



GPS Map Camera



Raipur, Chhattisgarh, India  
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,  
Chhattisgarh 492001, India  
Lat 21.211109° Long 81.645634°  
09/11/24 09:35 AM GMT +05:30



भारत सरकार

Government of India



आशीष वर्मा

Ashish Verma

जन्म तिथि/ DOB: 27/02/1989

पुरुष / MALE



3462 7184 3108

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

**Address:**

K - 8, DUBEY COLONY, MOWA,  
Sardhoo (Sardhu), Raipur,  
Chhattisgarh - 492007

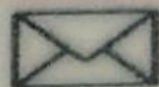
पता:

के - 8, दुबे कॉलोनी, मोवा, सर्दहू  
(सरधु), रायपुर,  
छत्तीसगढ़ - 492007

3462 7184 3108



1947



help@uidai.gov.in



www.uidai.gov.in

Patient:

MR RSHISH VERMA

35 year / M

..... cm / ..... kg

HR 72/min

Axis:

SINUS RHYTHM  
OTHERWISE NORMAL ECG

Intervals:

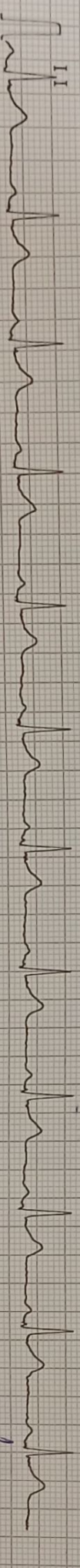
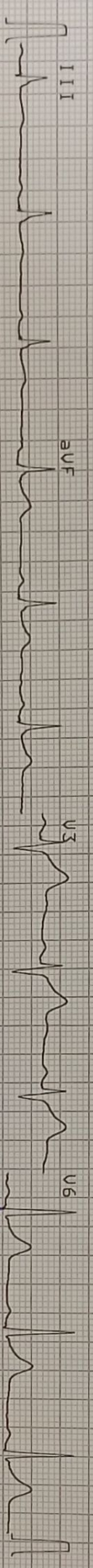
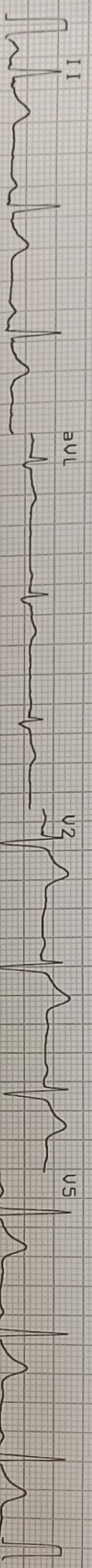
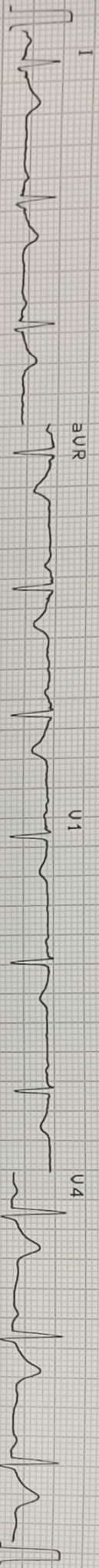
RR	838 ms	P (I1)	-0.12 mV
P	104 ms	S (V1)	-0.65 mV
PR	154 ms	R (V5)	1.28 mV
QR5	90 ms	Sokol.	2.05 mV
QT	360 ms		
QTc	396 ms		

5.62

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



*WNL*  
*Repeat*

*patient*  
**DR. RAJESH SMARMA**  
MD, PGDCC (Cardiologist)  
CGMC- 666/2007

*Alvin*

25 mm/s

0.05-35Hz F50 SF S85 Fr 08-NOV-24 22:14:10 RT-2plus 4.14 (c) SCHILLER AG RT-2plus 4.14 CM

DATE- 09-Nov-24

PATIENT NAME ..... MR. ASHISH VERMA  
 AGE/SEX ..... 35 YEAR / MALE  
 REF. BY ..... BANK OF BARODA

**SONOGRAPHY OF THE ABDOMEN**

**PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)**

**LIVER** : The liver is normal in size, shape & contour with raised echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

**GALL BLADDER** : Appears normal distended. Wall thickness appear normal. No obvious intraluminal calculus is seen.

**PANCREAS** : It is normal echogenicities and size, shape. Pancreatic duct is normal.

**SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.

**KIDNEY** : Right kidney measures 11.3 x 4.0 cm.  
 Left kidney measures 12.4 x 5.0 cm.  
 Both Kidneys are normal size, shape and position.  
 Renal parenchymal echogenicities are normal.  
**Right renal calculi size ~ 4.8 mm & 2.5 mm in middle calyx.**  
**Left renal calculi size ~ 12.8 mm & 3.5 mm in lower calyx.**  
**Left minimal hydronephrosis.**  
 No evidence of hydronephrosis in right sides.

**URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass /calculus.

**PROSTATE** : It is normal in size, shape & smooth outlines.

**RETRO PERITONEUM** : No evidence of lymphadenopathy / mass.

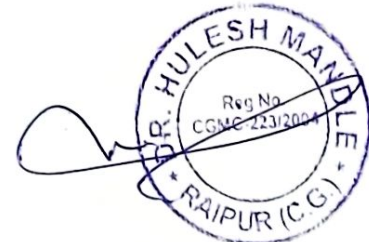
**FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.

**IMPRESSION:**

- ❖ Fatty liver grade-I.
- ❖ Non- obstructive bilateral renal calculi.
- ❖ Left minimal hydronephrosis.

**Advice – CT Urography**

Needs clinical correlation & other investigations.



