



Grant Medical Foundation  
**Ruby Hall Clinic**  
*Hinjewadi*

**DR. JAVED SHAH**

Degree : MBBS, MD (Gen Medicine)

Ext :

Website :

Date/Time : 11/01/2019,08:07:25 pm

Prescription Number : 1

Full Address : Hinjewadi Rajiv Gandhi Infotech Park,,

Hinjewadi, Pune-411057

Contacts : [9827066482] , drjyshah@gmail.com

Timing : Mon to Friday : 4:00 - 7:00 P.M

Patient's MRN : H00000044158

Patient's Address : TRILIUM MAGARPATH, PUNE,

Patient's Phone Number : 9886368569

Sex : Male Age : 27 Years Weight : 85 kgs

**CONSULTATION DETAILS**

**Patient has visited for**

ASYM

**General Examination**

BMI : 29.41 kg/m<sup>2</sup> | Weight : 85 kgs | Height : 170 cm | Pain Score : 1 / 10 | RR : 18 BPM | BP (Sys/Dia) : 120/  
79 mmHg | Pulse : 61 bpm | Temp : 98 F

**Investigation Review Notes**

SGPT 62

**Diagnosis**

health checkup

**PATIENT INSTRUCTIONS**

**Recommendation**

DIET PLANNING | REGULAR EXERCISE

**Follow up on**

follow up in medicine opd sos



**Dr. Javed Shah**

MBBS, MD (Gen Medicine)

Consultant

Physician

2016/09/3926





Grant Medical Foundation  
**Ruby Hall Clinic**  
*Hinjawadi*

Fitness Certificate

Date of Issue : **12/1/2019**

I, Dr.JAVED SHAH do hereby certify that

Born on -06/10/1991

Blood Group :

underwent an **Pre Emp Medcheck Medical Examination** on 11/1/2019

and is Fit without restriction .

Company – **Schlumberger**

Position –

Employee / Gin No -

Remarks :

Medical Centre : **RUBY HALL CLINIC HINJAWADI**

**Dr. JAVED SHAH**  
MBBS, MD (General Medicine)  
Regd no: 2016/09/3926  
Consultant Physician  
Ruby Hall Clinic,  
Hinjawadi, Pune - 411057

Physician's signature

Medical Council Registration Number

This certificate of fitness, is valid for a period of three months from **date of medical examination**



Grant Medical Foundation  
**Ruby Hall Clinic**  
Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b>		<b>Age / Gender</b>	: 27 Y(s)/Male
<b>Bill No/ UHID No</b>	: OH010943 / H00000044158	<b>Report Date</b>	: 11-Jan-2019 11:36 am
<b>Received Date</b>	: 11-Jan-2019 09:26 am	<b>Specimen</b>	: SERUM
<b>Lab No/Result No</b>	: 190100415 / RES103520		
<b>Referred By</b>	: Dr. HOSPITAL CASE		

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Method</u>
GLUCOSE (FASTING)	: 88.0	Normal : < 100.0 mg/dL Prediabetic : 100 - 125 mg/dL Diabetic : >= 126 mg/dL	GOD-POD

REFERENCE : ADA 2015 GUIDELINES

GLUCOSE (POST PRANDIAL)	: <b>115.0</b>	Normal : < 140 mg/dl Prediabetic : 140 - 199 mg/dl Diabetic : >= 200 mg/dl	GOD-POD
		ADA 2015 guidelines	

CREATININE	: 0.7	0.6 - 1.3 mg/dL	Enzymatic
URIC ACID	: 6.1	3.5-7.2 mg/dL	Uricase
ALANINE TRANSAMINASE	: <b>62.0</b>	10 - 40 U/L	Kinetic
ASPARTATE TRANSAMINASE	: 35.0	10.0 - 40.0 U/L	Kinetic
GAMMA-GT (GGT)	: 34.0	7.0 - 50.0 U/L	Kinetic

**LIPID PROFILE**

CHOLESTEROL	: <b>129.0</b>	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	: 84.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	: 35.0	35 - 65 mg/dL	Enzymatic
LDL CHOLESTEROL	: 77.0	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 17.0	5.0 - 36.0 mg/dL	Calculated
CHOL/HDL RATIO	: 3.7	2.0 - 6.2	Calculated

ATP III NCEP GUIDELINES FOR INTERPRETATION OF LIPID PROFILE

PARAMETER	DESIRABLE	BORDERLINE	REQUIRES TREATMENT
Total Cholesterol	Below 200	200 - 240	Above 240
HDL Cholesterol	Above 60	40 - 59	Below 40
LDL Cholesterol\lab	Below 130	130-160	Above 160

**Note: This test is performed on automated BIO CHEMISTRY analyzer - Vitros250**

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

**Verified By**

RUHI

*Bedarshi B./.*

**NOTE:**

- \* Clinically correlate, Kindly discuss if necessary.
- \* This report relates only to the item received.

