

VID :- E/15350
PID No. :- 20258317132174
Name :- Mr. KISHAN LAL SEN
Age/Sex :- 34 Y / M
Ref. By. :- ARCOFEMI HEALTHCARE LTD

Sample Received on/at :
08/03/2025 1:10PM

Reported on/at
08/03/2025 5:36PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT Szasz method	24.5	U/L	11 - 34
BLOOD SUGAR F			
Glucose Fasting	90	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	110	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total) (Serum, Diazo)	0.46	mg/dL	<1.0
Bilirubin (Direct) (Serum, Diazo)	0.15	mg/dL	0 - 0.3
Bilirubin (Indirect) (Serum, Calculated)	0.31	mg/dL	UPTO 1.0
SGOT (AST) (Serum, Enzymatic)	26	U/L	5 - 37
SGPT (ALT) (Serum, Enzymatic)	33	U/L	10 - 40
Alkaline Phosphatase (Serum, pNPP)	160	U/L	80 - 290
Total Proteins (Serum, Biuret)	7.41	g/dL	6.4 - 8.3
Albumin	4.15	g/dL	3.7 - 5.6
Globulin (Serum)	3.26	g/dL	1.8 - 3.6
A/G Ratio (Serum)	1.27	g/dl	1.1 - 2.2
Gamma GT Szasz method	24.5	U/L	11 - 34

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



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

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Lipid Profile (Fasting Sample Required)

Parameter	Value	Unit	Reference Range
Cholesterol - Total	122	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	112	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	36	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	63.60	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	22.40	mg/dL	6-38
LDL/HDL RATIO	2.39		2.5-3.5
CHOL/HDL RATIO	3.39		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

Parameter	Value	Unit	Reference Range
Urea (Serum)	28.5	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.84	mg/dL	0.57 - 1.4
Sodium	140	mmol/L	135 - 145
Potassium	4.26	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	3.15	mg/dL	2.6 - 6
Chlorides	102	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	4.87	%	4-6=Normal Control 6-7=Good Control 7-8=Fair Control 8-10=Unsatisfactory Control >10%=Poor Control
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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.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.015		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	1-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	16.7	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.22	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	48.3	%	36 - 47
MCV (Mean Corpuscular Volume)	92	fl	78 - 95
MCH (Mean Corpuscular Hb)	31.9	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.5	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.5	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	8200	cells/cu.mm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes.	32	%	20 - 40
Monocytes	06	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	131	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	9.5	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.125	%	0.15 - 0500
PDW (Platelet Distribution Width)	24.7	%	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
Blood Group & RH Type Screening			
ABO Group	"O"		
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	10	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.

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



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PATHOLOGY

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

- 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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Thyroid Panel 1 (T3, T4, TSH)

T3	1.06	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	6.25	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	2.14	uIU/ml	0.25-5.5
-----	------	--------	----------

Remarks : 1.4.51 to 15 μ IU/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 -----



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

Indian Union Driving Licence
Issued by Government of Chhattisgarh

CG07 20090036449

Issue Date 26-09-2023 Validity (NT) 16-09-2029 Validity (TR)



Holder's Signature
Organ Donor: N

Date of First Issue: 17-09-2009

Name: KISHAN LAL SEN
Date of Birth: 21-09-1990 Blood Group:
Son / Daughter / Wife of: RAM GOPAL SEN
Address:
WARD NO 56 GUPTA SABJI WALE KE MAKAN KE PASS RAMNAGAR DURG DI
ST DURG 491001

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

08-03-2025 13:14:46

ID: 1353

mr kishan lal sen

Male 34Years

CARDIART

HR : 86 bpm
P : 105 ms
PR : 159 ms
QRS : 84 ms
QT/QTc : 339/406 ms
P/QRS/T : 64/48/22 °
RV5/SV1 : 1.657/0.589 mV