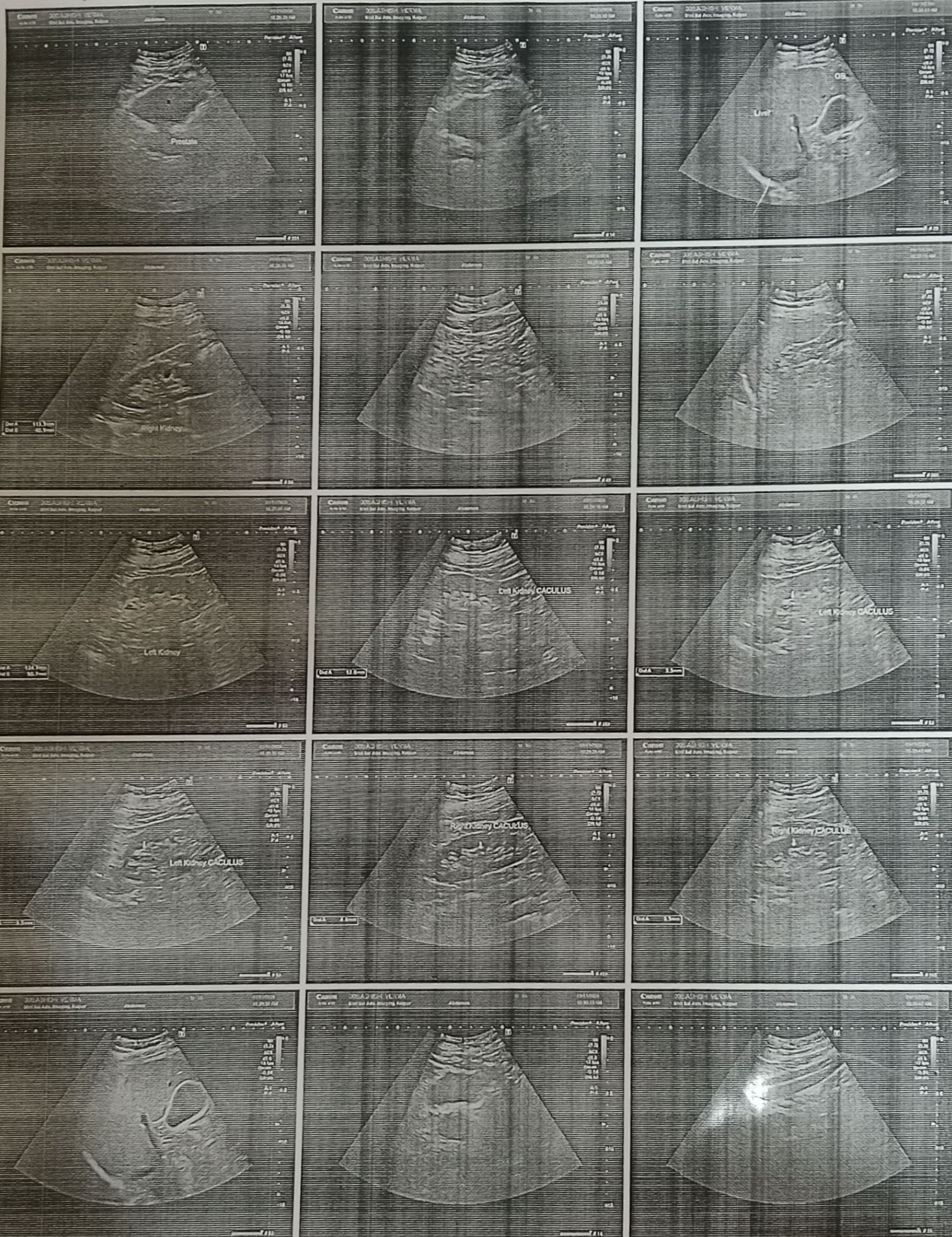
**Dr. Hulesh Mandale, MD**  
**Consultant Radiologist**

