

VID :- E/15351  
PID No. :- 20258317132175  
Name :- Mr. SUBECHAN D GHRITLAHARE  
Age/Sex :- 57 Y / M  
Ref. By. :- ARCOFEMI HEALTHCARE LTD


Sample Received on/at :  
08/03/2025 1:13PM

Reported on/at  
08/03/2025 6:12PM

### BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
<b>GGT/GammaGT</b>			
Gamma GT Szasz method	26.2	U/L	11 - 34
<b>BLOOD SUGAR F</b>			
Glucose Fasting	91	mg/dl	60 - 110
<b>BLOOD SUGAR PP</b>			
Glucose PP	105	mg/dl	70 - 140
<b>LFT (LIVER FUNCTION TEST)</b>			
<b>Bilirubin (Total)</b> (Serum,Diazo)	0.71	mg/dL	<1.0
<b>Bilirubin (Direct)</b> (Serum,Diazo)	0.23	mg/dL	0 - 0.3
<b>Bilirubin (Indirect)</b> (Serum,Calculated)	0.48	mg/dL	UPTO 1.0
<b>SGOT (AST)</b> (Serum,Enzymatic)	31	U/L	5 - 37
<b>SGPT (ALT)</b> (Serum,Enzymatic)	36	U/L	10 - 40
<b>Alkaline Phosphatase</b> (Serum,pNPP)	210	U/L	80 - 290
<b>Total Proteins</b> (Serum,Biuret)	6.95	g/dL	6.4 - 8.3
<b>Albumin</b>	4.02	g/dL	3.7 - 5.6
<b>Globulin</b> (Serum)	2.93	g/dL	1.8 - 3.6
<b>A/G Ratio</b> (Serum)	1.37	g/dl	1.1 - 2.2
<b>Gamma GT</b> Szasz method	26.2	U/L	11 - 34

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



Dr. Avishesh Kumar Singh  
M.D. (Pathologist)

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#### Lipid Profile (Fasting Sample Required)

Cholesterol - Total	65	mg/dL	Desirable <200 Borderline High : 200-239 High : ≥240
Triglycerides Level	117	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : ≥500
HDL Cholesterol	27	mg/dl	Major risk factor for heart Disease : <40 Negative risk factor for heart Disease : ≥60
LDL Cholesterol	14.60	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High : 160 - 189 Very High : >190
VLDL Cholesterol	23.40	mg/dL	6-38
LDL/HDL RATIO	<b>0.54</b>		2.5-3.5
CHOL/HDL RATIO	<b>2.41</b>		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)	31.2	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.93	mg/dL	0.57 - 1.4
Sodium	139	mmol/L	135 - 145
Potassium	4.02	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	5.26	mg/dL	2.6 - 6
Chlorides	101	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 -----



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### HBA1C

HbA1c Value	5.13	%	4-6=Normal Control	6-7=Good 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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### CLINICAL PATHOLOGY

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

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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### Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
<b>CBC</b>			
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	15.0	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	<b>5.93</b>	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	<b>49.0</b>	%	36 - 47
MCV (Mean Corpuscular Volume)	83	fl	78 - 95
MCH (Mean Corpuscular Hb)	<b>25.4</b>	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	<b>30.7</b>	g/dL	32 - 36
RDW (Red Cell Distribution Width)	13.8	%	11.5 - 14
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) Count	9400	cells/cu.mm	4000 - 11000
Neutrophils	57	%	40 - 75
Lymphocytes.	36	%	20 - 40
Monocytes	05	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<b><u>Platelets-</u></b>			
Platelet count	332	x10 <sup>9</sup> /L	150 - 450
MPV (Mean Platelet Volume)	7.6	fL.	6 - 9.5
PCT ( Platelet Haematocrit)	0.252	%	0.15 - 0500
PDW (Platelet Distribution Width)	18.5	%	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.

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### Hematology

Investigation	Observed Value	Unit	Biological Reference Range
<b>Blood Group &amp; RH Type Screening</b>			
ABO Group	"A"		
Rh Type	"POSITIVE"		

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) Method: Westergren	12	mm at 1hr	0 - 15
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#### 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.

