अंकित बिडला
Ankit Bidla
जन्म वर्ष / Year of Birth : 1986
पुरुष / Male

मारत सरकार
GOVERNMENT OF INDIA

4040 3662 7164

आधार — आम आदमी का अधिकार


Ankit Bidla

मारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O सुभाष चंद्र शर्मा, हाउस-न०-९०, वार्ड न०-, शताब्दी एन्क्लावे, लोअर नत्थन पुर, नत्थन पुर, नेहरूग्राम, देहरादून, उत्तराखंड, 248005

Address: S/O Subhash Chandra Sharma, H-N0-90, WARD N0-, SHATABDI ENCLAVE, LOWER NATTHAN PUR, Natthan Pur, Nehrugram, Dehradun, Uttarakhand, 248005

☎ 1947
1800 180 1947

✉ help@uidai.gov.in

WWW
www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR

5476549074; MR ANKIT BIDLA; Male; 37 Yrs. 00 Mths
Ref.: ARCOFEMI HEALTH CARE LIMITED; Date : 09-09-2023; Time : 11:02:42

Ht : **178 Cms**; Wt : **99 Kgs** ; BP : **140/100** ; HR : **77 bpm**
Notch : 50 Hz ; Filter: 0.05 Hz - 100 Hz ; Gain: 10.0 mm/mV ; Sweep : 25 mm/s
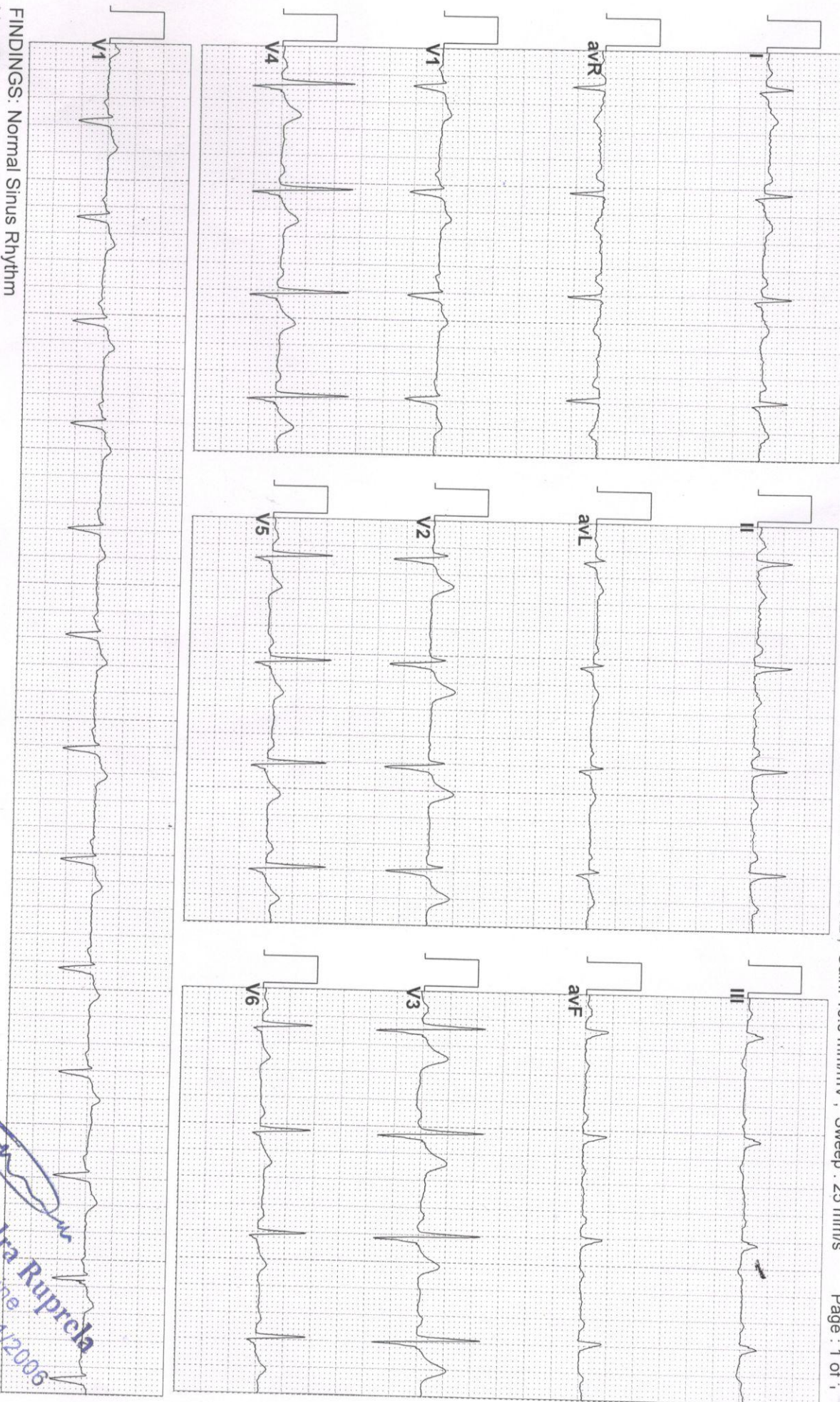
FINDINGS: Normal Sinus Rhythm
Vent Rate : 77 bpm   PR Interval : 128 ms
P-QRS-T axis: 42 • 63 • 20 • (Deg)
Comments :