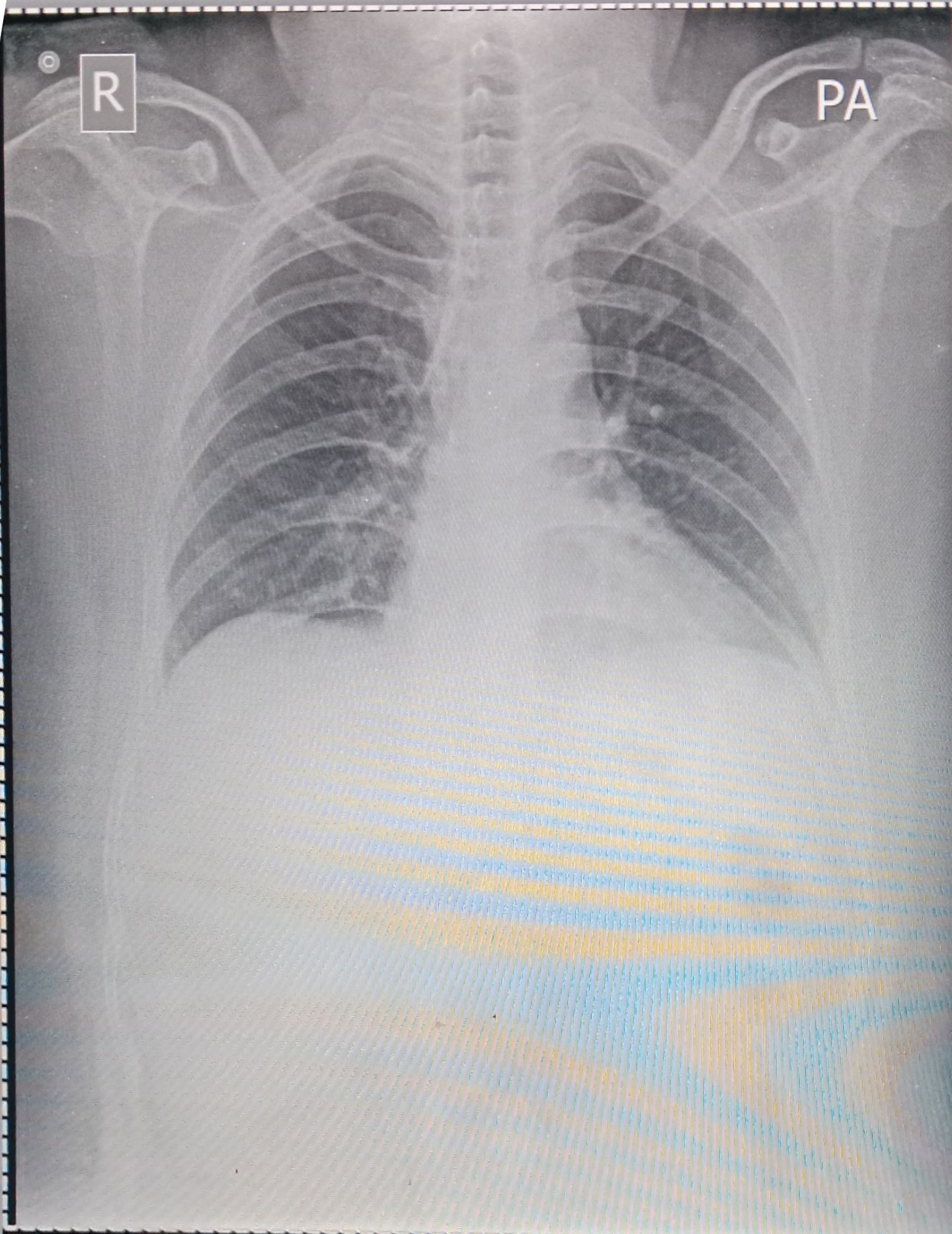
**Kindly Note:-**

- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

**सही जाँच ही सही ईलाज का आधार है...**

09 Nov 2024 Study : Abdomen  
Name : ASHISH VERMA 035Y / M





©

R

PA

MR ASHISH VERMA

Male / 35 year (Chest)

09/11/2024 10:07:08

MEDIWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER

Name - Mr Ashish Verma, Age - 35/M, Ad - Moh, Date 9/11/24

CO :- Routine Checkup

H/O DM : 2 year

on 6/12p  
6/9

AR  $\left\{ \begin{array}{l} -2.00 / -1.25 \times 77' \\ -1.25 / -1.25 \times 93' \end{array} \right.$

Aut segment: Normal

- Ref  $\left\{ \begin{array}{l} -0.75 / -0.50 \times 80' (6/6) \\ -0.75 \times 90' (6/6) \end{array} \right.$

Fudex

0.5 il  
max Heds  
R2942

IOP  $\left\{ \begin{array}{l} 16 \text{ mmHg} \\ 13 \text{ mmHg} \end{array} \right.$  dot

Shrey



# DIVYA JYOTI

## EYE & DENTAL HOSPITAL

Quality Care By An AIIMS (New Delhi) Alumni

**Dr. Dinesh Shrey**

MD (AIIMS) New Delhi

Consultant Eye Surgeon

Reg. No.- CGMC/862/2007



**Dr. Nidhi Thakur Shrey**

BDS

Consultant Dental Surgeon

Reg. No.- CGDC/118/2008

— Mr Ashish Verma, Age— 35/M, Add— MOVA, Date  
9/11/24

Pt came for routine check-up

- OE —
- OC. caries 5/6
  - H/O Rct & crown 6/6 (4 yrs ago)
  - minor chipping gran. 5/6.
  - gran r, calc etc.

- Adv. —
- Restorations
  - oral prophylaxis

**Dr. NIDHI THAKUR SHREY**  
Dental Surgeon (BDS)  
Regd. No.-CGDC/118/2008  
Divya Jyoti Eye & Dental Hospital  
Santoshi Nagar, Raipur (C.G.)

Beside Shubham K Mart, Behind SBI, Santoshi Nagar (Hanuman Nagar), Raipur C.G.

E-mail : shreydinesh@gmail.com Phone : 9644443630, 9575890380

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**  
**RADHAKRISHNA VIHAR SANTOSHI NAGAR Email:**

Report



509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / NonSmoker  
 Date: 09 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	066	36 %	118/78	077	00	
Standing	00:17	0:12	00.0	00.0	01.0	066	36 %	118/78	077	00	
ExStart	01:02	0:45	00.0	00.0	01.0	091	49 %	118/78	107	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	140	76 %	125/85	175	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	169	91 %	130/90	219	00	
PeakEx	09:24	2:22	03.4	14.0	09.6	188	102 %	138/98	259	00	
Recovery	10:02	0:38	01.1	00.0	03.3	171	92 %	138/98	235	00	

**FINDINGS :**

Exercise Time : 08:22  
 Max HR Attained : 188 bpm 102% of Target 185  
 Max BP Attained : 138/98 (mm/Hg)  
 Max Workload Attained : 9.6 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :** Negative TMT

*Ajish*  
**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 600/2007

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 66

BRUCE:Supine(0:07)

