Name	: Mr. PRAKASH NAGARESH	I	
PID No.	: MED122431865	Register On	: 29/01/2024 8:46 AM
SID No.	: 522401517	<b>Collection On</b>	: 29/01/2024 9:33 AM
Age / Sex	: 45 Year(s) / Male	Report On	: 29/01/2024 4:06 PM
Туре	: OP	Printed On	: 30/01/2024 8:31 AM
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood'Agglutination)	'B' 'Positive'		
INTERPRETATION: Note: Slide method is scree	ening method. Kind	ly confirm with Tube method	for transfusion.
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	15.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.4	%	42 - 52
RBC Count (EDTA Blood)	5.43	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.8	g/dL	32 - 36
RDW-CV	13.6	%	11.5 - 16.0
RDW-SD	41.6	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	42.9	%	40 - 75
Lymphocytes (Blood)	38.3	%	20 - 45
Eosinophils (Blood)	9.3	%	01 - 06







The results pertain to sample tested.

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Name	: Mr. PRAKASH NAGARESH	l	
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Monocytes (Blood)	8.8	%	01 - 10
Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated	d Five Part cell count	ter. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.8	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.4	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.8	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.8	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	215	10^3 / µl	150 - 450
MPV (Blood)	10.6	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.229	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	6	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	203.29	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

+

Glucose, Fasting (Urine) (Urine - F/GOD - POD)





Negative

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674 APPROVED BY

The results pertain to sample tested.

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Name	: Mr. PRAKASH NAGARESHI		
PID No.	: MED122431865	Register On	: 29/01/2024 8:46 AM
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Age / Sex	: 45 Year(s) / Male	Report On	: 29/01/2024 4:06 PM
Туре	: OP	Printed On	: 30/01/2024 8:31 AM
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	352.33	mg/dL	70 - 140

#### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	++++		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	10.2	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i> )	0.86	mg/dL	0.9 - 1.3

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i> )	4.55	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	29.87	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	76.27	U/L	5 - 41







The results pertain to sample tested.

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Туре	: OP	Printed On	: 30/01/2024 8:31 AM
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	41.71	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	94.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.32	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.75	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.57	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.85		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	203.33	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	150.08	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö" circulating level of triglycerides during most part of the day.

HDL Cholesterol	37.91	mg/dL	Optimal(Negative Risk Factor): >=
(Serum/Immunoinhibition)			60
			Borderline: 40 - 59
			High Risk: < 40





Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674 APPROVED BY

The results pertain to sample tested.

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	135.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	30	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	165.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i> )	5.4	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i> )	4	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

#### Glycosylated Haemoglobin (HbA1c)







The results pertain to sample tested.

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Name	: Mr. PRAKASH NAGAR	ESHI		
PID No.	: MED122431865	Register On :	29/01/2024 8:46 AM	Ν
SID No.	: 522401517	Collection On :	29/01/2024 9:33 A	Μ
Age / Sex	: 45 Year(s) / Male	Report On :	29/01/2024 4:06 P	Μ
Гуре	: OP	Printed On :	30/01/2024 8:31 A	Μ
Ref. Dr	: MediWheel			
<u>Investiga</u>	tion	<u>Observed</u> <u>Value</u>	Unit	Biological Reference Interval
HbA1C (Whole Blo	od/HPLC)	8.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERPR	ETATION: If Diabetes - Goo	d control : 6.1 - 7.0 % , Fai	r control : 7.1 - 8.0 %	, Poor control $\geq 8.1$ %
Estimated (Whole Blo	l Average Glucose	205.86	mg/dL	
control as c Conditions hypertrigly Conditions ingestion, H	compared to blood and urinary that prolong RBC life span lik ceridemia,hyperbilirubinemia, that shorten RBC survival like Pregnancy, End stage Renal dis	glucose determinations. e Iron deficiency anemia, V Drugs, Alcohol, Lead Poisc e acute or chronic blood los sease can cause falsely low	- Vitamin B12 & Folate oning, Asplenia can gi s, hemolytic anemia, I HbA1c.	ve falsely elevated HbA1C values. Hemoglobinopathies, Splenomegaly, Vitamin E
	pecific antigen - Total(PS.	A) 0.660	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease o Prostate: > 10.0
<u>THYROI</u>	<u>D PROFILE / TFT</u>			
T3 (Triio (Serum/ECI	dothyronine) - Total	1.28	ng/ml	0.7 - 2.04
Comment	riation can be seen in other co	ndition like pregnancy, dru	gs, nephrosis etc. In su	uch cases, Free T3 is recommended as it is
T4 (Tyroz (Serum/ECI	xine) - Total LIA)	11.41	µg/dl	4.2 - 12.0
Comment	riation can be seen in other co	ndition like pregnancy, dru	gs, nephrosis etc. In su	ich cases, Free T4 is recommended as it is
		MC-5606		Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674 APPROVED BY

The results pertain to sample tested.

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
TSH (Thyroid Stimulating Hormone)	3.35	µIU/mL	0.35 - 5.50

#### (Serum/ECLIA)

**INTERPRETATION:** 

Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines)

#### **Comment :**

TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
Values&amplt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

#### <u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (URL COMPLETE)</u>	<u>NE</u>	
pH (Urine)	5	4.5 - 8.0
Specific Gravity (Urine)	1.032	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal







The results pertain to sample tested.

