MER- MEDICAL EXAMINATION REPORT

Date of Examination	29 03/2024
NAME	Bikash kyman
AGE	32 Gender Male
HEIGHT(cm)	176 WEIGHT (kg) 76 Ky
В.Р.	110170
ECG	Borderline
X Ray	No Significant abnormality detected.
Vision Checkup	Color Vision: NO8M
	Far Vision Ratio: R-46, L-46 Near Vision Ratio: Ne
Present Ailments	NIL
Details of Past ailments (If Any)	MIL
Comments / Advice : She /He is Physically Fit	FIT

Dr. VATSAL SINGH CIMS, Bilaspur (C.G.) CGMC-8519/2018

Signature with Stamp of Medical Examiner

Person Johnson

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical	examination	
of Bikash Kumay	on 29 (03/2024	
After reviewing the medical history and on clinical	I examination it has been found	
		Tick
Medically Fit		
	*	1
Fit with restrictions/recommendations		
Though following restrictions have been renot impediments to the job.	evealed, in my opinion, these are	
Í		
2		
3		
However the employee should follow the a been communicated to him/her.	advice/medication that has	
Review after	w .	
Currently Unfit.		
Review after	recommended	
• Unfit		
Office	1	
	Dr. VAT	SAL SINGI
	Medical Officer CGMC	SAL SING! aspur (C.G.) 3519/2018
- · · · · awa · · · · · · · · · · · · · · · · · ·	The Apollo Clinic, (Location)	3519/2018

This certificate is not meant for medico-legal purposes

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Mr. BIKASH KUMAR

PID NO.202429319314 AGE 32 Y / SEX Male Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3811

Sample Received on/at:

29/03/2024 10:25AM

Reported on/at

29/03/2024 05:02PM

HAEMATOLOGY

Investigation

Observed Value

Unit

Biological Reference Interval

ESR- Erythrocyte Sedimentation Rate

ESR- Erythrocyte Sedimentation Rate 09

mm/hr

0 - 15

(Citrate Blood)

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

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)

"O"

RhD (Rh Typing)

Positive

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin

4.9

%

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)

93.93

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.

Checked By Sr. Technician

Page 5 of 7

Dr. Digvijay Singh MBBS, DCP (Pathologist)

Ex Resident AllMS, New Delhi Kamla Complex, Beside Tehsil Office Nehru Chowk, Bilaspur (C.G.) 495001 Cont No : 07752 408222, +91 9630066355 E-mail : riddhidiagnosticsbilaspur@gmail.com



RIDDHI DIAGNOSTICS PVT. LTD.

4156116277

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CBC Haemogram

Haemoglobin(Hb)	14.9	gm/dl	12 - 17
Erythrocyte (RBC) Count	5.1	mill/cu.mm.	4.0-6.0
PCV (Packed Cell Volume)	43.2	%	38-48
MCV (Mean Corpuscular Volume)	84.7	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	29.2	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.5	g/dl	32 - 36
Total Leucocytes Count (TLC)	6200	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	59	%	40-75
Lymphocytes	35	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	3658	/cu.mm	2000-7000
Absolute Lymphocyte count	2170	/cu.mm	1000-3000
Absolute Eosinophils Count	124	/cmm	20-500
Absolute Monocyte count	248	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
<u>Platelets</u>			
PLT Count	266,000	/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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Page 6 of 7

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BIOCHEMISTRY

Investigation

Observed Value

Unit

Biological Reference Interval

Creatinine

0.8

mg/dl

0.7-1.3

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen

11.3

mg/dl

7 - 20

(Serum, Urease)

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.

