

MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/03/2024		
NAME	GULAVAN SINGH THAKUR		
AGE	47	Gender	M
HEIGHT(cm)		WEIGHT (kg)	
B.P.	130/80		
ECG	Baseline		
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		


 Signature with Stamp of Medical Examiner (G.G.)
DR. VATSAL SINGH
 CIMS, Bilaspur (G.G.)
 CGMC-8519/2018

Gulavay
 23/3/24

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Gulavan Singh Thakur on 23/03/2024

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

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


 Dr. Gulavansingh
 Medical Officer
 The Apollo Clinic (C.G.)
 CGMC Bilaspur (C.G.)
 CGMC-0318018

This certificate is not meant for medico-legal purposes

Gulavansingh
23/3/24



Mr. GULAVAN SINGH THAKUR

Reference: HEALTH CHECKUP,Bilaspur

VID: 600100/3673

PID NO 202423319162

AGE 47 Y / SEX Male

Sample Received on/at:

23/03/2024 12:33PM

Reported on/at

23/03/2024 05:00PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	23	mm/hr	0 - 15

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.

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	6.7	%	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)	145.59		


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.

These report 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 5 of 7


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RIDDHI

DIAGNOSTICS PVT. LTD.

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CBC Haemogram

Haemoglobin(Hb)	13.5	gm/dl	12 - 17
Erythrocyte (RBC) Count	4.3	mill/cu.mm.	4.0-6.0
PCV (Packed Cell Volume)	40.1	%	38-48
MCV (Mean Corpuscular Volume)	93.3	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	31.4	pg	27 - 32
MCHC (Mean Corpuscular Hb Conc.)	33.7	g/dl	32 - 36
Total Leucocytes Count (TLC)	9400	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	66	%	40-75
Lymphocytes	27	%	20-45
Monocytes	03	%	2 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	6204	/cu.mm	2000-7000
Absolute Lymphocyte count	2538	/cu mm	1000-3000
Absolute Eosinophils Count	376	/cmm	20-500
Absolute Monocyte count	282	/cu mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
Platelets			
PLT Count	216,000	/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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HAEMATOLOGY

Investigation

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)

RhD factor (Rh Typing)

Observed Value

"O"

Positive

Unit

Biological Reference Interval

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
FBS (Fasting Blood Sugar)			
Glucose- Fasting	110	mg/dl	Normal: 70-99 impaired Tolerance: 100-125 Diabetes mellitus: ≥ 126

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

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Lipid Profile

Cholesterol - Total	178	mg/dl	Desirable: < 200 Borderline High: 200-239 High: ≥ 240
Triglycerides level	134	mg/dl	60 - 165
HDL Cholesterol	43	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease: ≥ 65
LDL Cholesterol	108.20	mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130-159 High: 160-189 Very High: ≥ 190
VLDL Cholesterol	26.80	mg/dl	6 - 38
LDLC/HDLC Ratio	2.52		2.5 - 3.5
TCH/HDLC Ratio	4.14		0-5.0

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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.4	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.2	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.20	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.5	g/dl	6.6 - 8.3
Albumin (Serum, Bromocresol green)	4.6	g/dl	3.5 - 5.2
Globulin (Serum)	2.90	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.59	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	21	U/L	0 - 35
SGPT (ALT) (Serum, Enzymatic)	29	U/L	0 - 45
Alkaline Phosphatase	56	U/L	40 - 129
Gamma-glutamyltransferase (GGT)	24.3	U/L	<49

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PP (Glucose-Post Prandial)

Glucose -Post prandial	147	mg/dl	Normal 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: \geq 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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RFT (Renal Function test)

Sodium (Na)	141	mmol/L	135 - 145
Potassium (K)	3.7	mmol/L	3.5 - 5.5
Urea Serum	26	mg/dl	21 - 43
Creatinine	0.9	mg/dl	0.7-1.3

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Uric Acid

Uric Acid	4.6	mg/dL	3.5 - 7.2
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BUN/Creatinine Ratio

BUN-Blood Urea Nitrogen (Serum,Urease)	12.3	mg/dl	7 - 20
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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	0.9	mg/dl	0.7-1.3
BUN/Creatinine Ratio	13.67		10-20.1

