



आरतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पताः S/O राम आसरे गुप्ता, फ्लैट न. एफ़-1, प्लाट न. जे-22, गोल्डन हाइट्स फेस-3, संस्कार उपवन के पीछे, हुजुर, भोपाल, मध्य प्रदेश - 462042

Address:

S/O Ram Asre Gupta, Flat No. F-1, Plot No. J-22, Golden Heights Phase-3, behind sanskar upvan, Huzur, Bhopal, Madhya Pradesh - 462042

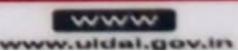


7513 0571 1360

VID: 9112 8257 8590 5310









Patient Name: MR GOPAL JI GUPTA

Age/Gender : 39 Yrs/Male

Ref. Dr. : Dr. APOLLO CLINIC

Center : CMH OPD

CPL24/10536

Registration Date : 01/05/2024 09:40 AM Collection Date : 01/05/2024 09:52 AM

Report Date : 01/05/2024 04:30 PM



HAEMATOLOGY REPORT

| Test Description Result | Unit | Biological Reference Ranges |
|-------------------------|------|-----------------------------|
|-------------------------|------|-----------------------------|

BLOOD GROUP AND RH FACTOR

ABO Type B

Rh Factor POSITIVE(+VE)

BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|------------|-------|-----------------------------|
| Post-Prandial Blood Sugar | 114.0 | mg/dl | 70 - 140 |
| Method: Hexokinase | | | |
| Interpretation:- Normal: 70-140 Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion) | | | |
| BLOOD UREA BUN | 21.0 10 | mg/dl | 15 - 45 7 - 21 |

Method: Calculated Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

- (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,
- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and
- (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

150 9001:2015

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Serum-Creatinine 0.97 mg/dL 0.4 - 1.50

Method: Enzymatic

Interpretation

The primary use of a creatinine test is to better understand how well the kidneys are working. A measurement of creatinine can be employed for screening, diagnosis, and/or monitoring of kidney problems.

SGPT (ALT)- Serum 69.6 unit/L 5 - 45

Method: IFCC

Clinical Significance

Alanine Aminotransferase (ALT) (REFL) - Alanine Aminotransferase (ALT) measurements are particularly useful in the diagnosis and management of certain liver diseases, e.g., viral hepatitis and cirrhosis. ALT activity in tissue is generally much lower than aspartate aminotransferase (AST) activity and is found in highest concentrations in the liver. Significant elevations of ALT occur only in diseases of the liver. ALT is often measured in conjunction with AST to determine whether the source of the AST is the liver or the heart. ALT is normally not elevated in cases of myocardial infarction, i.e., a normal ALT, in conjunction with an elevated AST, tends to suggest cardiac disease. However, slight elevations of ALT may occur if an infarct destroys a very large volume of heart muscle.

CLINICAL BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges | |
|--------------------------------------|--------------------------|------|--------------------------------|--|
| Fasting Blood Sugar Method: GOD-POD | 93.0 mg/dl Normal: 70-11 | | Normal: 70-110 | |
| metriod. GOD-POD | | | Impaired Fasting Glucose(IFG): | |
| | | | 100-125 | |

Diabetes mellitus: >= 126

Note:- 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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URINE EXAMINATION REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|--------------------------|-------------|------|-----------------------------|
| URINE ROUTINE | | | |
| General Examination | | | |
| Colour | Pale Yellow | | Pale Yellow |
| Transparency (Apperance) | Clear | | Clear |
| Deposit | Absent | | Absent |
| Reaction (pH) | Acidic | | 5.0-8.5 |
| Specific Gravity | 1.025 | | -1.005-1.030 |
| Chemical Examination | | | |
| Urine Protein | Absent | | Absent |
| Urine Ketones (Acetone) | Absent | | Absent |
| Urine Glucose | Absent | | Absent |
| Bile pigments | Absent | | Absent |
| Bile salts | NIL | | NIL |
| Urobilinogen | Normal | | Normal |
| Nitrite | Negative | | Negative |
| Microscopic Examination | | | |
| RBC's | NIL | /hpf | NIL |
| Leukocyte (Pus cells) | 1-2 | /hpf | 0-5/hpf |
| Epithelial Cells | 2-4 | /hpf | 0-4/hpf |
| Crystals | Absent | | Absent |
| Casts | Not Seen | | Not Seen |
| Amorphous deposits | Absent | | Absent |
| Bacteria | Not seen | | Not seen |
| Yeast Cells | Not seen | | Not seen |