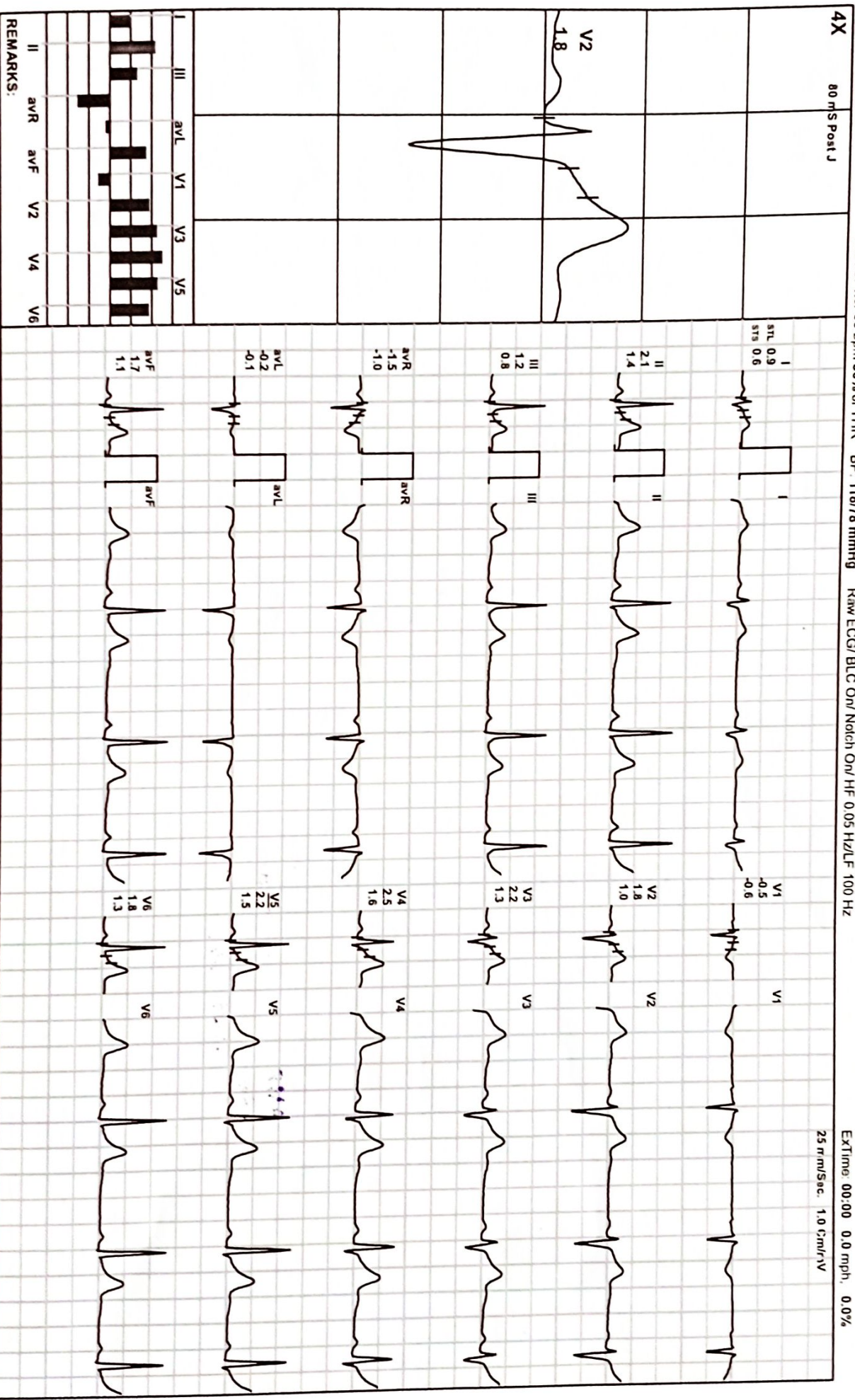


Date: 09 - 11 - 2024

METS: 1.0/ 66 bpm 36% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTIME: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/IV



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 66

Date: 09 - 11 - 2024

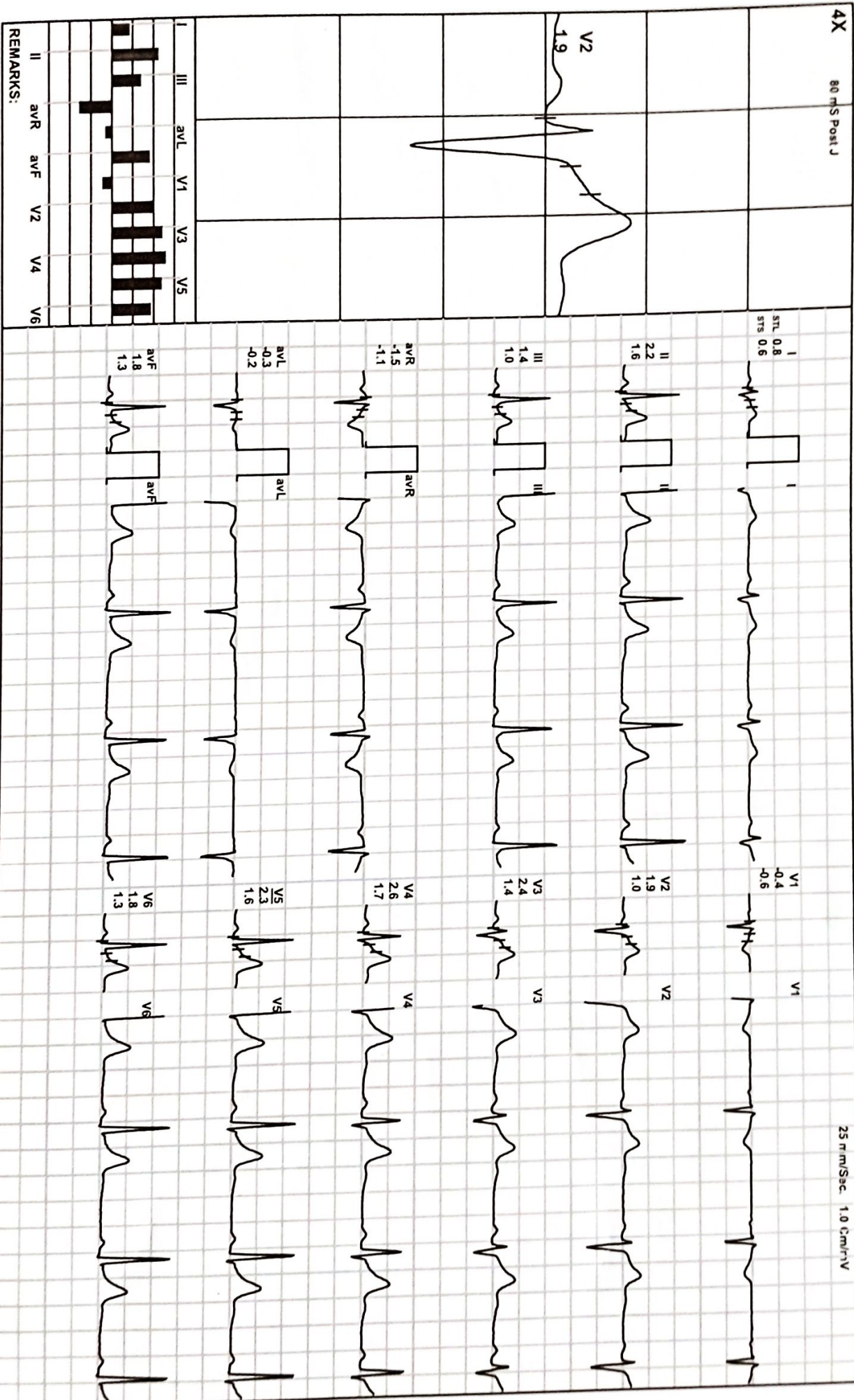
METS: 1.0/66 bpm 36% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