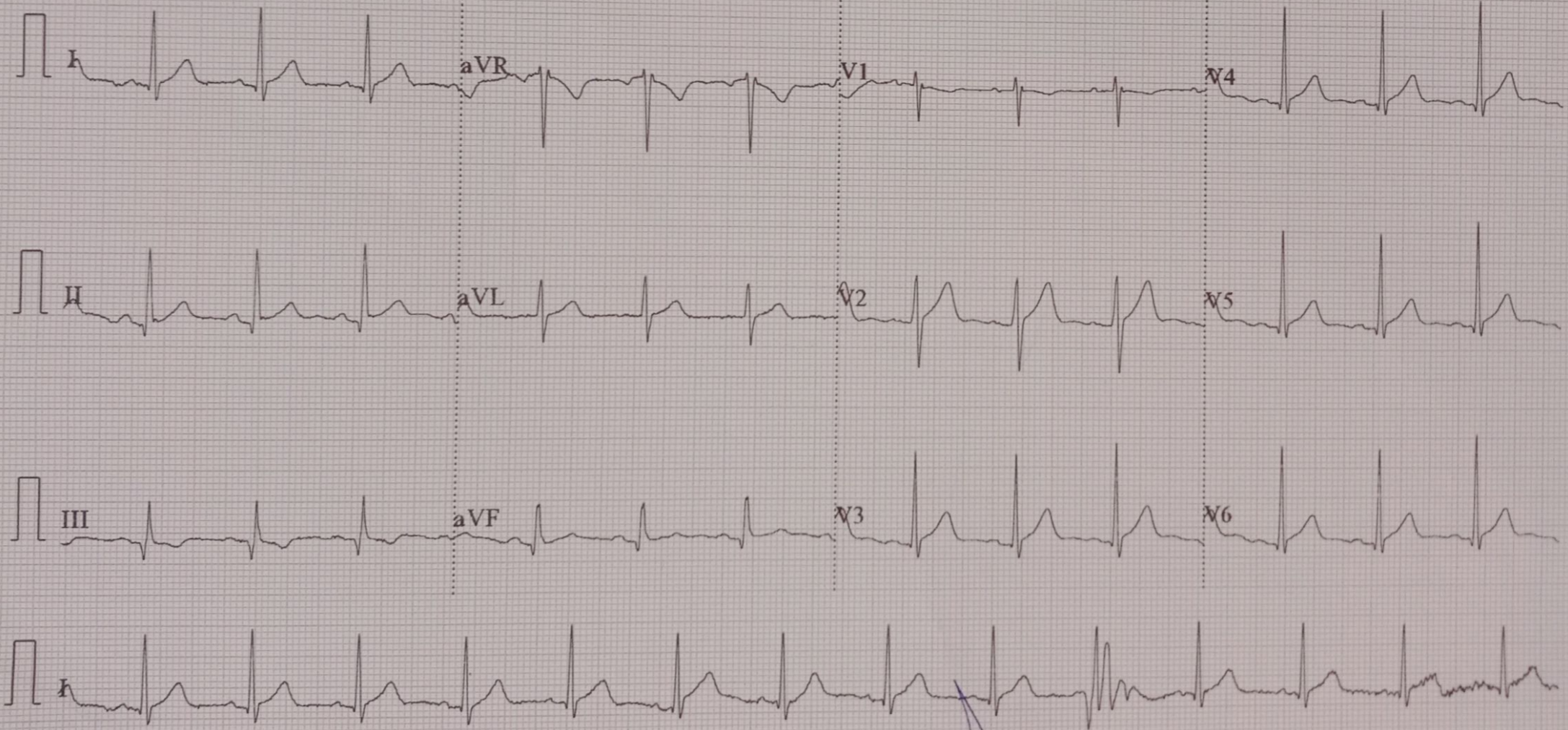
Diagnosis Information:

Lead Off(V6)

The following results are for reference only

Sinus Rhythm

Report Confirmed by:





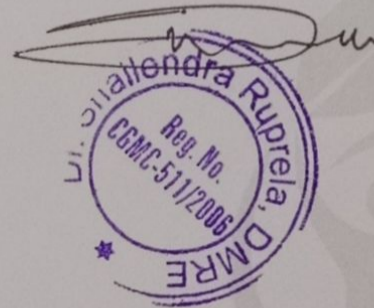
NAME : MR. KISHAN LAL SEN
REF BY: APOLLO

AGE : 34Y/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.**





NAME : MR. KISHAN LAL SEN
REF BY : APOLLO

AGE : 34Y/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





NAME: MR. KISHAN LAL SEN

AGE : 34Y/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:

RE 6/6 LE 6/6

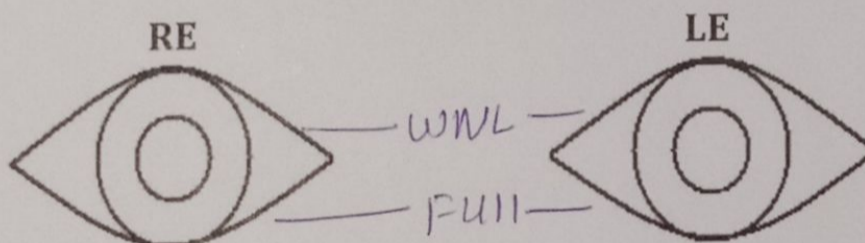
(With / without PGP6)

NEAR VISION:

RE N/6 LE N/6

(With / without PGP)

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



TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MR. KISHAN LAL SEN AGE 34 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:169cms,WEIGHT: 68kg, BP:105/72mmHg, HR:86 bpm , BMI:23.8

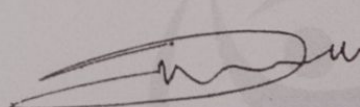
HIS BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