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### PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
<b>Peripheral Smear - Examination</b>			
<b>PERIPHERAL SMEAR - EXAMINATION</b>			

- RBC: Normocytic Normochromic.
- WBC : Immature Cell Not Seen
- Platelets: Platelets Are Adequate
- Haemoparasite: Not Seen

#### **Urine Sugar Fasting**

Urine Sugar (Fasting)	NEGATIVE	Absent
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#### **Prostate Specific Antigen**

PSA	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5
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#### **INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen fol

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### Thyroid Panel 1 (T3, T4, TSH)

T3	1.05	ng/dl	0.6-1.8
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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	6.32	ug/dl	4.5-12.6
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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	2.54	uIU/ml	0.25-5.5
-----	------	--------	----------

Remarks : 1.4.51 to 15  $\mu$ U/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 -----



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M.D. (Pathologist)



भारत सरकार  
Government of India

सुबेचंद घुतलहरे  
Sube Chand Ghritlahare  
जन्म तिथि/DOB: 09/07/1967  
पुरुष/ MALE

Issue Date: 21/07/2015

4468 7588 8185  
VID: 9157 8493 9935 3980

मेरा आधार, मेरी पहचान

*Signature*

*Signature*  
Dr. Shailendra Ruprela  
MD, Medicine  
Reg. No. CGMC-511/2006

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: बिराहत घुतलहरे, 248, बॉर्ड न 13, घासी दास  
पारा, मोहरा, बलीदा बाजार,  
छत्तीसगढ़ - 493195

Address:  
S/O: Bishat Ghritlahare, 248, ward no 13,  
ghaasi das para, Mohra, Baloda Bazar,  
Chhattisgarh - 493195

4468 7588 8185  
VID: 9157 8493 9935 3980



# DR RUPRELA'S NMS DIAGNOSTICS & IMAGING CENTER

FAFADIH, RAIPUR

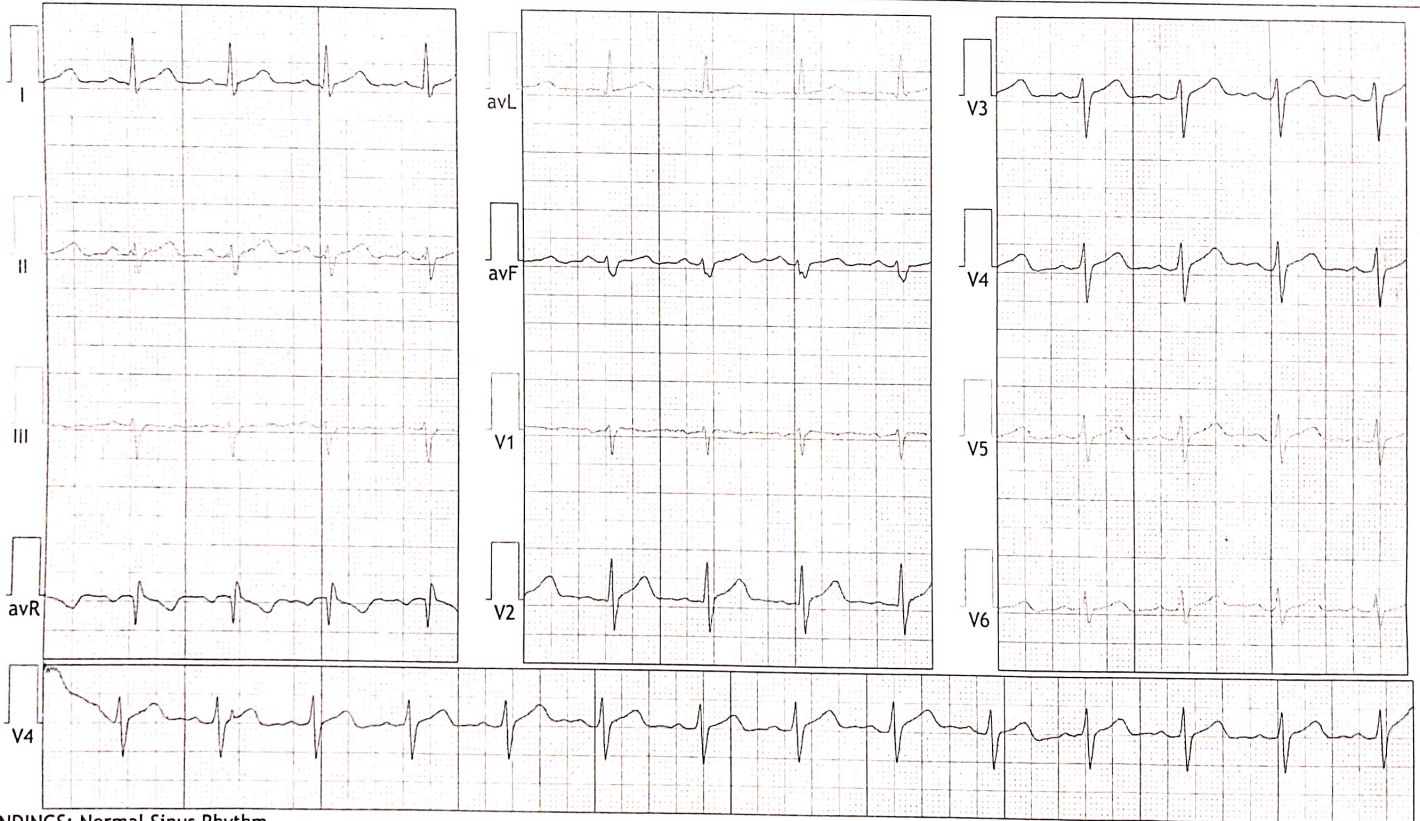
1167/Mr Subechand Ghritlahre 57Yrs/Male 78 Kgs/162 Cms BP: 137/90\_ mmHg

