

CERTIFICATE OF MEDICAL FITNESS

NAME: Jagadercha CN
NAME: Jagadercha CN AGE/GENDER: 424 M
HEIGHT: 165 cm WEIGHT: 81.4 kg
IDENTIFICATION MARK:
PULSE: 861 h.
PULSE: 86/min
ANY OTHER DISEASE DIAGNOSED IN THE PAST: BP - Am long 5 mg
ALLERGIES, IF ANY: — NILL
LIST OF PRESCRIBED MEDICINES: ~ NO
of Mr Nana sempopa who has signed in my presence. He/ she has no physical disease and is fit for employment.
Dr. BINDURAL S
Signature of candidate Signature of Medical Officer
Place: Spectorum Diagnostics & health care 62806
Date: 09/00/04
Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the

0

covid status of the patient examined.



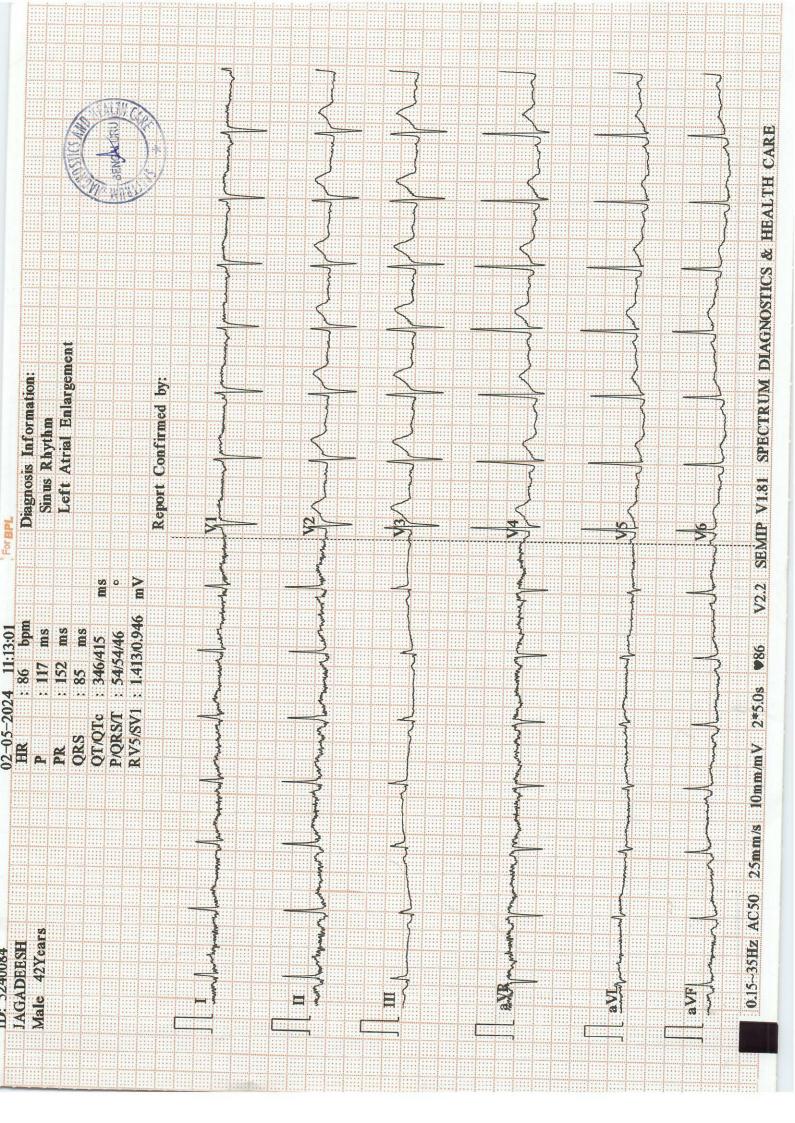


Dr.Ashok S Bsc.,MBBS., D.O.M.S Consultant Opthalmologist KMC No: 31827 DATE: 02-05-24

	EEXAMINATION		
NAME: M. Trenders	na CM AGE: UZY	GENDER: F/N	
	RIGHT EYE	LEFT EYE	
Vision	616p°1018	616g2018	
Vision With glass	·		
Color Vision	Normal	Normal	
Anterior segment examination	Normal	Normal	
Fundus Examination	Normal	Normal	
Any other abnormality	Nill	Nill	
Diagnosis/ impression	Normal	Normal	

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Consultant (Opthalmologist)







NAME : MR.JAGADEESH C N DATE: 02/05/2024 AGE/SEX: 42YEARS/MALE **REG NO: 0205240084** : APOLLO CLINIC

CHEST PA VIEW

- Visualised lungs are clear.
- Bilateral hila appears normal .
- Cardia is normal in size
- No pleural effusion

*

3.