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference interval
PSA - Prostate Specific Antigen (Total)			
PSA (Total)	0.2	ng/ml	< 4.0

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Thyroid Panel-1(T3T4TSH)

T3	1.23	ng/mL	0.69 - 2.15
T4	102	ng/ml	52 - 127
TSH	2.6	uIU/ml	0.3 - 4.5

Method: CLIA

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
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

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PID NO. 202423319162

AGE 47 Y / SEX Male

Sample Received on/at:

23/03/2024 12:33PM

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23/03/2024 05:36PM


CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Urine Examination Routine</u>			
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.0		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<u>Chemical Examination</u>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
<u>Microscopic Examination</u>			
Pus cells	0-3	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	Nil	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Page 1 of 1


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ID: 165

gukyan singh
Male 47Years
Req. No. :

22-03-2024 12:24:36 PM

HR : 77 bpm
P : 110 ms
PR : 126 ms
QRS : 76 ms
QT/QTcBz : 350/396 ms
P/QRST : 51/40/103 °
RV5/SV1 : 1.239/0.998 mV

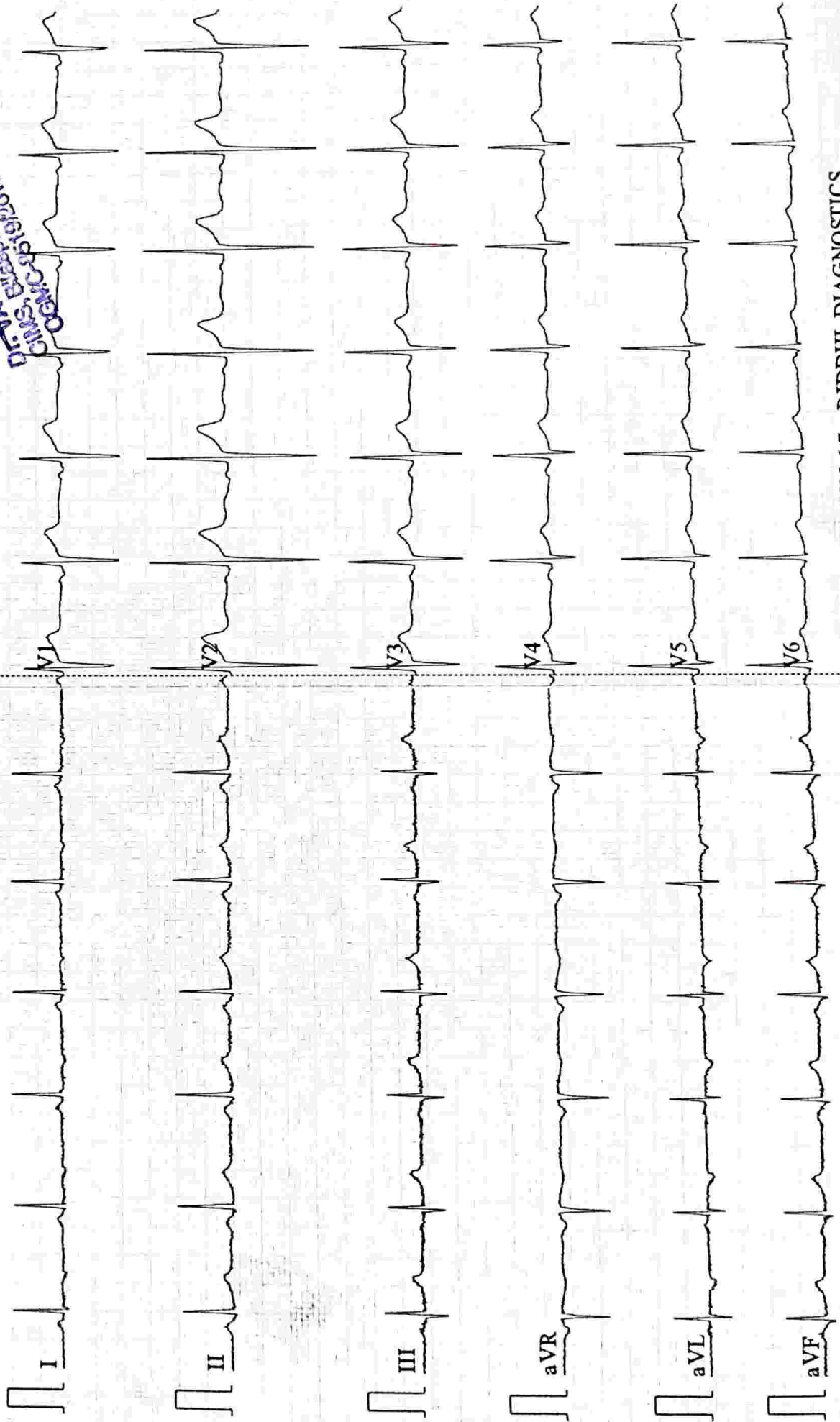
Diagnosis Information:

Sinus rhythm
Small inferior Q waves: infarct cannot be excluded
Lateral T wave abnormality is nonspecific
Borderline ECG

Gukyan Singh
21/3/24

DR. ANJANA SINGH (C.G.)
DINAKAR (19/03/2018)

Report Confirmed by:



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-mail : anushka.diagnostics@gmail.com

NAME : GULAVAN SINGH

AGE : 47 YEARS

SEX : M

REF. BY : RD

DATE: 23-03-2024


WHOLE ABDOMINAL SONOGRAPHY STUDY,

- LIVER** : Normal in Size- 15.4 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.
Evidence Of 2 Small Echoreflective Structures Of Approx. Size Of 4 mm Seen In Middle Calyx Without Posterior Acoustic Shadowing. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size(8.9 x 4.2 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
Evidence Of Small Echoreflective Structure Of Approx. Size Of 4 mm Seen In Middle Calyx Without Posterior Acoustic Shadowing. 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 :

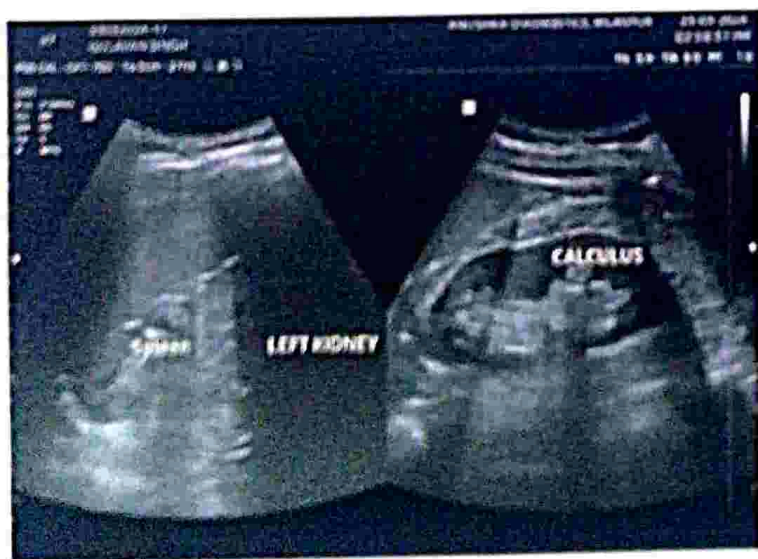
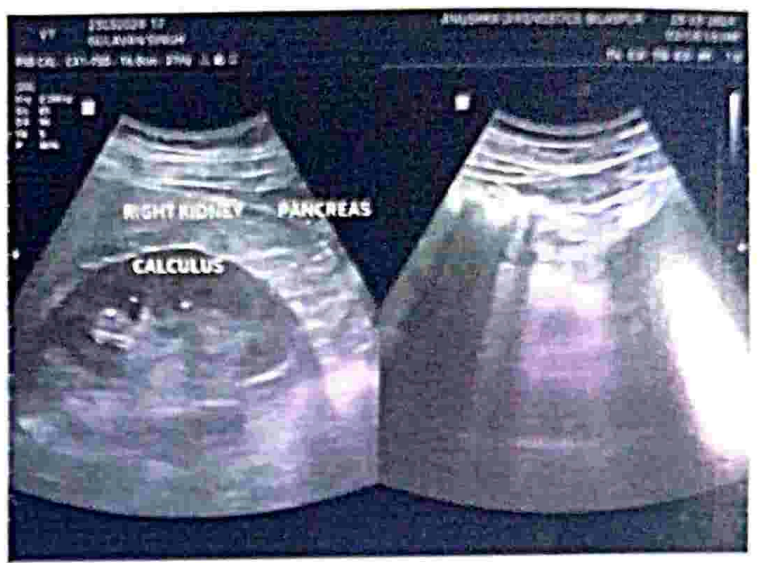
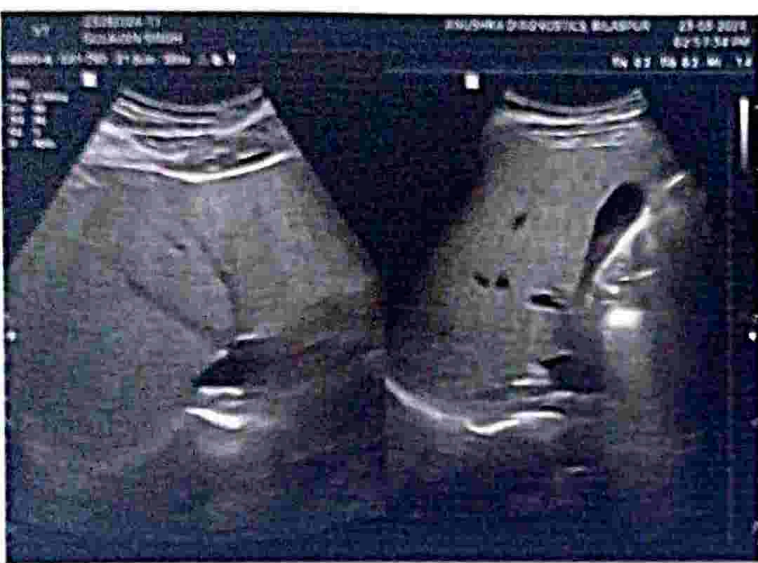
- Grade-1 Fatty Liver.
- Right Small Non-Obstructive Renal Calculi.
- Left Small Non-Obstructive Renal Calculus.

Thanks For Referral.


DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIODIAGNOSIS)
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.







PATIENT NAME	GULVAN SINGH THAKUR	AGE / SEX	47 YRS / M
REF. BY	HEALTH CHECKUP	DATE	23/03/2024

2 D ECHO REPORT

M MODE STUDY

Ao = 3.10	LA = 3.75
IVSd = 0.85	LVPWd = 0.55
LVIDd = 5.80	LVIDs = 4.45
EF = 52.71	