QRS Duration: 126 ms   QT/QTc Int : 369/419

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

NAME : MR. ANKIT BIDLA
AGE/SEX : 37 Y/M
REFERRED BY : ARCOFEMI HEALTHCARE LTD
DATE : 09.09.2023

PERIPHERAL SMEAR EXAMINATION

RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.

Dr. Avishesh Kumar Singh
MD (Pathologist)

"HEALTH" + "HUMAN" + "COMPLETE SOLUTION" =

NAME : MR. ANKIT BIDLA

REF. BY : ARCOFEMI HEALTHCARE LTD

AGE : 37 Y/M

DATE : 09.09.2023

X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.

- The peripheral pulmonary vasculature is normal.

- No focal lung lesion is seen.

- The pleural spaces are normal.

- The cardiac size is normal.

- The domes of the diaphragms are normal in position,and show smooth outline.

- Both hila are normal in size, have equal density and bear normal relationship.

- The heart and trachea are central in position and no mediastinal abnormality is visible.

- **IMPRESSION** : **No evidence of pulmonary, pleural or cardiac pathology is noted.**
  - **radiograph of chest is within normal limits.**

TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MR. ANKIT BIDLA AGE 37 YEAR/MALE HAS UNDERGONE MEDICAL EXAMINATION ON 09.09.2023 DURING HIS GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

HE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HIS VITALS PARAMETERS ARE HEIGHT: 178cms,WEIGHT: 99kg, BP:138/88mmhg, HR: 77bpm, BMI: 31.2

HIS BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

HE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

HE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HIS ALL THE BEST.

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

NAME : MR. ANKIT BIDLA

AGE: 37 Y/ Sex /M

Ref. By: ARCOFEMI HEALTHCARE LTD

DATE : 09.09.2023

Complain Of : No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

DISTANCE VISION:
(With / without PGP)

RE 6/6 **LE** 6/6

NEAR VISION:
(With / without PGP)

RE N/6 **LE** N/6

REFRACTION:

EYE	SPH	CYL	AXIS	ADD	VISION
RE	_____	PLAIN	_____	6/6	N/6
LE	_____	PLAIN	_____	6/6	N/6

EXTERNAL EYE EXAMINATION:

RE   LE

|WNL|
|full|
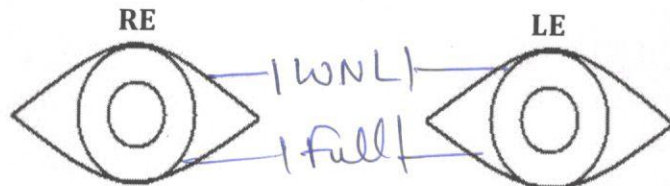
EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness):   ABSENT

Dr. Vaibhav Sharma
Ophthalmologist
Reg. No. MCI/10-37,782

VID   :- E/12553
PID No.   :- 20239917124737
Name   :- Mr. ANKIT BIDLA
Age/Sex :- 37 Y / M
Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :
09/09/2023 9:38AM