FBS (Fasting Blood Sugar)

Glucose-Fasting

79

mg/dl

Normal: 70-99

Impaired Tolerance: 100-125 Diabetes mellitus: >= 126

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

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Page 1 of 7

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BUN/Creatinine Ratio

BUN-Blood Urea Nitrogen

11.3

mg/dl

7 - 20

(Serum, Urease)

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

8.0

ma/dl

0.7-1.3

BUN/Creatinine Ratio

14.13

10-20:1

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LFT-Liver Function Test

Bilirubin - Total	0.36	mg/dl	0.1 - 1.2
(Serum, Diazo)			
Bilirubin - Direct	0.15	mg/dl	0 - 0.2
(Serum, Diazo)			
Bilirubin (Indirect)	0.21	mg/dl	0 - 1
(Serum, Calculated)			
Total Proteins	7.76	g/dl	6.6-8.8
(Serum,Biuret)			
Albumin	4.58	g/dl	3.5 - 5.2
(Serum, Bromocresol green)			
Globulin	3.18	g/dl	1.8 - 3.6
(Serum)			
A/G Ratio	1.44	%	1.1 - 2.2
(Serum)			
SGOT (AST)	20	U/L	0 - 35
(Serum, Enzymatic)			
SGPT (ALT)	26	U/L	0 - 45
(Serum, Enzymatic)			
Alkaline Phosphatase	179	U/L	80-306
Gamma-glutamyltransferase (GGT)	23.1	U/L	<49

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Page 3 of 7

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Lipid Profile			
Cholesterol - Total	157	mg/dl	Desirable < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	133	mg/dl	60 - 165
HDL Cholesterol	47	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease:>65
LDL Cholesterol	83.40	mg/dl	Optimal < 100 Near Optimal:100 - 129 Borderline High: 130-159 High: 160-189 Very High: >=190

 VLDL Cholesterol
 26.60
 mg/dl
 6 - 38

 LDLC/HDLC Ratio
 1.77
 2.5 - 3.5

 TCH/HDLC Ratio
 3.34
 0-5.0

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PP (Glucose-Post Prandial)

Glucose -Post prandial

116

mg/dl

Normat 70-139

Impaired Tolerance, 140-199

Diabetes mellitus: >= 200

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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Uric Acid

Uric Acid

4.9

mg/dL

3.5 - 7.2

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Page 2 of 7

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - Prostate Specific Antigen (To	otal)		
PSA (Total)	0.89	ng/ml	< 4.0

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Thyroid Panel-1(T3T4TSH)

T3	1.15	ng/mL	0.69 - 2.15
T4	93.6	ng/ml	52 - 127
TSH	2.44	uIU/ml	0.3 - 4.5

Method: CLIA

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Page 7 of 7

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PID NO 202429319314 AGE 32 Y / SEX Male Reference: HEALTH CHECKUP, Bilaspur

VID: 600100/3811

Sample Received or/at: 29/03/2024 10:25AM

Reported ordat

29/03/2024 05 02PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Uring Examination Routing			
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Cloar		Clear
Reaction (pH)	5.5		50-80
Specific Gravity	1.014		1.010 - 1.030
Chemical Examination			
Urine Protein(Albumin)	Nil		144
Urine Glucose(Sugar)	Nit		110
Microscopic Examination			
Pus cells	0-1	/hpf	0 = 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)

NII

Nil

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Urine Sugar - Fasting

Urine - Glucose

Nil

Nil

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Checked By Sr. Technician

Page 4 of 7

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PATIENT NAME	MR BIKASH KUMAR	AGE / SEX	32YRS / MALE
REF. BY	HEALTH CHECKUP	DATE	29/03/2024

2 D ECHO REPORT

M MODE STUDY

Ao =2.25	LA =2.85
IVSd =1.05	LVPWd =1.05
LViDd = 4.00	LVIDs = 2.55
EF = 66 50%	

DOPPLER STUDY FINDINGS

Description

- Mitral valve leaflets normal, subvalvular apparatus normal, Mitral valve areas normal, no evidence of prolapse, calcification or vegetation.
- Aortic valve trileaflet, Opening amplidute is adequate, No significant AS/AR
- Tricuspid Valve is normal, No TR
- Pulmoanry valve is normal.
- PA is normal in size.
- Normal chamber diamension.
- No regional wall motion abnormality.
- NO CLOTIVEGETATION/EFFUSION.

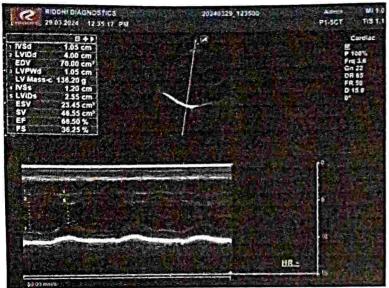
IMPRESSION: NORMAL STUDY.