DOPPLER STUDY FINDINGS


NO diastolic Dysfunction
No AS/AR/MS/MR
NO PAF

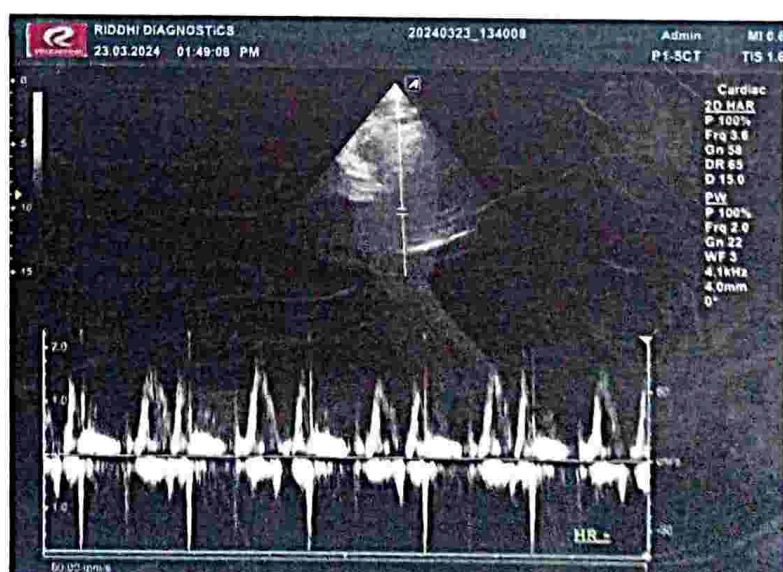