BRUCE: Standing(0:12)



ExTime: 00:00 0.0 mph, 0.0%

25 r/m/Sec 1.0 Cm/r/V



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 91

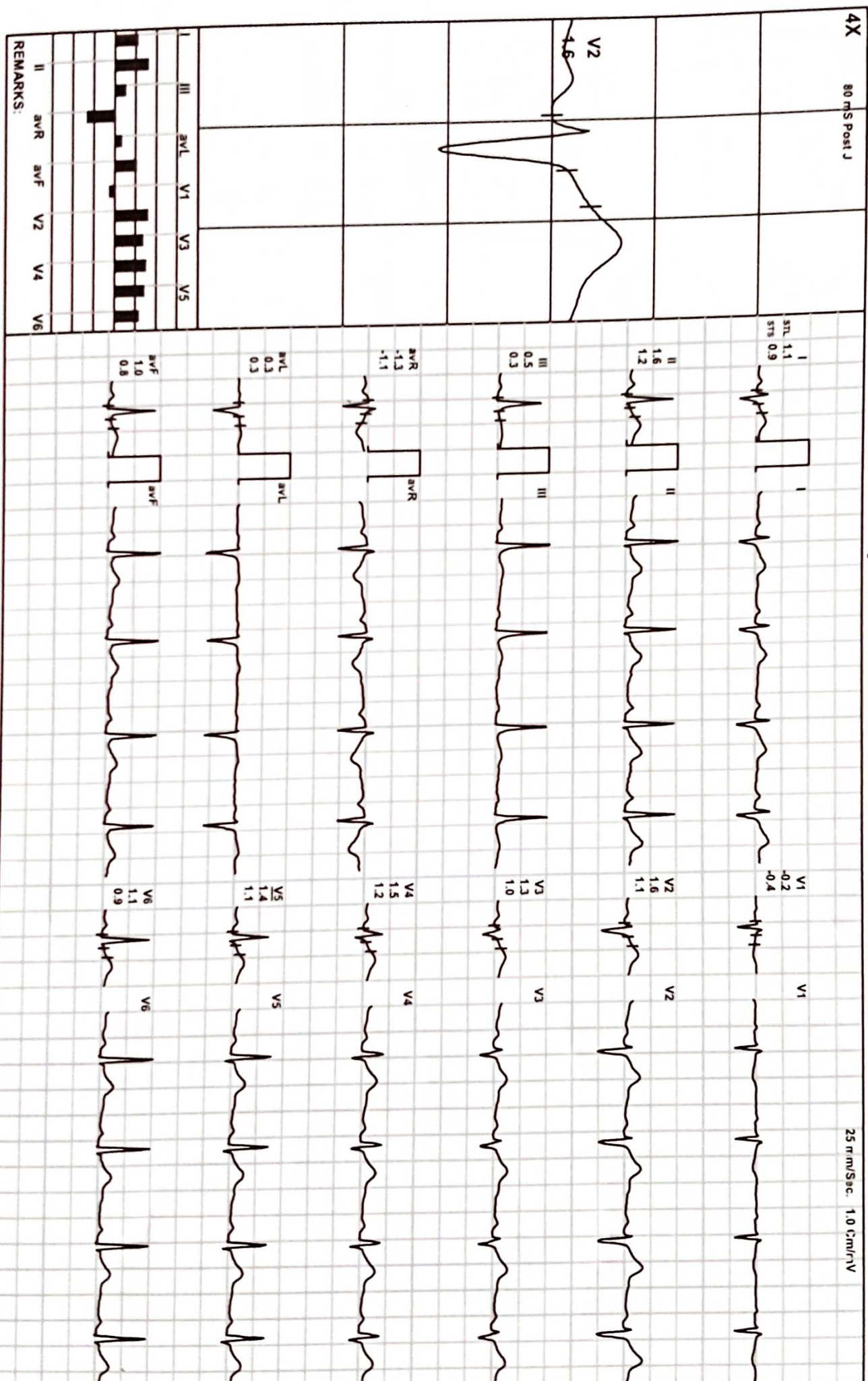
ExStart



Date: 09 - 11 - 2024

METS - 1.0/ 91 bpm 49% of THR BP: 118/78 mmHg RAW ECG/ BLC On/ Natch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%





509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 140

Date: 09 - 11 - 2024

MEETS: 4.71/140 bpm 76% of THR BP- 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%