Ref.: APOLLO Test Date: 08-Mar-2025(11:07:29) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 84 bpm



PR Interval: 164 ms  
QRS Duration: 102 ms  
QT/QTc: 365/434ms  
P-QRS-T Axis: 52° -43° -27° (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 84 bpm; PR Interval : 164 ms; QRS Duration: 102 ms; QT/QTc Int : 365/434 ms

P-QRS-T axis: 52° -43° -27° (Deg)

Comments :



Dr. Ruprela's  
**NMS** Diagnostics & Imaging  
"अच्युत निदान" स्वास्थ्य जीवन की ओर...

**NAME: MR. SUBECHAND**

**AGE : 57Y/M**

**Ref. By : APOLLO**

**DATE :08.03.2025**

**Complain Of: No Complaints**

**Ocular H/O: Nil**

**Family Ocular H/O: Nil**

**WEARING GLASSES : YES/NO ✓**

**(IF YES PLEASE MENTION THE POWER)**

**DISTANCE VISION:**

(With / without PGP6)

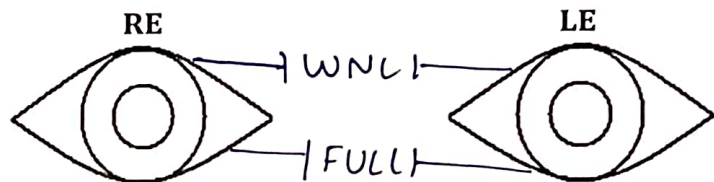
**RE 6/6 LE 6/6**

**NEAR VISION:**

(With / without PGP)

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

**EXTERNAL EYE EXAMINATION:**




**EOM: NAD**

**SQUINT EVALUATION: ABSENT**

**NYSTAGMUS: ABSENT**

**COLOR VISION TEST: NORMAL**

**NYCTALOPIA (Night Blindness): ABSENT**

  
**Dr. Vaibhav Sharma**  
**Ophthalmologist**  
**Reg. No. MCI/10-37782**

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)

Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com



Dr. Ruprela's  
**NMS**

Diagnostics & Imaging  
"अव्यक्त विचार" स्वस्थ जीवन की ओर...