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
MNC-511/2006





MR. KISHANLAL SEN 34Y/M 08_03_2025_12_32_38 08/03/25 12:32

Previous

Next

1/1

1x1

1 RUPRELA'S NMS DIAGNOSTICS & IMAGING

12:37:22 Sa 08/03/2025

MR. KISHANLAL SEN 34Y/M 08_03_2025_12_32_38

CH5-2

Abdomen

0 dB

THI 3.6 MHz

DR 65 dB

Edge 1

Persist 3

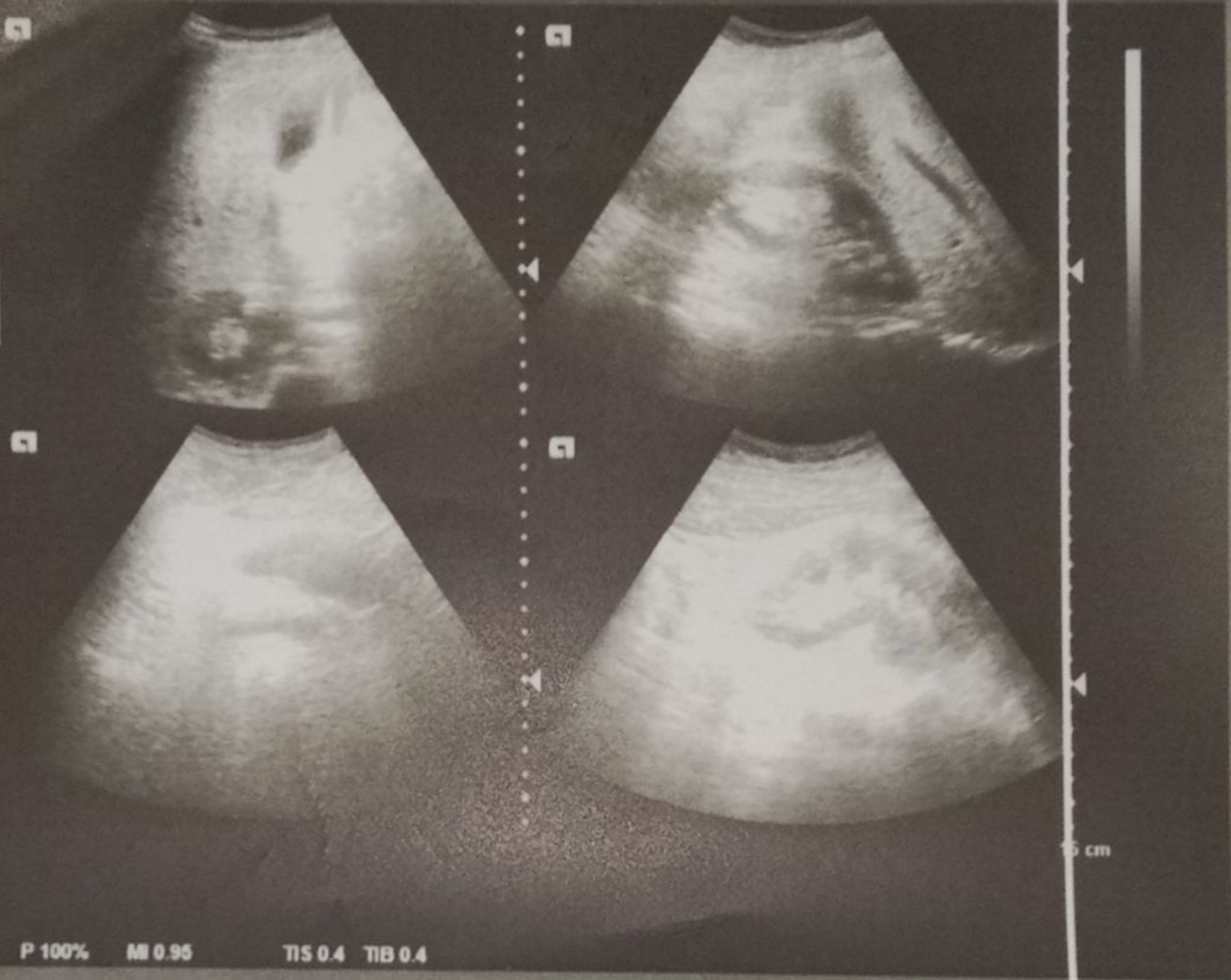
R/S 3

Map F

Tint 2

SC 2

16 fps



Delete

Options

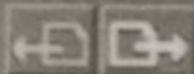
Close Study

Clip Edit

Procedure Screen

Study Screen

Live Screen



Clip speed

P 100% MI 0.95

TIS 0.4 TIB 0.4

BW Print

Color Print