Note: 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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| Test Description | Result | Unit | Biological Reference Ranges |
|-----------------------------|--------|------------|-----------------------------|
| COMPLETE BLOOD COUNT | | | |
| Haemoglobin | 13.9 | gm/dL | 12.0 - 16.0 |
| RBC Count | 4.42 | mil/cu.mm | 4.00 - 5.50 |
| Hematocrit HCT | 40.6 | % | 40.0 - 54.0 |
| Mean Corp Volume MCV | 91.9 | fL | 80.0 - 100.0 |
| Mean Corp Hb MCH | 31.4 | pg | 27.0 - 34.0 |
| Mean Corp Hb Conc MCHC | 34.2 | gm/dL | 32.0 - 36.0 |
| Platelet Count | 0.81 | lac/cmm | 1.50 - 4.50 |
| Total WBC Count /TLC | 7.5 | 10^3/cu.mm | 4.0 - 11.0 |
| DIFFERENTIAL LEUCOCYTE CO | UNT | | |
| Neutrophils | 44 | % | 40 - 70 |
| Lymphocytes | 50 | % | 20 - 40 |
| Monocytes | 04 | % | 02 - 10 |
| Eosinophils | 02 | % | 01 - 06 |
| Basophils | 00 | % | 00 - 01 |
| Absolute Differential Count | | | |
| Absolute Neutrophils Count | 3.3 | thou/mm3 | 2.00 - 7.00 |
| Absolute Lymphocyte Count | 3.8 | thou/mm3 | 1.00 - 3.00 |
| Absolute Monocytes Count | 0.3 | thou/mm3 | 0.20 - 1.00 |
| Absolute Eosinophils Count | 0.1 | thou/mm3 | 0.02 - 0.50 |

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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|--------------------------------------|--------|-------|-----------------------------|
| ESR - ERYTHROCYTE SEDIMENTATION RATE | 07 | mm/hr | 0 - 09 |

Collection Date

Method: Wintrobes

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, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.



MER- MEDICAL EXAMINATION REPORT

| Date of Examination | 01-05-2024 | | |
|--|--------------------------|--|--|
| NAME | GOPAL J: GOPTA | | |
| AGE | 39 Gender McUl | | |
| HEIGHT(cm) | 170 WEIGHT (kg) 69 | | |
| B.P. | 110/70 | | |
| ECG | WNL | | |
| X Řay | Normal. | | |
| Vision Checkup | Color Vision: No | | |
| , and the charge of the charge | Far Vision Ratio: No | | |
| | Near Vision Ratio : No | | |
| Present Ailments | No. Any prosent aithents | | |
| Details of Past ailments (If Any) | No Any past aiments. | | |
| Comments / Advice : She /He is Physically Fit | He is physically fit. | | |

Dr. SABYA SACHI GUPTA
MBBS (Gold Meds 2), MD (Med.), RCGP (U.K.)
Reg. No.11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

| of GoldL J; Gulta | on or los latery | |
|--|---|--|
| After reviewing the medical history and on clinic nat he she is | al examination it has been found | |
| | | Tick |
| Medically Fit | | |
| Fit with restrictions/recommendations | | |
| Though following restrictions have been a not impediments to the job. | revealed, in my opinion, these are | and the second of the second o |
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| 2 | | zwidenjihiniti ko |
| 3 | | ACHERINA SPECIALISM CARREST |
| | 나는 아이들이 보는 것이 얼마나 아니다. | 1 |
| However the employee should follow the been communicated to him/her. | advice/medication that has | |
| Review after | | |
| Currently Unfit. | | |
| Review after | bensminosa | 1 |
| Unfit | Dr. SABYASACHI GUPT. | |
| | Dr. Reg. No.11671 | |
| FILM IN LEASTHAL AT THE STREET OF THE STREET | Medical Officer The Apollo Clinic, (Location) | MARINE. |

This certificate is not meant for medico-legal purposes



Phone No.: 0755 - 4250134

Mobile No.: 7771008660,8319214664, 9303135719



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MULTI SPECIALITY HOSPITAL

215 216,Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

Phone No.: 0755 - 4250134

Mobile No.: 7771008660,8319214664, 9303135719



| Patient- Name: | MR. GOPAL | Age/Sex: | 39 Y/M |
|----------------|-----------|----------|------------|
| Referred. By: | INS | Date: | 01.05.2024 |

CHEST X-RAY PA VIEW

- -Bilateral Lungs Fields Appear Clear.
- -Bilateral Hilar Shadows Appear Clear.
- -Bilateral CP Angels Appear Clear.
- -Both The Domes Of Diaphragm Appear normal in shape and position.
- -Visualized bony cage and soft tissue appear normal.

IMPRESSION

No Significant Abnormality.

Dr. SANJAY ..

CONSULTANT RADIOLOGIST

Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