IMPRESSION: No significant abnormality .

Transas

DR PRAVEEN B, DMRD, DNB **Consultant Radiologist**







Age / Gender : 42 years / Male

Ref. By Dr. : Dr. APOLO CLINIC

Reg. No. : 0205240084

C/o : Apollo Clinic **Bill Date**

: 02-May-2024 09:54 AM

Sample Col. Date: 02-May-2024 09:54 AM

Result Date : 02-May-2024 12:49 PM

Report Status : Final

Test Name	Result	Unit	Reference Value	Method
Alanine Aminotransferase (ALT/SGPT)-Serum	37.00 U/L	U/L	Male:16.0-63.0	UV with
		Female:14.0-59.0	Pyridoxal - 5 - Phosphate	

0205240084

: 0205240084

Comments: Alanine Aminotransferase (ALT/SGPT) is an enzyme found mainly in liver tissue and to a lesser extent in heart, kidney and skeletal muscle. It's measurement is clinically useful in the diagnosis of liver and biliary disease. Normal ranges in Adult male: <45 and Adult female: <34 U/L.

Cholesterol Total-Serum

72.00

mg/dL

Desirable: 0.0-200

Cholesterol

Oxidase/Peroxidase

Borderline High: 200-239 (Spectrophotometer)

High:>240

Comments: Cholesterol is a lipophilic molecule that is essential for human life. It has many roles that contribute to normally functioning cells. For example, cholesterol is an important component of the cell membrane. It contributes to the structural makeup of the membrane as well as modulates its fluidity. Cholesterol functions as a precursor molecule in the synthesis of vitamin D, steroid hormones (e.g., cortisol and aldosterone and adrenal androgens), and sex hormones (e.g., testosterone, estrogens, and progesterone). Cholesterol is also a constituent of bile salt used in digestion to facilitate absorption of fat-soluble vitamins A, D, E, and K. Since cholesterol is mostly lipophilic, it is transported through the blood, along with triglycerides, inside lipoprotein particles (HDL, IDL, LDL, VLDL, and chylomicrons). These lipoproteins can be detected in the clinical setting to estimate the amount of cholesterol in the blood. Chylomicrons are not present in non-fasting plasma. Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

Creatinine, Serum

1.10

mg/dL

Male: 0.70-1.30

Modified kinetic

Jaffe

Female: 0.55-1.02

Comments: Creatinine is the product of creatine metabolism. Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

Fasting Blood Sugar (FBS)-Plasma

90

mg/dL

60.0-110.0

Hexo Kinase

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Name

: MR. JAGADEESHA C N

Age / Gender

: 42 years / Male

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Unit

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Method

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula C₆H₁₂O₆. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high.Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric

Probable causes: Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol , Dietary - Intake of excessive carbohydrates and foods with high glycemic index? Exercise in between samples? Family history of Diabetes, Idiopathic, Partial / Total

Urea-Serum

23.10

mg/dL

11.0 - 43.0

Urease-GLDH, UV

Method

Comments: Urea is the end product of protein metabolism. It reflects on the functioning of the kidney in the body. Elevated levels are seen in pre-renal azotemia, renal disease, post-renal disease and reduced glomerular perfusion due to shock, dehydration, diarrhea etc. Decreased levels are seen in



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Age / Gender : 42 years / Male Ref. By Dr. : Dr. APOLO CLINIC

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Bill Date : 02-May-2024 09:54 AM Sample Col. Date: 02-May-2024 09:54 AM

