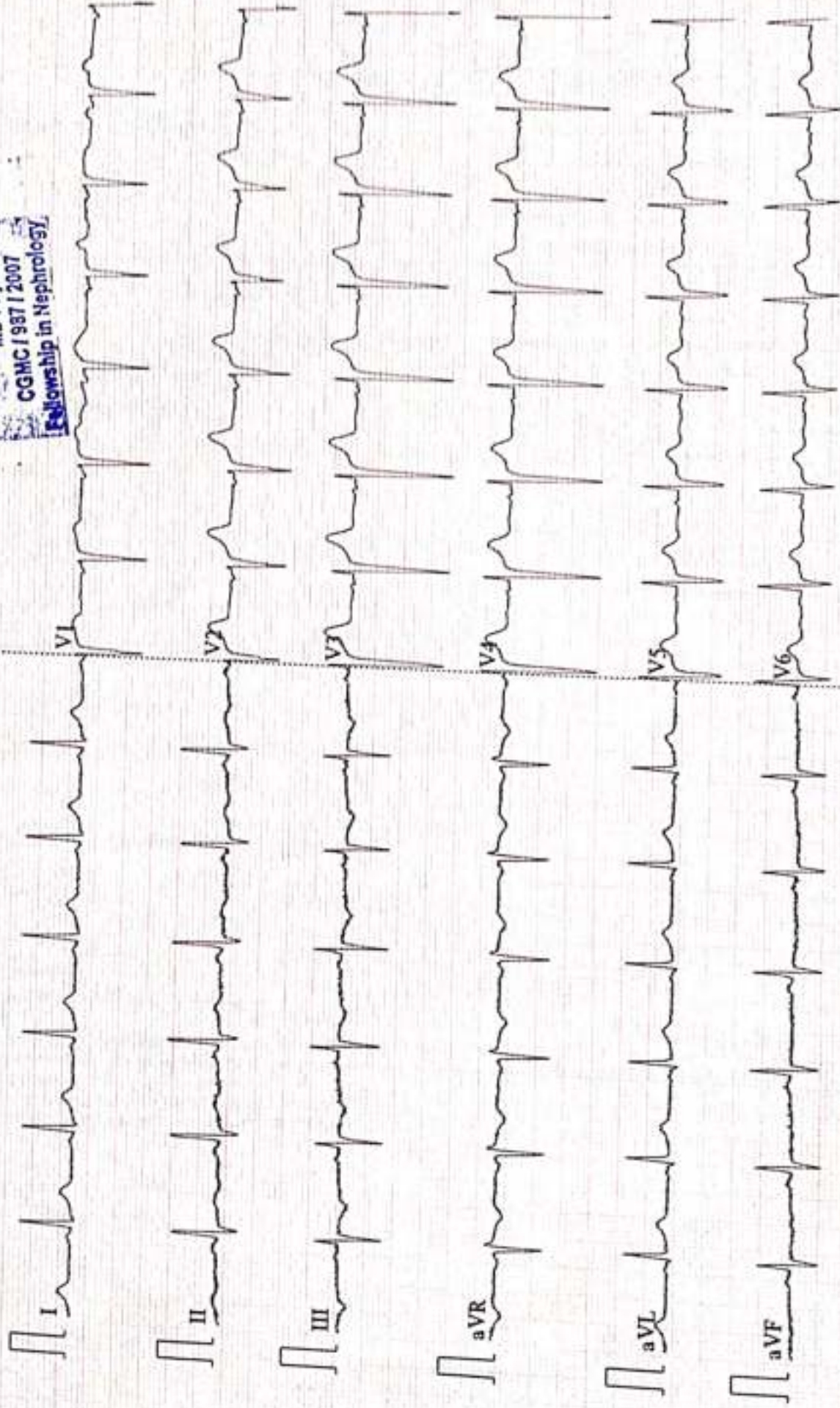
07-02-2024 11:43:40 AM  
HR : 83 bpm  
P : 102 ms  
PR : 122 ms  
QRS : 94 ms  
QT/QTcBz : 372/438 ms  
PQRS/T : 54/5/-10 °  
RV5/SV1 : 0.625/1.139 mV

Diagnosis Information:

Sinus rhythm  
Inferior T wave abnormality is nonspecific  
Borderline ECG

*[Handwritten Signature]*  
07/02/24

Report Confirmed by **Dr. SUNIL THAWAT**  
MD Physician  
CGMC / 987 / 2007  
Fellowship in Nephrology



## डॉ. अनिरुद्ध कौशिक

एम.डी. (मेडिसीन), डी.एम. कार्डियोलॉजी (मुंबई)  
इंटरनैशनल कार्डियोलॉजी (हृदय रोग विशेषज्ञ)  
भूतपूर्व अमि. प्रोफेसर जे.जे. हॉस्पिटल (मुंबई)



## श्री हरि हार्ट क्लीनिक

स्थान : महात्मावा ट्रेड सेंटर, प्रधान डाकघर के पास,  
वृहस्पति बाजार, विलासपुर (छ.ग.)

