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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr.Anand Ram** aged, **34yr** .Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Durgapur**

Date: 13/07/2024

Dr. Nitesh Kumar
RMP
PGMR 47093

Name & Signature of

Medical officer

MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 08:05PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , *GEL SERUM* (Method:Phosphomolybdate/UV)	4.1	2.4-5.1 mg/dL	mg/dL

***** End Of Report *****

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 04:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE (Method:AMP)	121	53-128 U/L	U/L
***BILIRUBIN (TOTAL)** , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.90	< 1.2	mg/dL
SGPT/ALT (Method:IFCC Kinetic Method)	**45**	< 41	U/L
SODIUM,BLOOD (Method:ISE DIRECT)	137	136 - 145	mEq/L
BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	**0.40**	< 0.3	mg/dL
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.30	3.1-5.5 mEq/L	mEq/L
***LIPID PROFILE** , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	**204**	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	**414**	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	45	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	**110**	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	**49**	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	**4.5**	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

LIPEMIC SERUM

SGOT/AST (Method:IFCC Kinetic Method)	26	< 40	U/L
CALCIUM,BLOOD (Method:ARSENAZO III)	9.10	8.6 - 10.2 mg/dl	mg/dL
***GLYCATED HAEMOGLOBIN (HBA1C)** , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.7	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL	%

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Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 04:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
		INFORMATION ***	
HbA1c (IFCC) (Method:HPLC)	39.0		mmol/mol

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:
Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : BIORAD D-10
Method : HPLC

Recommendations for glycemic targets
Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
Ø For most adults who are not pregnant, HbA1c levels should be < 7% to help reduce microvascular complications and macrovascular disease . Action suggested > 8% as it indicates poor control.
Ø Some patients may benefit from HbA1c goals that are stringent.
Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B_{12}/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E/ C; or erythropoietin treatment.
Reference: Glycated hemoglobin monitoring BMJ 2006; 333;586-8

References:
1. *Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.*
2. *Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.*

PDF Attached

GLUCOSE,FASTING (Method:GOD POD)	107	(70 - 110 mg/dl)	mg/dL
CHLORIDE,BLOOD (Method:ISE DIRECT)	98	98 - 107	mEq/L
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.70	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.4	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.30	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.91	1.0 - 2.5	
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.00	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.8	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	0.7	0.5-4.7	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : *[ONLY FOR PREGNANT MOTHERS]*

Suraksha DIAGNOSTICS

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Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 04:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

References :

1.*Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.

3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp?2014/18/5/735/139221.

UREA,BLOOD (Method:UREASE-GLDH)	13.7	12.8-42.8	mg/dl
URIC ACID,BLOOD (Method:URICASE)	**11.50**	3.4 - 7.0	mg/dl

ESTIMATED TWICE

CREATININE, BLOOD (Method:ENZYMATIC)	0.95	0.70 - 1.3 mg/dl	mg/dL

***** End Of Report *****

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

MC-2743

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Suraksha DIAGNOSTICS

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:51AM
Gender	: M	Report Date	: 15/Jul/2024 03:56PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	58.00	37-92 mg/dL	mg/dL

***** End Of Report *****

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124

Suraksha DIAGNOSTICS

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 04:32PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***CBC WITH PLATELET (THROMBOCYTE) COUNT** , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.2	13 - 17	g/dL
WBC (Method:DC detection method)	5.4	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**3.90**	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	**85**	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	55	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	32	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	**07**	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	40.8	40 - 50 %	%
MCV (Method:Calculated)	**104.7**	83 - 101 fl	fl
MCH (Method:Calculated)	**34.0**	27 - 32 pg	pg
MCHC (Method:Calculated)	32.5	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.3**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	20.2	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.1	7.5 - 11.5 fl	

PLATELET REDUCED ON SMEAR

KINDLY CORRELATE WITH CLINICAL AND DRUG HISTORY

***ESR (ERYTHROCYTE SEDIMENTATION RATE)** , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	19	0.00 - 20.00 mm/hr	mm/hr

***** End Of Report *****

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Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 04:32PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 13/Jul/2024 10:46AM
Gender	: M	Report Date	: 13/Jul/2024 07:31PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	A		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

***** End Of Report *****

Kaushik Dey

Dr. KAUSHIK DEY
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Suraksha DIAGNOSTICS

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	:
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	:
Gender	: M	Report Date	: 13/Jul/2024 01:03PM

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

IMPRESSION:

No fracture or dislocation.

No significant abnormality detected.

Recommended clinical correlation .

***** End Of Report *****

Dr. Manish Kumar Jha
MD Radiodiagnosis
Reg. No.- 77237(WBMC)

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	: 14/Jul/2024 07:27AM
Gender	: M	Report Date	: 14/Jul/2024 01:03PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***URINE ROUTINE ALL, ALL** , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	5.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	TRACE	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	OCCASIONAL	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

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Age	: 34 Y 11 M 14 D	**Collection Date**	: 14/Jul/2024 07:27AM
Gender	: M	Report Date	: 14/Jul/2024 01:03PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

***** End Of Report *****

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

Suraksha DIAGNOSTICS

Lab No.	: DUR/13-07-2024/SR9367601	**Lab Add.**	:
Patient Name	: ANAND RAM	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 34 Y 11 M 14 D	**Collection Date**	:
Gender	: M	Report Date	: 13/Jul/2024 03:59PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	78	Bpm
PR INTERVAL	128	Ms
QRS DURATION	82	Ms
QT INTERVAL	336	Ms
QTC INTERVAL	386	Ms
AXIS		
P WAVE	54	Degree
QRS WAVE	36	Degree
T WAVE	15	Degree
IMPRESSION	:	• **Normal sinus rhythm.**

******Please correlate clinically******

Dr. A Ghosh
M.D.DipCard(PGDCC)Apollohospital,chennai
CCEBDM.CCMH
Consultant Clinical Cardiologist