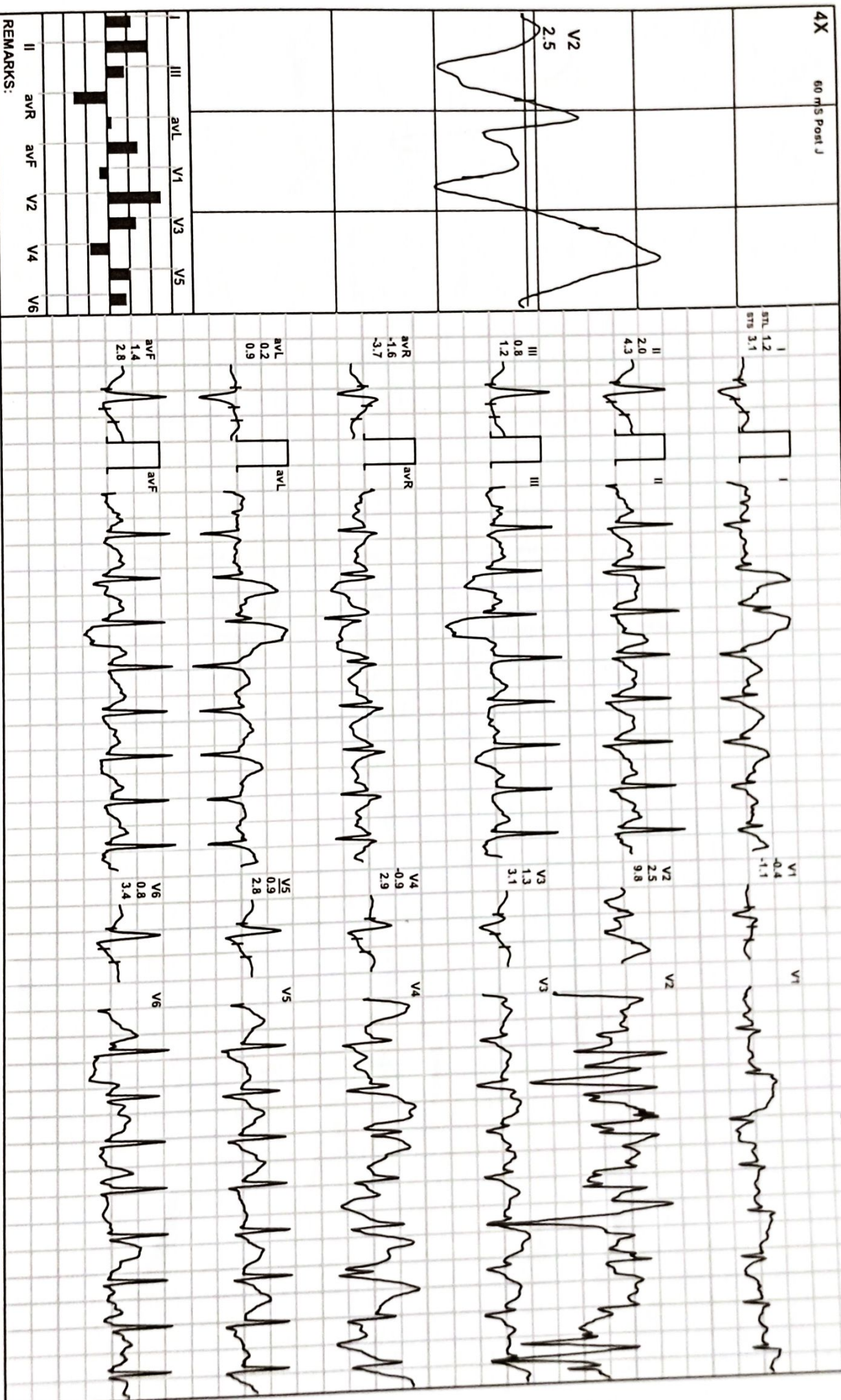


509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 169

Date: 09 - 11 - 2024

METS: 7.4 / 169 bpm 91% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 188

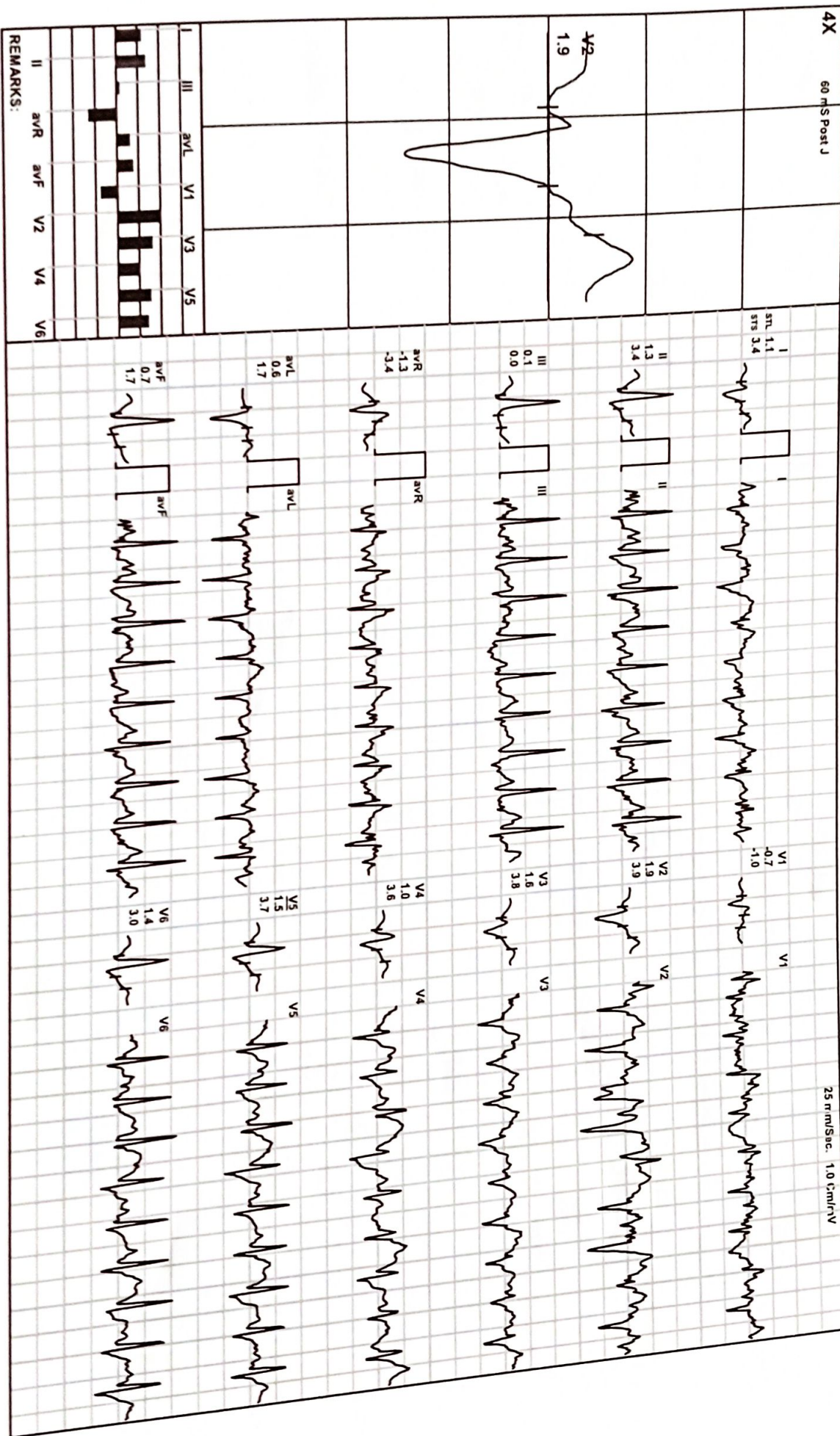
PeakEx



Date: 09 - 11 - 2024

METS: 9.6 / 188 bpm 102% of THR BP: 138/98 