Reported on/at
09/09/2023 12:48PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	20	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	78	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	82	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.89	mg/dL	<1.0
(Serum,Diazo)			
Bilirubin (Direct)	0.23	mg/dL	0 - 0.3
(Serum,Diazo)			
Bilirubin (Indirect)	0.66	mg/dL	UPTO 1.0
(Serum,Calculated)			
SGOT (AST)	28	U/L	5 - 37
(Serum,Enzymatic)			
SGPT (ALT)	36	U/L	10 - 40
(Serum,Enzymatic			
Alkaline Phosphatase	196	U/L	80 - 290
(Serum,pNPP)			
Total Proteins	7.33	g/dL	6.4 - 8.3
(Serum,Biuret)			
Albumin	4.00	g/dL	3.7 - 5.6
Globulin	3.33	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.20	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	20	U/L	11 - 34
Szasz method			

------ End Of Report -------

Dr. Avishesh Kumar Singh

M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	188	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	122	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	42	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	121.6	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	24.4	mg/dL	6-38
LDL/HDL RATIO	2.90		2.5-3.5
CHOL/HDL RATIO	4.48		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)
Renal (Kidney) Function Test

Urea (Serum)	26	mg/dL	15 - 43
Creatinine (Serum,Jaffe)	0.79	mg/dL	0.57 - 1.4
Sodium	139	mmol/L	135 - 145
Potassium	3.82	mmol/L	3.5 - 5.1
Uric Acid (Serum,Uricase)	4.25	mg/dL	2.6 - 6
Chlorides	100	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

------ End Of Report -------

Dr. Avishesh Kumar Singh

M.D. (Pathologist)

Dr. Ruprela's
NMS Diagnostics & Imagin
'' अचूक निदान '' स्वस्थ जीवन की ओर...

Sample Received on/at :		**Reported on/at**	
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HBA1C

HbA1c Value	5.31	%	4-6=Normal Control 6-7=Good Control 7-8=Fair Control 8-10=Unsatisfactory Control >10%=Poor Control

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

------ End Of Report -------

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M.D. (Pathologist)

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
Physical Examination			
Specific Gravity	1.015		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
Chemical Examination			
Protein	NIL		NIL
Glucose	NIL		NIL
Microscopic Examination			
PUS CELLS	3 - 5	/hpf	0-5
Epithelial Cells	2 - 4	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

------ End Of Report -------

Dr. Avishesh Kumar Singh

M.D. (Pathologist)

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Age/Sex :- 37 Y / M

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
Erythrocytes			
Haemoglobin (Hb)	14.7	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.19	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	44.9	%	36 - 47
MCV (Mean Corpusculer Volume)	86	fl	78 - 95
MCH (Mean Corpusculer Hb)	28.3	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	32.7	g/dL	32 - 36
RDW (Red Cell Distribution Width)	13.9	%	11.5 - 14
Leucocytes			
Total Leucocytes (WBC) Count	5200	cells/cu.mm	4000 - 11000
Neutrophils	50	%	40 - 75
Lymphocytes.	**43**	%	20 - 40
Monocytes	06	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
Platelets-			
Platelet count	287	x10^9/L	150 - 450
MPV (Mean Platelet Volume)	7.1	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.204	%	0.15 - 0500
PDW (Platelet Distribution Width)	15.2	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. 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.

------ End Of Report -------

Dr. Avishesh Kumar Singh

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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"O"		
Rh Type	NEGATIVE		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood)	12	mm at 1hr	0 - 15

Method: Westergren

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.

------ End Of Report -------

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Sample Received on/at : 09/09/2023 9:38AM	**Reported on/at** 09/09/2023 12:48PM

PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
Thyroid Panel 1 (T3, T4, TSH)			
T3	0.89	ng/dl	0.6-1.8

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills,Phenytoin),Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	8.27	ug/dl	4.5-12.6

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	3.87	uIU/ml	0.25-5.5

Remarks : 1.4.51 to 15 µIU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2.TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc

3.Drugs that decrease TSH values e.g:L-dopa,Glucocorticoids Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

------ End Of Report -------

Dr. Avishesh Kumar Singh

M.D. (Pathologist)