फोन : 9406272512

Email : shreehariheartclinic@gmail.com

## 2 D ECHO REPORT

Name:- MR. RUPESH KUMAR  
Ref. By:- RIDDHI DIAGNOSTIC

Age/Sex:-39Y/M  
Date:-07/02/2024

M Mode study ( Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao = 3.0	LA = 3.4
IVSd = 0.9	LVPWd =1.0
LVIDd = 4.3	LVIDs= 2.7
EF =68 %	

NO Diastolic Dysfunction

NO AS/AR/MS/MR

NO PAH

### Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal ,Mitral valve area Normal No e/o prolapse,calcification or vegetation

Aortic valve Trileaflet , Opening Amplitude is adequate ,NO significant AS/AR

Tricuspid Valve is normal ,No TR

Pulmonary Valve is normal

PA is normal in size


Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

**Impression**      **Normal Study**

Good LV/RV function

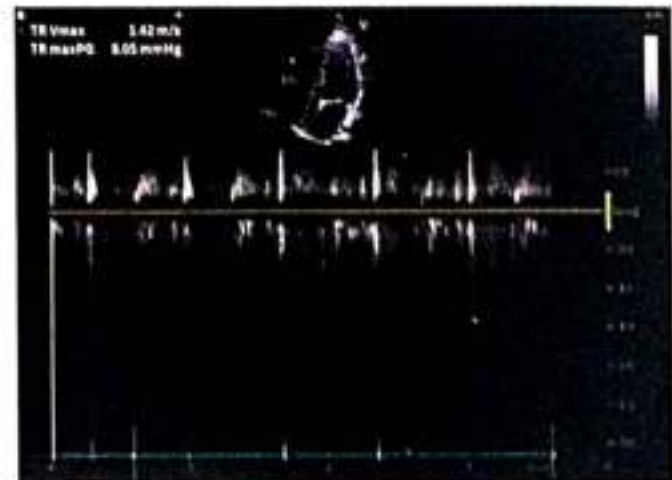
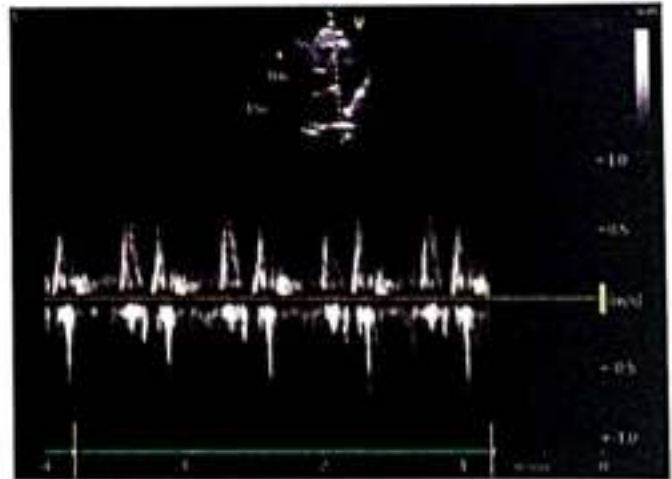
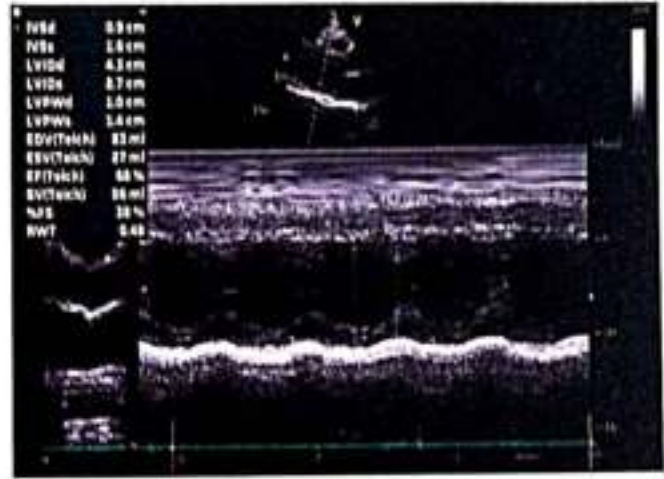
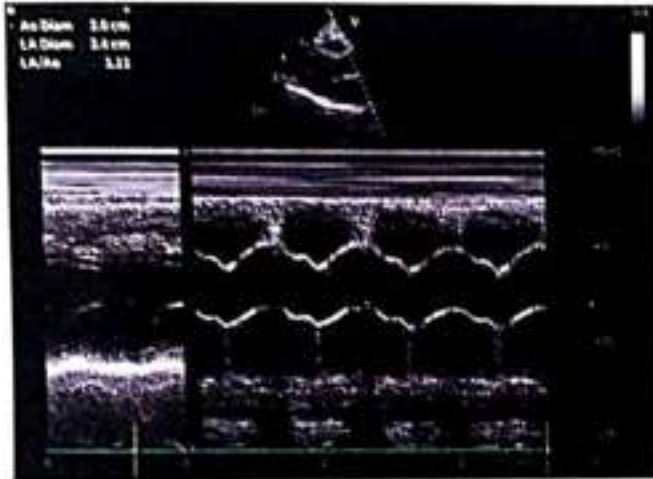
  