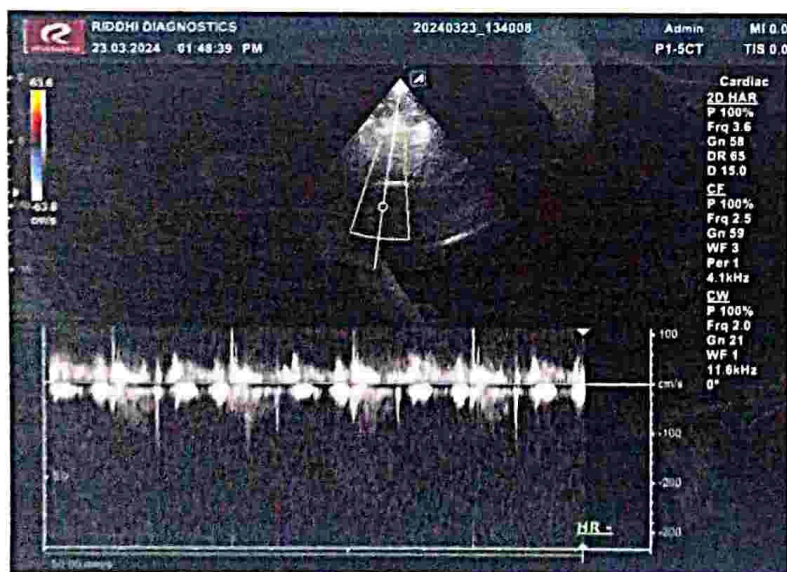
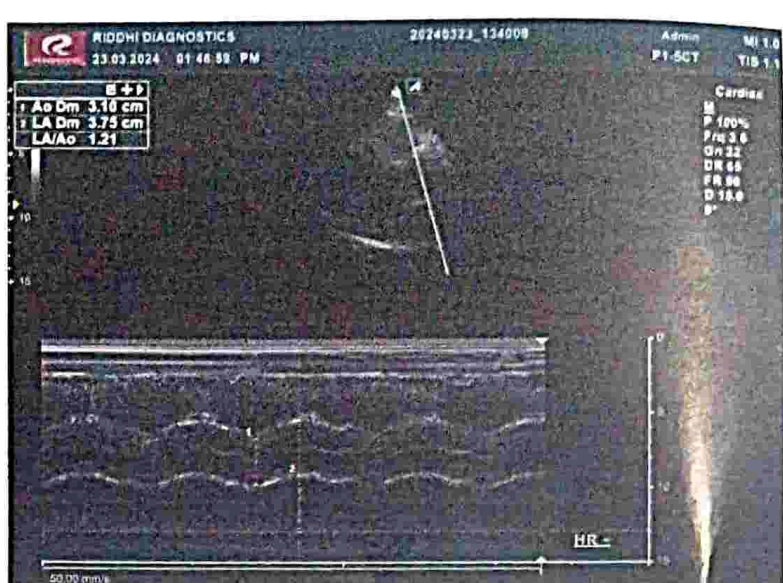
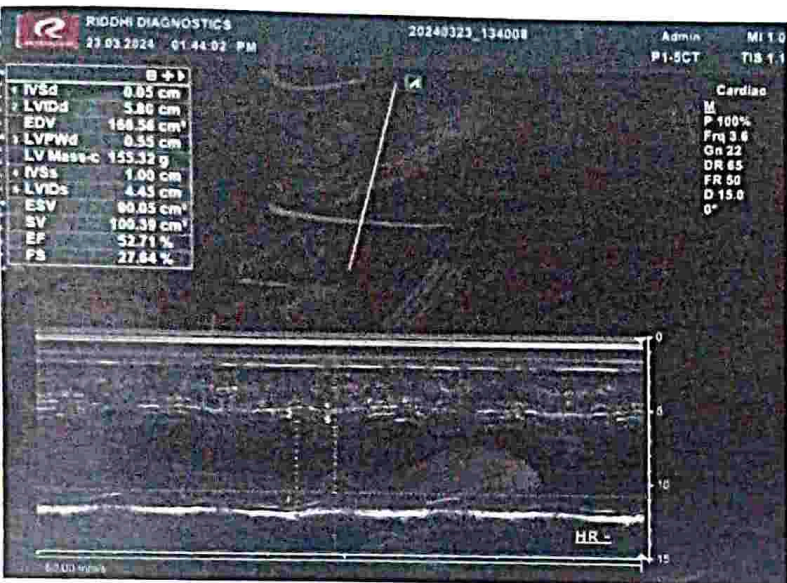
Description