NAME : MR. SUBECHAND  
REF BY: APOLLO

AGE : 57Y/M  
DATE : 08.03.2025

**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.



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NAME : MR. SUBECHAN D  
REF BY : APOLLO

AGE : 57Y/M  
DATE : 08.03.2025

### WHOLE ABDOMINAL SONOGRAPHY

The Real time, B mode, gray scale sonography was performed.

**LIVER** :The liver is normal in size, shape and has smooth margins.

It has raised echotexture, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

**GALL BLADDER** :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

**COMMON BILE DUCT** :The common bile duct is normal in caliber.

No evidence of calculus is noted in common bile duct.

**PANCREAS** :The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** :The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus.

**SPLEEN** : The spleen is normal in size and shape. Its echotexture is homogeneous.

No evidence of focal lesion is noted.

**URINARY BLADDER** :The urinary bladder is well distended & appears normal.

No evidence of calculus is seen.

No evidence of mass or diverticulum is noted.

**PROSTATE** :The prostate shows well defined and sharp margins.

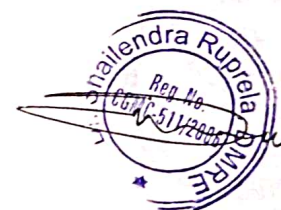
The prostatic echotexture is normal and homogenous.

### **IMPRESSION :**

**THE SONOGRAPHY OF WHOLE ABDOMEN IS WITHIN NORMAL LIMIT**

As with any other investigations the results obtained serve as an aid to diagnosis and should be interpreted in relation to any other clinical and diagnostic findings .

Thanks for referral with regards





Dr. Ruprela's

**NMS**

Diagnostics & Imaging

"अव्यक्त विद्वान्" स्वस्थ जीवन को ओ

NAME: MR.SUBECHAND  
REF.BY:APOLLO

AGE/SEX : 57 Y/M

DATE : 08.03.2025

### ECHO – CARDIOGRAPHY

#### M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)
Aortic Root	2.1	2.0-3.7
Left Atrial Dimension	1.6	1.9-4.0
Left Ventricular ED	3.3	3.7-5.6
Left Ventricular ES	2.0	2.2-4.0
Interventricular Septal	ED : 1.0	ES : 1.1
LEFT VENT PW	ED : 1.0	ES : 1.1