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:22 3.4 mph, 14.0%



REMARKS:



# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 171

Recovery(0:38)



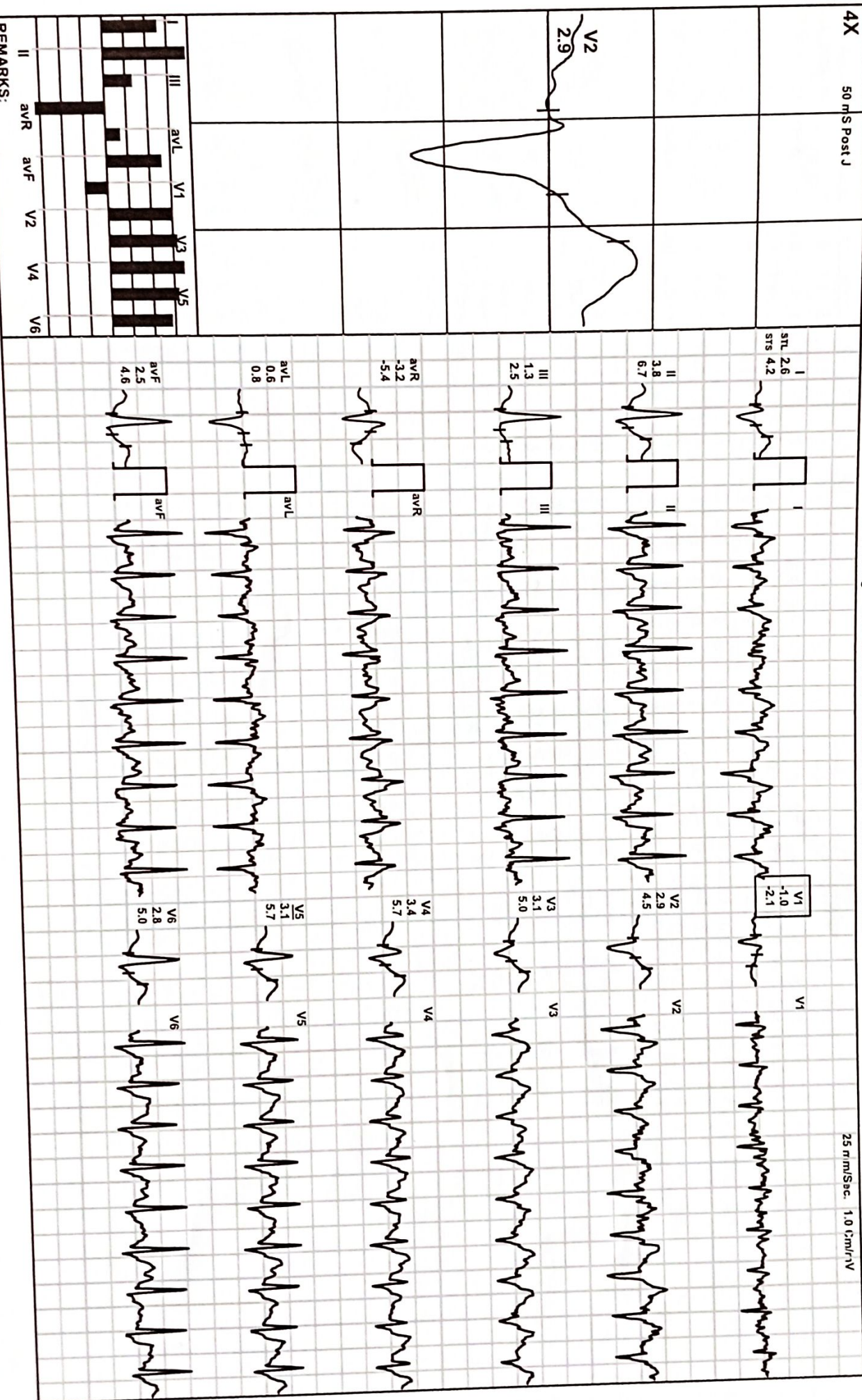
Date: 09 - 11 - 2024

METS: 3.3 / 171 bpm 92% of THR BP: 138/98 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:22 1.1 mph, 0.0%