- Mitral valve leaflets normal, subvalvular apparatus normal, Mitral valve areas normal, no evidence of prolapse, calcification or vegetation.
- Aortic valve trileaflet , Opening 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.


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भारत सरकार
Government of India



गुलवान सिंह ठाकुर
Gulavan Singh Thakur
जन्म तिथि/DOB: 25/12/1976
पुरुष/ MALE

Issue Date: 12.08.2021

4118 8263 7547
VID : 9152 3851 9197 3665

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री राज सिंह ठाकुर, राम गुडी, तेली पारा, रायगढ़,
छत्तीसगढ़ - 496001

Address:
C/O: Sri Raj Singh Thakur, Ram Gudi, Teli
Para, Raigarh, Raigarh,
Chhattisgarh - 496001


4118 8263 7547
VID : 9152 3851 9197 3665

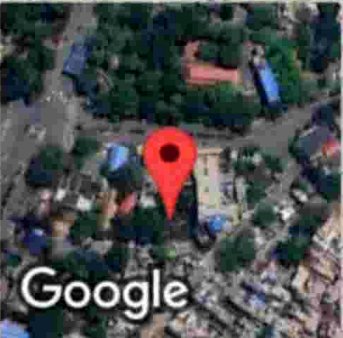
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Gulavan
23/3/24



NH
 दिल दे इयादे,
 गुनहदार ल करे
 २०१५-१६ के लेख में एक
 नए संस्करण में ३०० पृष्ठों
 में १००० से अधिक
 की संख्या में लेखों के लिए