DR.ANIRUDDHA KAUSHIK  
MD Medicine ,DM Cardiology

उपलब्ध सुविधाएँ : + ई.सी.जी. + टी.एच.टी. + 24 घंटे वीपी मॉनिटरिंग + 2 डी इको + हॉल्टर मॉनिटरिंग  
परामर्श समय : सुबह 11 बजे से सायं 5 बजे, सायं 7 बजे से रात्रि 9 बजे

# SHREE HARI HEART CLINIC

Name RUPESH KUMAR, 39Y/M

Date 07/02/2024



# ANUSHKA DIAGNOSTICS

**Prashant S. Barpande**  
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M.N.A.M.S. (Radiodiagnosis), M.N.A.M.S.  
Reg. No. CGMC-3232/2010



**Dr. Chitrangi P. Barpande**  
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Reg. No. CGMC-3298/2011

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Nehru Nagar, Bilaspur (C.G.) Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME : RUPESH KUMAR                      AGE : 39 YEARS                      SEX : M  
REF. BY : RD                                      DATE : 07-02-2024

## WHOLE ABDOMINAL SONOGRAPHY STUDY,

- LIVER** : Normal in Size- 14 cm, Normal in Shape.  
Evidence Of Increased Echogenicity Of Hepatic Parenchyma With Posterior Beam Attenuation.  
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(2mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9 cm, Normal In Shape & Echotexture.  
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Normal in size shape position 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(9.8 x 4.5 cm) shape position and echotexture seen.  
Cortical Thickness & Corticomedullary Differentiation Normal.  
No Calculus Seen. No Hydronephrosis.
- PROSTATE** : Prostate Is Normal In Size(Volume=14 ml). No Focal/Diffuse Lesion Seen.  
No Evidence Of Median Lobe Bulge Seen.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
- > No Evidence Of Free Fluid Seen In Peritoneal Cavity.
  - > No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
  - > No Sonographic Evidence Of Appendicitis In Present Scan.

### IMPRESSION :

- Grade-1 Fatty Liver.

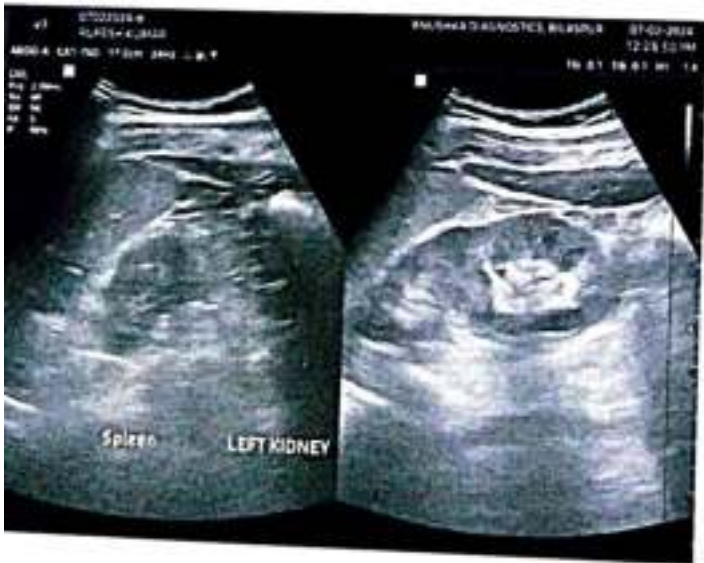
Thanks For Referral.

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

Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.









भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: रामकांत मालवीय, डॉ. राजेंद्र  
प्रसाद बॉर्ड न -05, राजहापारा,  
रतनपुर(न.पं.), बिलासपुर,  
छत्तीसगढ़ - 495442

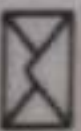
Address:

S/O: Ramakant Malviya,  
dr.rajendra prasad ward no -05,  
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भारत सरकार

Government of India



रूपेश कुमार मालवीय

Rupesh Kumar Malviya

जन्म तिथि/ DOB: 30/06/1986

पुरुष / MALE

9274 5053 5611



मेरा आधार, मेरी पहचान



GPS Map Camera



**Bilaspur, Chhattisgarh, India**  
Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil  
Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India  
Lat 22.086714°  
Long 82.14407°  
07/02/24 10:24 AM GMT +05:30

GANT



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Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India


Lat 22.086677°

Long 82.144094°

07/02/24 10:21 AM GMT +05:30

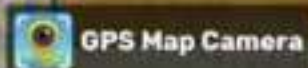




 GPS Map Camera



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07/02/24 10:18 AM GMT +05:30

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