**Dr. BEDARSHI BANERJEE, MBBS MD**  
**PATHOLOGIST**

Printed By : FIRST FLOOR

Printed On : 12-Jan-2019 08:08:56 AM System Name : RUBY



Grant Medical Foundation  
**Ruby Hall Clinic**  
Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com

**DEPARTMENT OF CLINICAL PATHOLOGY**

<b>Patient Name</b>		<b>Age / Gender</b>	: 27 Y(s)/Male
<b>Bill No/ UHID No</b>	: OH010943 / H00000044158	<b>Report Date</b>	: 11-Jan-2019 1:49 pm
<b>Received Date</b>	: 11-Jan-2019 09:26 am	<b>Specimen</b>	: URINE
<b>Lab No/Result No</b>	: 190100415 / RES103585	<b>Sec/Cup/Rep</b>	: No. 0442
<b>Referred By</b>	: Dr. HOSPITAL CASE		

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>
----------------------	---------------	------------------------

**URINE ROUTINE**

**PHYSICAL EXAMINATION**

COLOUR : Pale Yellow  
APPEARANCE : Clear

**CHEMICAL TEST**

pH	: 6.0	5.0-7.0
SPECIFIC GRAVITY	: 1.025	1.015-1.030
ALBUMIN	: Absent	Absent
SUGAR	: Absent	Absent
KETONE BODIES	: Absent	Absent
BILE PIGMENTS	: Absent	Absent
UROBILINOGEN	: Normal	Normal
NITRITES	: Absent	Absent
LEUCOCYTES ESTERASE	: Absent	Absent

**MICROSCOPIC TEST**

PUS CELLS.	: 1-2	0-5 /hpf
RED BLOOD CELLS.	: Absent	0 - 2 /hpf
EPITHELIAL CELLS.	: 1-2	0 - 5 /hpf
BACTERIA	: Absent	Absent
CAST	: Absent	Absent
YEAST CELLS	: Absent	Absent
CRYSTALS	: Absent	Absent
OTHERS	: Absent	Absent

**Note: This test is performed on automated CLINICAL PATHOLOGY analyzer - URI PLUS200**

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

**Verified By**

SAINATH

*Bedarshi B./.*

**NOTE:**

- \* Clinically correlate, Kindly discuss if necessary.
- \* This report relates only to the item received.

**Dr. BEDARSHI BANERJEE, MBBS MD**

**PATHOLOGIST**





Grant Medical Foundation  
**Ruby Hall Clinic**  
Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com

**DEPARTMENT OF HAEMATOLOGY**

<b>Patient Name</b> :		<b>Age / Gender</b> :	27 Y(s)/Male
<b>Bill No/ UHID No</b> :	OH010943 / H00000044158	<b>Report Date</b> :	11-Jan-2019 11:19 am
<b>Received Date</b> :	11-Jan-2019 09:26 am	<b>Specimen</b> :	EDTA WHOLE BLOOD
<b>Lab No/Result No</b> :	190100415 / RES103512		
<b>Referred By</b> :	Dr. HOSPITAL CASE		