Result Date : 02-May-2024 02:03 PM Report Status : Final

Test Name Result Unit Reference Value Method Complete Haemogram-Whole Blood EDTA Haemoglobin (HB) 17.90 g/dL Male: 14.0-17.0 Spectrophotmeter Female:12.0-15.0 Newborn:16.50 - 19.50 Red Blood Cell (RBC) 5.87 million/cumm3.50 - 5.50 Volumetric Impedance Packed Cell Volume (PCV) 51.50 % Male: 42.0-51.0 Electronic Pulse Female: 36.0-45.0 Mean corpuscular volume 87.80 fI. 78.0-94.0 Calculated (MCV) Mean corpuscular hemoglobin 30.50 pg 27.50-32.20 Calculated (MCH) Mean corpuscular hemoglobin 34.70 % 33.00-35.50 Calculated concentration (MCHC) Red Blood Cell Distribution 39.20 fL 40.0-55.0 Volumetric Width SD (RDW-SD) Impedance Red Blood Cell Distribution 14.60 % Male: 11.80-14.50 Volumetric CV (RDW-CV) Female: 12.20-16.10 Impedance Mean Platelet Volume (MPV) 10.60 fL 8.0-15.0 Volumetric Impedance Platelet 2.38 lakh/cumm 1.50-4.50 Volumetric Impedance Platelet Distribution Width 12.10 % 8.30 - 56.60 Volumetric (PDW) Impedance White Blood cell Count (WBC) 10920.00 cells/cumm Male: 4000-11000 Volumetric Female 4000-11000 Impedance Children: 6000-17500 Infants: 9000-30000 Neutrophils 64.10 % 40.0-75.0 Light scattering/Manual Lymphocytes 27.80 % 20.0-40.0 Light scattering/Manual **Eosinophils** 3.10 0/0 0.0 - 8.0Light scattering/Manual

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Age / Gender : 42 years / Male

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Test Name	Result	Unit	Reference Value	Method
Monocytes	4.80	%	0.0-10.0	Light
Basophils	0.20	%	0.0-1.0	scattering/Manual Light
Absolute Neutrophil Count Absolute Lymphocyte Count Absolute Monocyte Count Absolute Eosinophil Count Absolute Basophil Count Erythrocyte Sedimentation Rate (ESR)	7.01 3.04 0.52 330.00 0.02	10^3/uL 10^3/uL 10^3/uL cells/cumm 10^3/uL mm/hr	2.0- 7.0 1.0-3.0 0.20-1.00 40-440 0.0-0.10 Female: 0.0-20.0 Male: 0.0-10.0	scattering/Manual Calculated Calculated Calculated Calculated Calculated Westergren

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Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

: Normocytic Normochromic. RBC'S

WBC'S : Are normal in total number, morphology and distribution. Platelets

: Adequate in number and normal in morphology.

No abnormal cells or hemoparasites are present.

Impression: Normocytic Normochromic Blood picture.



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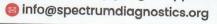
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Report Status : Final

Test Name

Rh Type

Result

Positive

Unit

Reference Value

Method

Blood Group & Rh Typing-Whole Blood EDTA

Blood Group

Slide/Tube

agglutination

Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type



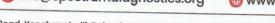
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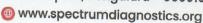
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Test Name	Result	Unit	Reference Value	Method	HARRAS
Urine Routine Examinati	on-Urine				
Physical Examination					
Colour	Pale Yellow		Pale Yellow	Visual	
Appearance	Clear		Clear	Visual	
Reaction (pH)	6.0		5.0-7.5	Dipstick	
Specific Gravity	1.025		1.000-1.030	Dipstick	
Biochemical Examinatio	n		1.000 1.050	Dipstick	
Albumin	Negative		Negative	Dipstick/Precipitation	
Glucose	Negative		Negative	Dipstick/Benedicts	
Bilirubin	Negative		Negative	Dipstick/Fouchets	
Ketone Bodies	Negative		Negative	Dipstick/Rotheras	
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs	
Nitrite	Negative		Negative	Dipstick Dipstick	
Microscopic Examination			1.0541110	Dipstick	
Pus Cells	4-6	hpf	0.0-5.0	Migragaanu	
Epithelial Cells	2-4	hpf ·	0.0-10.0	Microscopy	
RBCs	Absent	hpf	Absent	Microscopy	
Casts	Absent		Absent	Microscopy	
Crystals	Absent		Absent	Microscopy	
Others	Absent		Absent	Microscopy Microscopy	

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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