#### 2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVERALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

#### CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

#### PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

#### IMPRESSION -

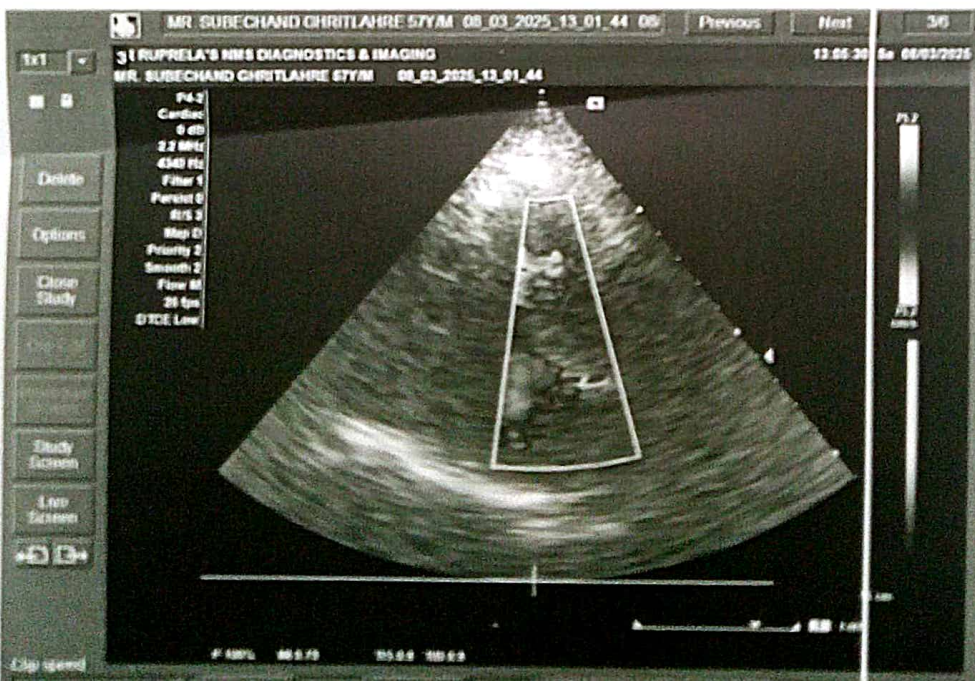
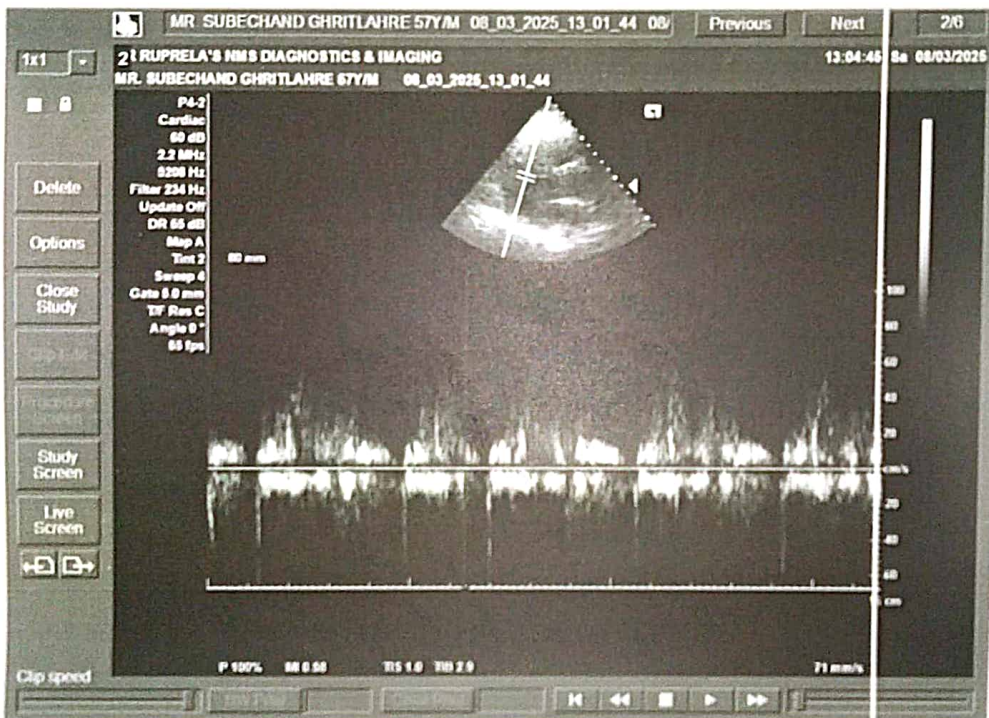
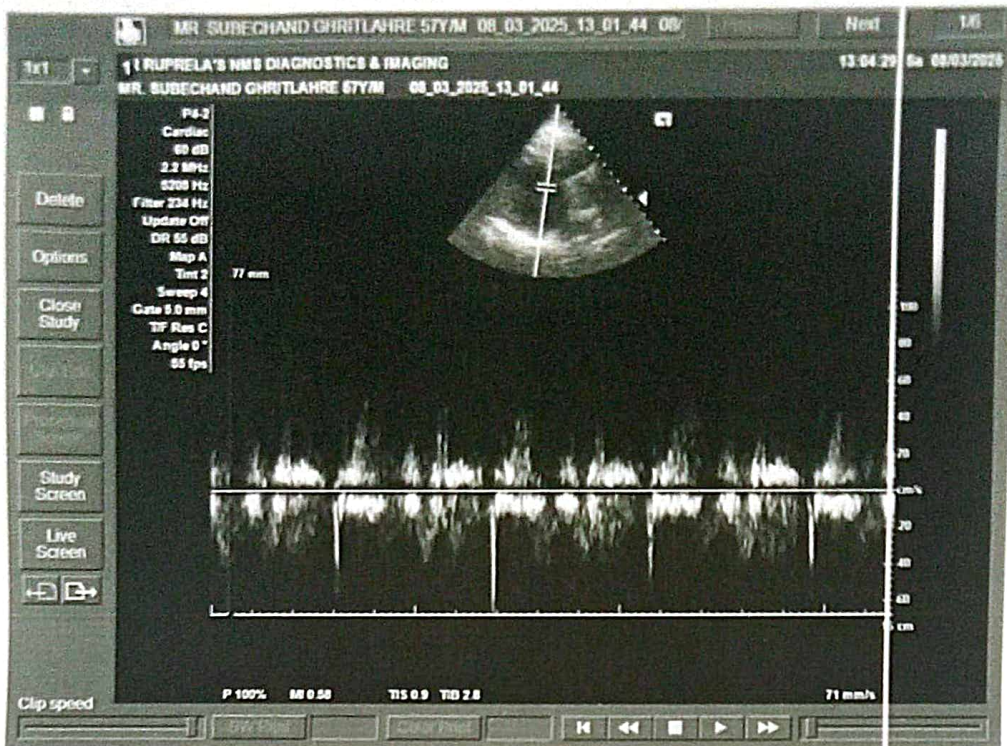
- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES