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Method</u>
<b>HAEMOGRAM REPORT</b>			
<b>W.B.C.COUNT</b>	: 6190	4000 - 11000 /ul	Coulter Principle
<b><u>Differential Count</u></b>			
NEUTROPHILS	: 63.8	40 - 75 %	Derived from WBC Histogram
LYMPHOCYTES	: 23.2	20 - 40 %	
MONOCYTES	: <b>11.1</b>	2-10 %	
EOSINOPHILS	: 1.9	1.0 - 6.0 %	
BASOPHILS	: 0.1	0.0 - 1.0 %	
ABSOLUTE NEUTROPHIL COUNT	: 4.0	2 - 7 x10 <sup>3</sup> cells/ul	
ABSOLUTE LYMPHOCYTE COUNT	: 1.4	1 - 3 x10 <sup>3</sup> cells/ul	
ABSOLUTE MONOCYTE COUNT	: 0.7	0.2-1.0 x10 <sup>3</sup> cells/ul	
ABSOLUTE EOSINOPHIL COUNT	: 0.1	0.02-0.5 x10 <sup>3</sup> cells/ul	
ABSOLUTE BASOPHIL COUNT	: <b>0.0</b>	0.02-0.1 x10 <sup>3</sup> cells/ul	
R.B.C COUNT	: 5.7	4.5 - 6.5 million/ul	Coulter Principle
<b>HAEMOGLOBIN</b>	: 16.2	13 - 17 g/dl	Cynmethaemoglobin, Photometry
HAEMATOCRIT	: 48.9	40-50 %	Calculated Parameter
MCV	: 85.5	83-99 fL	Coulter Principle
MCH	: 28.3	27 - 32 pg	Calculated parameter
MCHC	: 33.0	31.5 - 34.5 g/dL	Calculated Parameter
RDW	: 13.8	11.6-14.0 %	Calculated from RBC Histogram
<b>PLATELET COUNT</b>	: 243	150 - 450 x10 <sup>3</sup> /ul	Coulter principle
MPV	: 9.5	7.8-11 fl	Coulter Principle
WBC MORPHOLOGY	: Relative monocytosis		
ESR at 1 Hour	: 02	0 - 15 mm/hr	Modified Westergren Method

**INTERPRETATION :**

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

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

**Verified By**

RUHI

**NOTE:**

- \* Clinically correlate, Kindly discuss if necessary.
- \* This report relates only to the item received.

**Dr. APARNA S.MANDVEKAR, MBBS MD**  
**DNB(PATHOLOGY)**  
Consultant Pathologist



Grant Medical Foundation  
**Ruby Hall Clinic**  
Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com

**DEPARTMENT OF SEROLOGY**

<b>Patient Name</b>	[REDACTED]	<b>Age / Gender</b>	: 27 Y(s)/Male
<b>Bill No/ UHID No</b>	: OH010943 / H00000044158	<b>Report Date</b>	: 11-Jan-2019 4:01 pm
<b>Received Date</b>	: 11-Jan-2019 09:26 am	<b>Specimen</b>	:
<b>Lab No/Result No</b>	: 190100415 / RES103654		
<b>Referred By</b>	: Dr. HOSPITAL CASE		

<u>Investigation</u>	<u>Result</u>	<u>Method</u>
<b>DRUG OF ABUSE - (PANEL OF 6)</b>		
URINE CREATININE.	: 182	Normal human urine : >20 mg/dL ?Diluted urine sample : 6-20 mg/dL ?Substituted urine sample : < 6 mg/dL
AMPHETAMINE	: NEGATIVE	NEGATIVE Greater than 1000 ng/mL
BARBITURATE	: NEGATIVE	NEGATIVE Greater than 200 ng/mL
BENZODIAZEPINE	: NEGATIVE	NEGATIVE Greater than 300 ng/mL
COCAINE	: NEGATIVE	NEGATIVE Greater than 300 ng/mL
MORPHINE/OPIATES	: NEGATIVE	NEGATIVE Greater than 300 ng/mL
TCA - Tricuclic Antidepressants	: NEGATIVE	NEGATIVE Greater than 1000
Method		
Urine Drugs : Rapid Immunochromatography		
Specificity		
Presence of interfering substances may lead to decreased specificity.		

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

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

**Verified By**

SAINATH

*Bedarshi B./.*

**NOTE:**

- \* Clinically correlate, Kindly discuss if necessary.
- \* This report relates only to the item received.

**Dr. BEDARSHI BANERJEE, MBBS MD**  
**PATHOLOGIST**

Printed By : FIRST FLOOR

Printed On : 12-Jan-2019 08:08:56 AM System Name : RUBY





Grant Medical Foundation  
**Ruby Hall Clinic**  
*Hinjawadi*

Name:	[REDACTED]	Exam Date:	11-Jan-2019
Age :	027 Years	Accession:	25093094747
Gender:	M	Exam:	CHEST X RAY
PID:	H00000044158	Physician:	HOSPITAL CASE^^^^
OPD :			

Health Check

**Radiograph Chest PA View :**

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

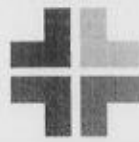
Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