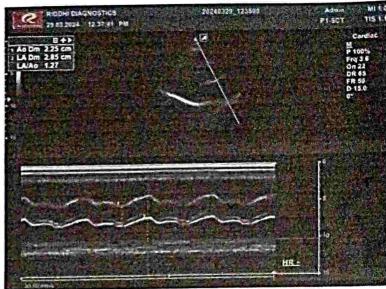
Good LVIRV function.

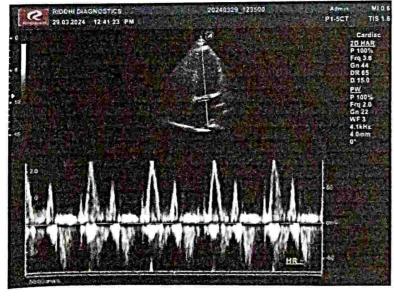
DR. PRAKSH JAISWAL (MD MEDICINE)

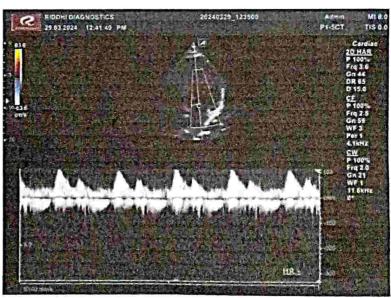
Kamla Complex, Beside Tehsil Office Nehru Chowk, Bilaspur (C.G.) 495001 Cont.No.: 07752 408222, +91 9630066355 E-mail: riddhidiagnosticsbilaspur@gmail.com

Bikash kuman

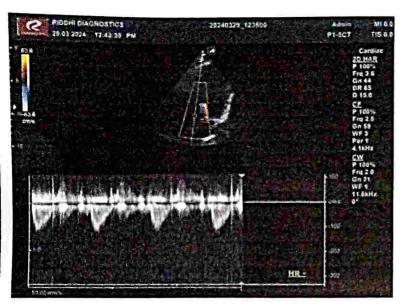








Bikash kumar



Dr. Prashant S. Barpande **Consultant Radiologist** M.B.B.S, D.M.R.D



Dr. Chitrangi P. Barpande Consultant Pathologist

MBBS, MD (Pathology) Msc. (Medical Biochemistry) Reg. No.: CGMC-3298/2011

D.N.B. (Radiodiagnosis), M.N.A.M.S. Reg. No.: CGMC-3232/2010 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

: BIKASH KUMAR

AGE: 32 YEARS

SEX: M

REF. BY: RD.

DATE: 29-03-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY.

LIVER

:Normal in Size- 12.4 cm, Normal in Shape.

No Focal Or Diffuse Lesion Seen.

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- 8.9 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(9.5 x 4.8 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY

: Normal in size(9 x 4.2 cm) shape position and echotexture seen.

Cortical Thickness & Corticomedullary Differentiation Normal.

No Calculus Seen. 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:

· No Abnormal Sonographic Finding Detected.

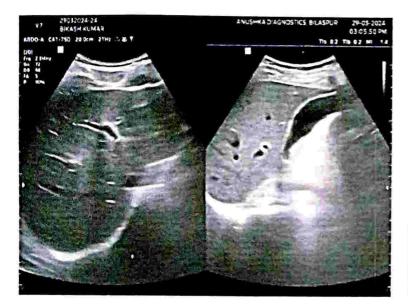
Thanks For Referral.

DR. PRASHANT S. BARPANDE MBBS, D.M.R.D, DNB (RADIODIAGNOSIS) M.N.A.M.S, CONSULTANT RADIOLOGIST

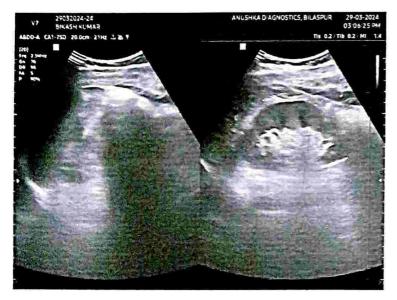
REG. NO.- CGMC-3232/10

Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.