DR AJAY HALWAI  
MBBS,MD,PGDCC

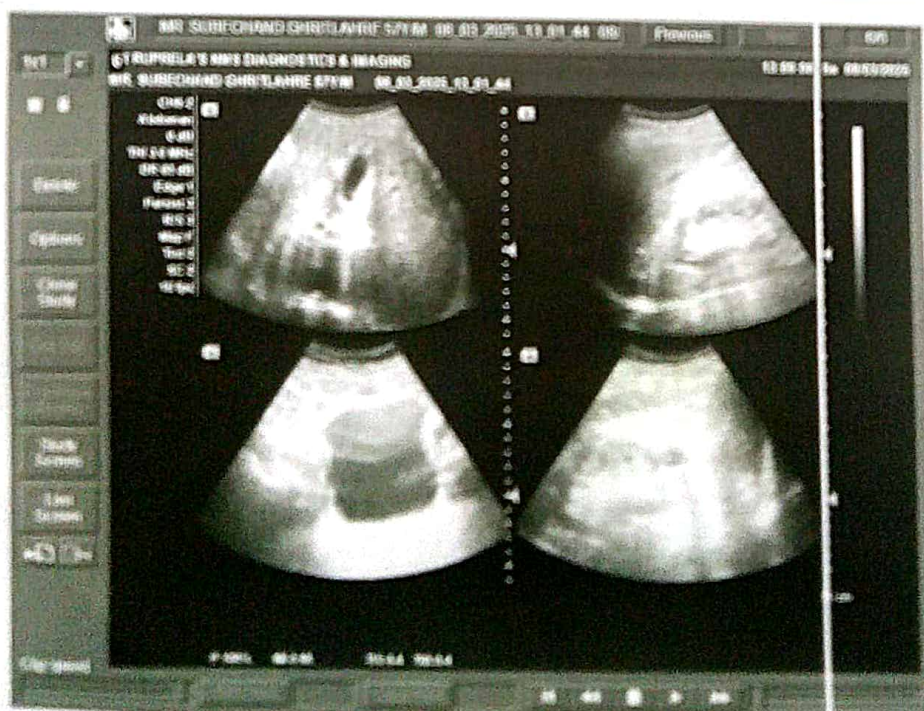
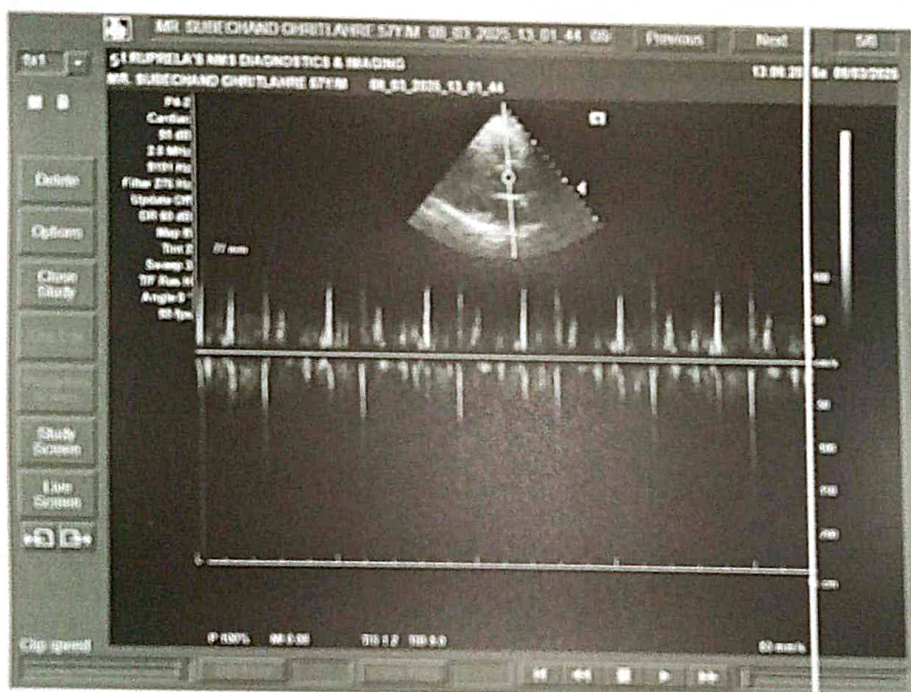
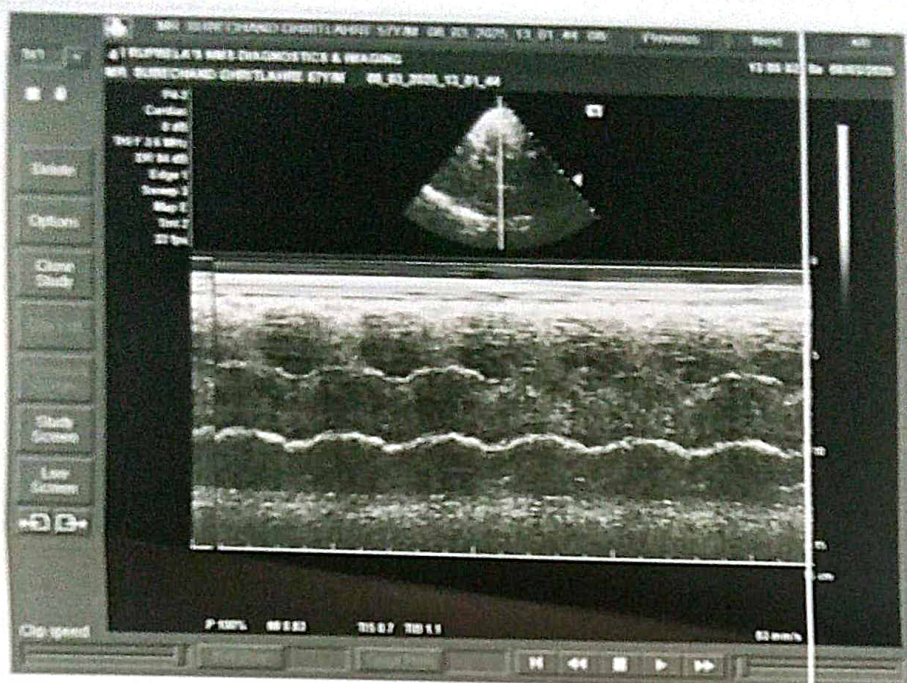
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**TO WHOM SO EVER IT MAY CONCERN**

THIS IS TO DECLARE THAT MR. SUBECHAN D AGE 57 YEAR/MALE HAS UNDERGONE MEDICAL EXAMINATION ON 08.03.2025 DURING HIS GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

HE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF ICTERUS,PALLOR,CYANOSIS,CLUBBING AND TREMORS.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HIS VITALS PARAMETERS ARE HEIGHT:162 cms,WEIGHT: 78kg, BP:137/90mmHg, HR:84 bpm , BMI:29.7


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 HIM ALL THE BEST.



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