**Impression :** No significant abnormality noted.

DR VISHAL BAHIR, ASSOCIATE  
CONSULTANT, M. D. RADIOLOGY

Date: 11-Jan-2019 10:40:39



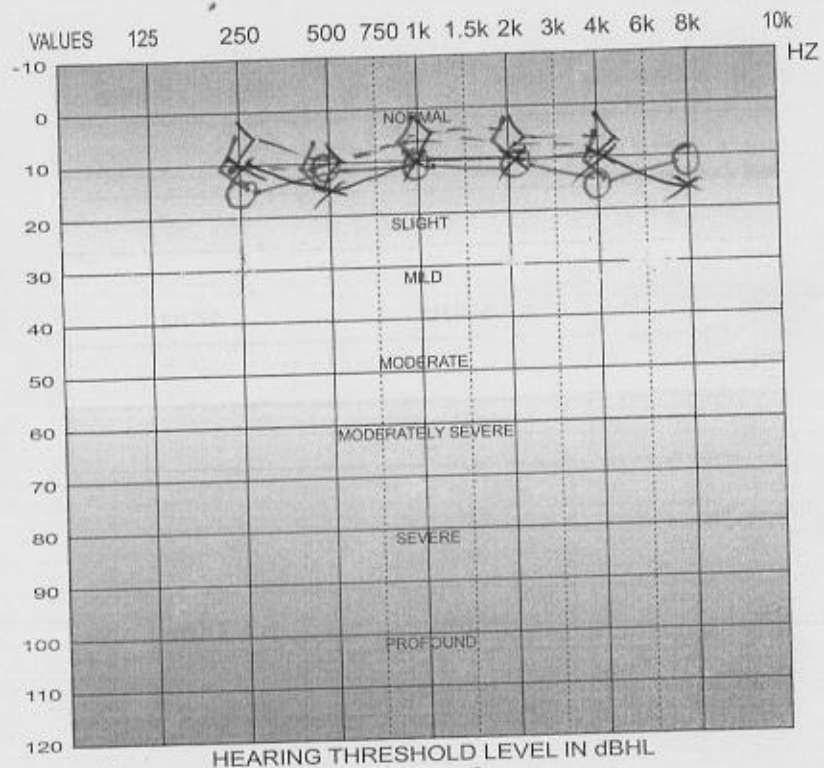
Grant Medical Foundation  
**Ruby Hall Clinic**  
Hinjawadi

**AUDIOGRAM**

Patient Name: [REDACTED] Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Complaint: \_\_\_\_\_ Ref: OH010943 - OPH00010393-27.3/M -NH - \_\_\_\_\_ Date: 11/01/2019  
 Occupation: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_ Reference: \_\_\_\_\_

Test	Right Ear (Red)	Left Ear (Blue)
AIR	O-O	X-X
AIR OPP EAR MASKED	△-△	□-□
NO RESPONSE	○	X
BONE	<	>
BONE OPP EAR MASKED	[	]

Test	Right Ear (Red)	Left Ear (Blue)
RINNE	+ve	+ve
WEBER	X	
BING		



Daagnosis: B/L Normal Hearing Sensitivity

Test Result: ☐ Reliable ☐ Fair ☐ Poor

SRT: \_\_\_\_\_

SDS: \_\_\_\_\_

Audiologist Signature





Grant Medical Foundation

**Ruby Hall Clinic**

*Hinjawadi*

## OUT-PATIENT RECORD

Patient Name	:	[REDACTED]	Age/Sex	:	27 Years / Male
Hospital No.	:	H00000044158	Date/Time	:	11/01/2019, 11:11:32 am
Consultant Name	:	Dr. Sapna Kotwaliwale	Episode No	:	PAN190170086

HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT AND PROGRESS

### CONSULTATION DETAILS

#### General Examination

#### Physical Examination

EYE :

Vision - 6/9 ( Both eyes )

N5

Colour Vision - Normal

#### Diagnosis

Preventive Health Check

### PATIENT INSTRUCTIONS

#### Follow Up on

REFRACTION

**Dr. Sapna Kotwaliwale**  
MBBS, DOMS  
Consultant  
Ophthalmology  
88564



Name:

Sex: M  
cm kg

Birth date: /

years

Medication:

Symptoms:

History:

Vent. rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

70 bpm

150 ms

102 ms

366/ 387 ms

48/ 63/ 36 °

1.51/ 1.39 mV

2.90 mV

10 mm/mV

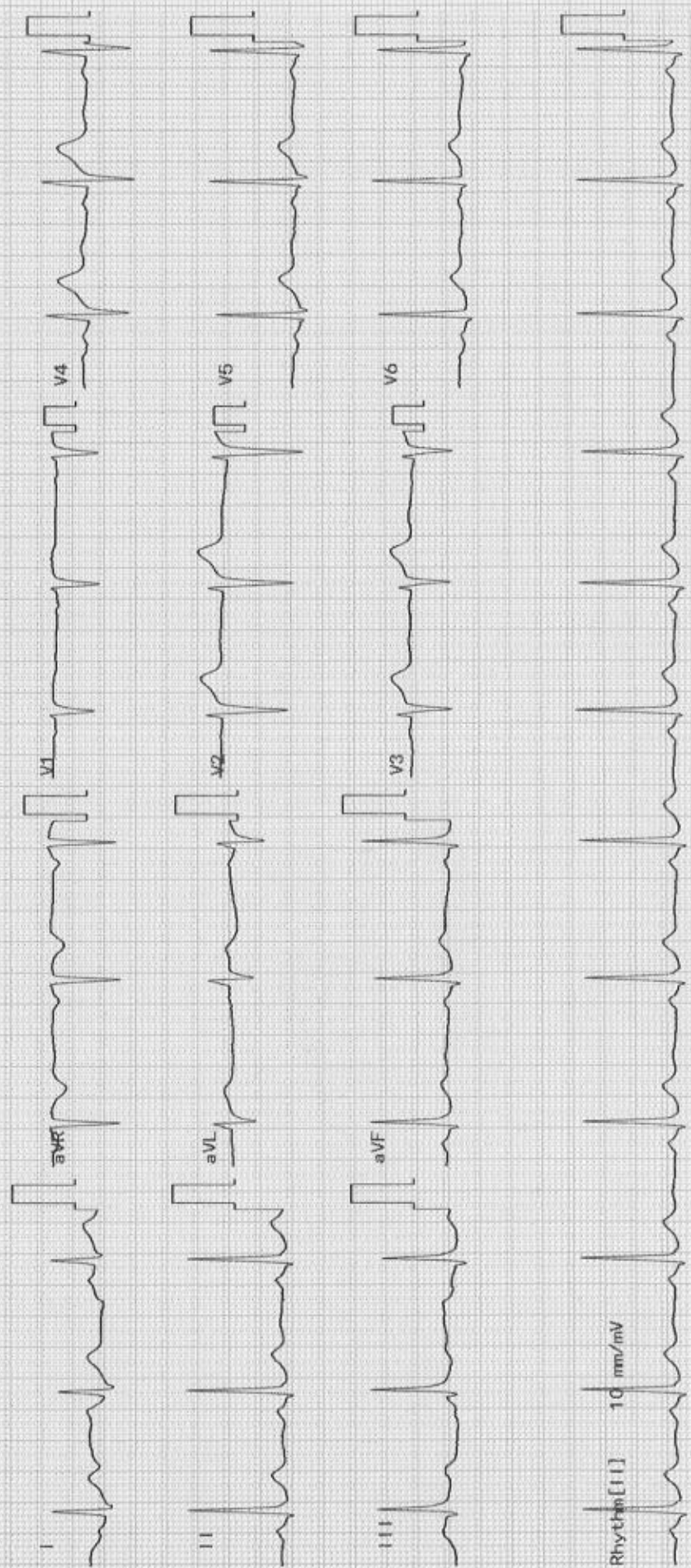
5 mm/mV

Filter: H50 D 35 Hz 10 mm/mV

Unconfirmed Report

Reviewed by:

Ref: OH010943 - OPH00010393-27.3/M -NH -



Exam:

NIHON KORDEN

Dept.:

2350K 02-03 04-05

Name :-

HR Rate :-

Rhythm :-

Voltage :-

Axis :-

P Wave :-

PR Interval :-

QRS :-

ST :-

Others :-

Final Impression :-

*Wave*

Age / Sex :-

Date :-



Ref: OH010943 - OPH00010393-  
27.3./M -NH -

Signature  
Cardiologist / Physician

Note :- 1. This impression is based on ECG. 2. Clinical Co-relation is needed. 3. Please Take a Photocopy of this ECG.