NAME	MR. BIKASH KUMAR	AGE /SEX	32Y/MALE
REF BY.	DR. SELF	DATE	29/ 03/ 2024

X-RAY CHEST PA VIEW

FINDINGS :-

Chest upper region not covered in film.

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

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.

The cardiac size is normal.

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

IMPRESSION:- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod. MBBS, DMRD.

Consultant Radiologist

Reg.no 2011/05/1616.

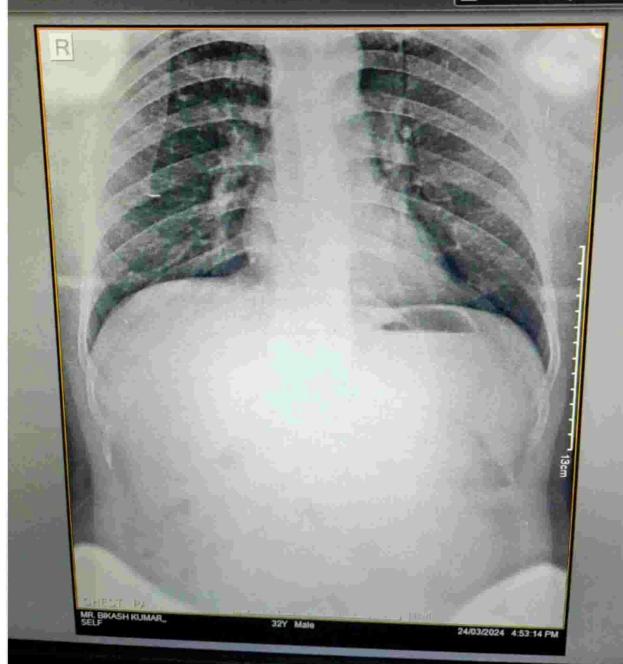
Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

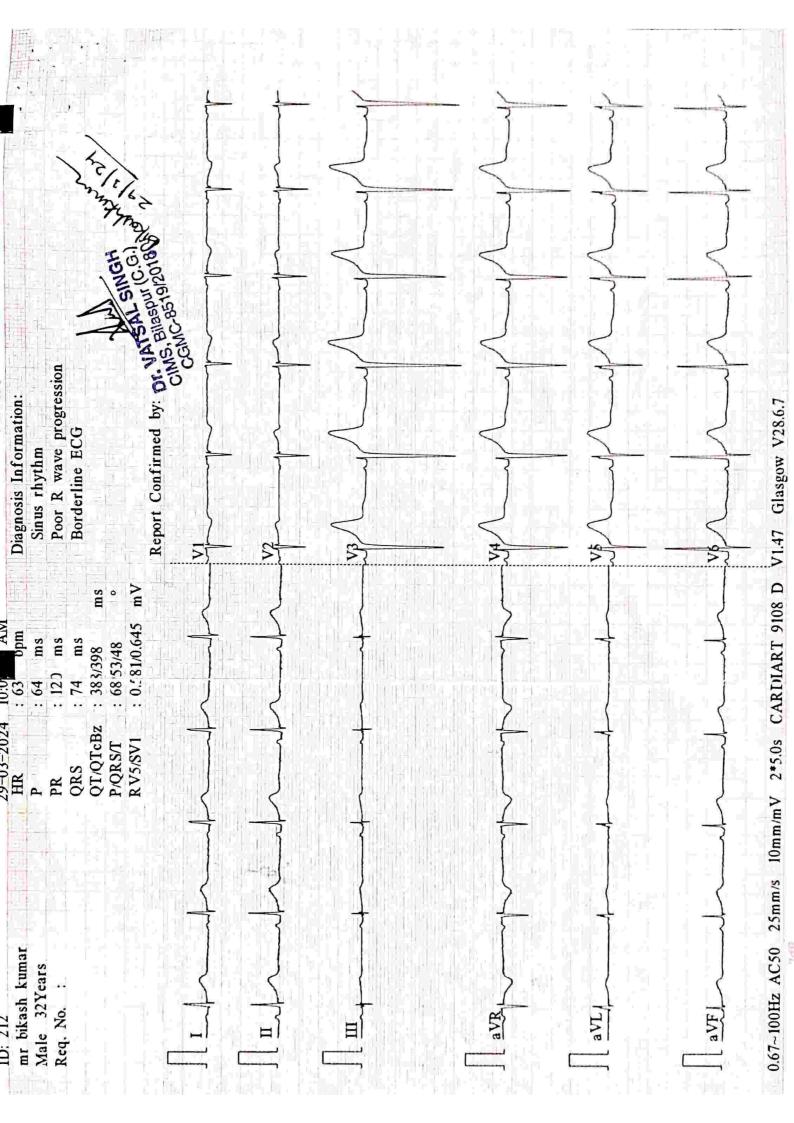
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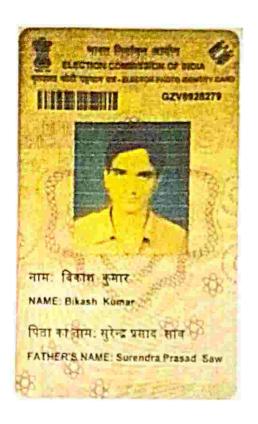