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(+)		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL







The results pertain to sample tested.

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Name	: Mr. PRAKASH NAGARESH		
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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>
BUN / Creatinine Ratio	11.8	

Biological Reference Interval 6.0 - 22.0





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The results pertain to sample tested.

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Name	: Mr. PRAKASH NAGARESH	I	
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Ref. Dr	: MediWheel		

**Investigation** 

Observed Unit Value Biological Reference Interval

URINE ROUTINE





-- End of Report --

The results pertain to sample tested.

Name	MR.PRAKASH NAGARESHI	ID	MED122431865
Age & Gender	45Y/MALE	Visit Date	29 Jan 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (15.4 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

•	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.3	1.6
Left Kidney	12.0	1.9

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern. It measures 4.5 x 3.1 x 3.2 cms, Vol: 23.96 cc.

No evidence of ascites.

### **IMPRESSION:**

- Grade I to II fatty infiltration of liver.
- No other significant abnormality detected.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Name	MR.PRAKASH NAGARESHI	ID	MED122431865
Age & Gender	45Y/MALE	Visit Date	29 Jan 2024
Ref Doctor Name	MediWheel		

### Hn/Mi

Name	MR.PRAKASH NAGARESHI	ID	MED122431865
Age & Gender	45Y/MALE	Visit Date	29 Jan 2024
Ref Doctor Name	MediWheel		

# **2D ECHOCARDIOGRAPHIC STUDY**

# **M-mode measurement:**

AORTA	:	2.11	cms.
LEFT ATRIUM	:	3.19	cms.
AVS LEFT VENTRICLE	:	1.47	cms.
(DIASTOLE)	:	4.73	cms.
(SYSTOLE)	:	2.68	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.99	cms.
(SYSTOLE)	:	1.54	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.13	cms.
(SYSTOLE)	:	1.18	cms.
EDV	:	104	ml.
ESV	:	26	ml.
FRACTIONAL SHORTENING	:	43	%
EJECTION FRACTION	:	60	%
EPSS	:		cms.
RVID	:	1.80	cms.

### **DOPPLER MEASUREMENTS:**

MITRAL VALVE:	E - 0.8 m/s A - 0.6 m/s	MILD MR.
AORTIC VALVE:	1.1 m/s	NO AR.
TRICUSPID VALVE: E -	0.4 m/s A - 0.3 m/s	TRIVIAL TR.
PULMONARY VALVE:	0.8 m/s	NO PR.

Name	MR.PRAKASH NAGARESHI	ID	MED122431865
Age & Gender	45Y/MALE	Visit Date	29 Jan 2024
Ref Doctor Name	MediWheel		

### **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Adequate LVsystolic function. EF50% : Paradoxical septal motion noted consistent with LBBB.

Left Atrium	:	Normal.
Right Ventricle :	Norm	al.
Right Atrium	:	Normal.
Mitral Valve	:	Normal. No mitral valve prolapsed.
Aortic Valve	:	Normal. Trileaflet.
Tricuspid Valve	:	Normal.
Pulmonary Valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No pericardial effusion.

#### **IMPRESSION:**

• NORMAL SIZED CARDIAC CHAMBERS.

• ADEQUATE LV SYSTOLIC FUNCTION. EF: 50%.

• PARADOXICAL SEPTAL MOTION NOTED CONSISTENT WITH LBBB.

• NORMAL VALVES.

• NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MR.PRAKASH NAGARESHI	ID	MED122431865
Age & Gender	45Y/MALE	Visit Date	29 Jan 2024
Ref Doctor Name	MediWheel		

Name	Mr. PRAKASH NAGARESHI	Customer ID	MED122431865
Age & Gender	45Y/M	Visit Date	Jan 29 2024 8:46AM
Ref Doctor	MediWheel		

## X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral perihilar bronchovascular markings are prominent.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.

Ce e.vr

Dr. Hemanandini Consultant Radiologist

	OPTICAL STORE
	Unique Collection Ph: 9611444957
	Vyaiikaval Main road No.12 Lakshmi Nilaya, Ground Floor. 2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003
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Distance Near	SPH CYL AXIS VN SPH CYL AXIS VN
Advise	Constant Use / Near Use / Distance Only
	Gontinue the Some glasses RAVERUMARH.L OPTOMETRIST Reg. No. 051619

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	and the second sec			N
Patient Mr Prakash	Nagaresh.	29	OI	24.
Age 45488	/ Visit Number	52	240	1517
Sex Cale.	Corporate	XL	div	vheel

cms

kgs

/minute

mm of Hg

# GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height: (73

Weight: 84 Ce

Pulse: 81

Blood Pressure : 130/20

BMI : 28

BMI INTERPRETATION Underweight = <18.5 Normal weight = 18.5–24.9 Overweight = 25–29.9

Chest :

Expiration :

Inspiration :

cms •

cms

Abdomen Measurement :

Eyes: 2 Unically ~AP

RS: BIL NUBI

PA: Goff-, BS @

cms Ears: NPM Neck nodes: Not palpash CVS: S<sub>2</sub>S<sub>4</sub> O CNS: Consuious f alut

lelelo DM, MgN m Re.

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Signature

Dr. RITESH RAJ, MBBS neral Physician & Diabetologies MAC Reg. No: 85075

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