 GPS Map Camera

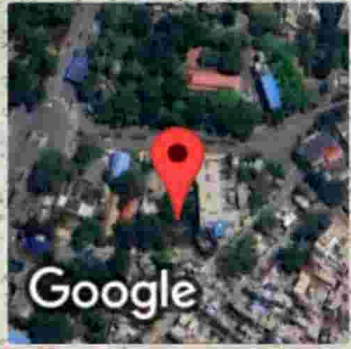


Google

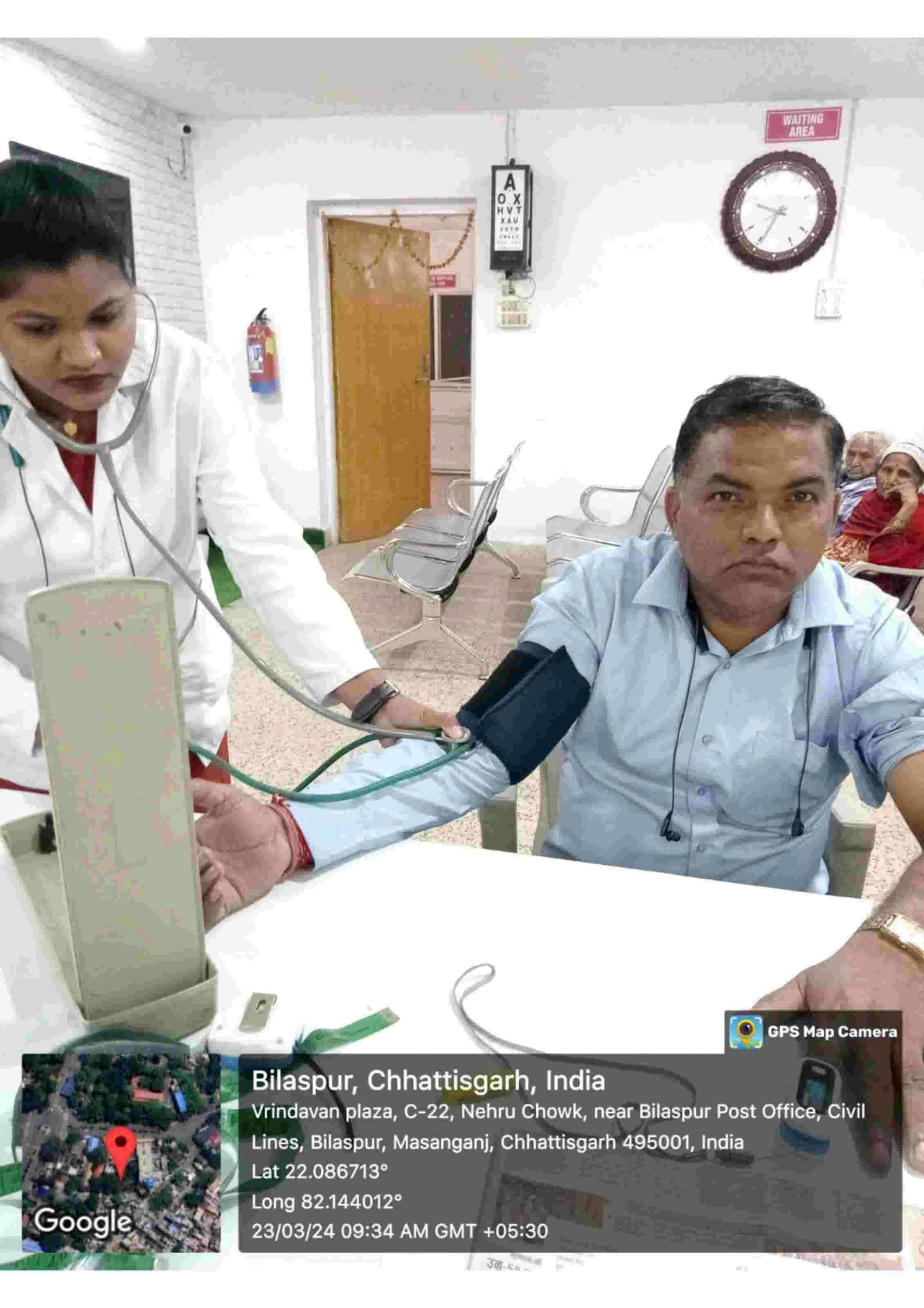
Bilaspur, Chhattisgarh, India
 Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil
 Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India
 Lat 22.086715°
 Long 82.14403°
 23/03/24 09:37 AM GMT +05:30



 GPS Map Camera



Bilaspur, Chhattisgarh, India
Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil
Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India
Lat 22.086751°
Long 82.144075°
23/03/24 09:36 AM GMT +05:30



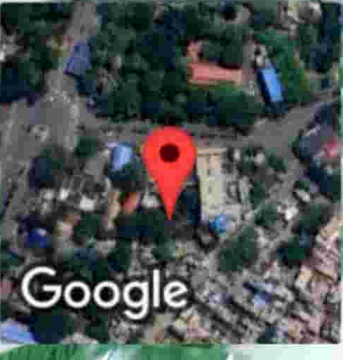
WAITING AREA

A
O X
H V T
K A U
P Q R
S T U V W X Y Z



GPS Map Camera

Bilaspur, Chhattisgarh, India
Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India
Lat 22.086713°
Long 82.144012°
23/03/24 09:34 AM GMT +05:30



Google



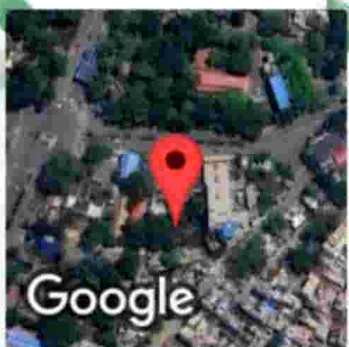
Bilaspur, Chhattisgarh, India

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

Lat 22.086709°

Long 82.143999°

23/03/24 09:39 AM GMT +05:30



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