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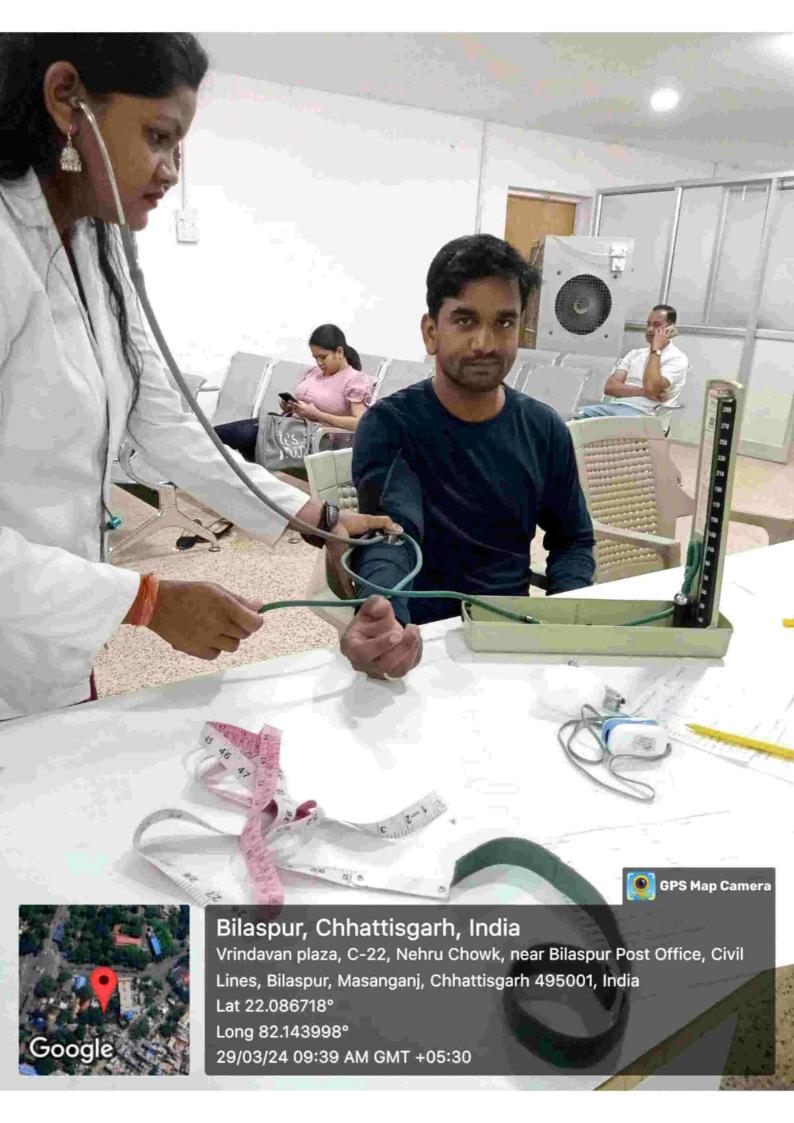
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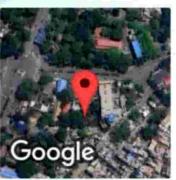
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Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India Lat 22.086718°

Long 82.143998°

29/03/24 09:42 AM GMT +05:30