4X 50 mS Post J

25 mm/Sec. 1.0 cm/rV



REMARKS:

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

## ST Measurements



S09 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 141

Date: 09 - 11 - 2024

Protocol : BRUCE

STL(mm)Supine 60 @ms	I						II						III						aVR						aVL						aVF								
	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6			
0.9	2.1	1.2	-1.5	-0.2	1.7	-0.5	1.8	2.2	2.2	2.5	2.2	1.8	0.6	1.4	0.8	-1.0	-0.1	1.1	-0.6	1.0	1.0	1.3	1.6	1.5	1.3	0.6	1.4	0.8	-1.0	-0.1	1.1	-0.6	1.0	1.0	1.3	1.6	1.5	1.3	STs(mv/sec)
0.8	2.2	1.4	-1.5	-0.3	1.8	-0.4	1.9	2.4	2.6	2.3	1.8	0.6	1.6	1.0	-1.1	-0.2	1.3	-0.6	1.0	1.4	1.7	1.6	1.3	0.9	1.2	0.3	-1.1	0.3	0.8	-0.4	1.1	1.0	1.2	1.1	0.9				
1.1	1.6	0.5	-1.3	0.3	1.0	-0.2	1.6	1.3	1.5	1.4	1.1	0.9	1.2	0.3	-1.1	0.3	0.8	-0.4	1.1	1.0	1.2	1.1	0.9	0.8	2.2	1.5	-1.4	-0.4	1.9	-0.5	7.1	2.3	1.2	2.1	1.6				
0.8	1.0	0.0	-1.0	0.5	0.5	-0.3	1.1	1.7	0.7	1.1	0.8	3.1	4.3	1.2	-3.7	0.9	2.8	-1.1	9.8	3.1	2.9	2.8	3.4	3.1	4.3	1.2	-3.7	0.9	2.8	-1.1	9.8	3.1	2.9	2.8	3.4				
1.2	2.0	0.8	-1.6	0.2	1.4	-0.4	2.5	1.3	-0.9	0.9	0.8	3.4	3.4	0.0	-3.4	1.7	1.7	-1.0	3.9	3.8	3.6	3.7	3.0	3.4	3.4	0.0	-3.4	1.7	1.7	-1.0	3.9	3.8	3.6	3.7	3.0				
1.1	1.3	0.1	-1.3	0.6	0.7	-0.7	1.9	1.6	1.0	1.5	1.4	4.2	6.7	2.5	-5.4	0.8	4.6	-2.1	4.5	5.0	5.7	5.7	5.0	4.2	6.7	2.5	-5.4	0.8	4.6	-2.1	4.5	5.0	5.7	5.7	5.0				
2.6	3.8	1.3	-3.2	0.6	2.5	-1.0	2.9	3.1	3.4	3.1	2.8	4.2	6.7	2.5	-5.4	0.8	4.6	-2.1	4.5	5.0	5.7	5.7	5.0	4.2	6.7	2.5	-5.4	0.8	4.6	-2.1	4.5	5.0	5.7	5.7	5.0				

STL( $\mu$ Vs)

Supine	Standing	ExStart	Stage 1	Stage 2	PeakEx	Recovery					
8.7	22.9	14.2	-15.7	-2.7	18.6	-5.8	17.6	21.2	24.9	24.6	20.9
8.1	24.0	15.9	-16.1	-3.9	20.0	-5.1	17.6	22.6	26.1	25.9	21.8
8.1	11.8	3.6	-9.9	2.2	7.8	-1.6	12.3	10.4	11.1	10.7	8.7
3.4	2.0	-2.9	-3.4	3.8	-0.4	-0.4	-11.6	6.3	2.4	2.9	1.6
0.2	3.0	2.8	-1.4	-1.3	2.9	1.2	-7.0	1.3	-12.5	-0.8	-1.9
-0.1	-0.4	-0.3	0.2	0.4	-0.3	1.4	4.8	3.7	4.5	-0.9	0.8
5.5	8.2	2.8	-6.9	1.4	5.5	-1.5	6.9	7.6	7.9	6.1	5.4

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR  
509 / MR. ASHISH VERMA / 35 Yrs / Male / 171 Cm / 81 Kg / Non Smoker



Time	HR	PR Int	QRS Wid	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads for (J & P-J)	Min. Post JRR Var	VEB	Missed Beats
(Min.)	(bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(μV)	(μV)	(Counts)	(Counts)
00 : 30	96	204	66	93	359	479	1012	-596	536	55 V1	-28	0	0
01 : 00	92	200	56	90	371	392	1104	-659	667	64 V1	-26	0	0
01 : 30	119	136	64	90	139	392	1104	-659	667	64 V6	-26	0	0
02 : 00	128	160	-64	90	0	1280	1104	-769	1074	-568 V2	-443	0	0
02 : 30	132	66	-28	93	228	-1662	1163	-600	2931	19 V1	-46	0	0
03 : 00	139	164	92	92	321	1942	1089	-643	2551	201 III	-62	0	0
03 : 30	142	122	50	90	448	1886	1093	-1399	-1722	-228 V2	-163	0	0
04 : 00	147	132	62	99	366	1423	1130	-724	1908	-198 V4	-239	0	0
04 : 30	152	124	76	95	319	-2250	1113	-963	-2028	-424 V2	-1971	0	0
05 : 00	160	114	92	98	264	955	1181	-666	2047	12 V1	-99	0	0
05 : 30	164	108	64	90	329	-1192	1230	-1549	1258	-1112 III	-851	0	0
06 : 00	169	110	48	97	331	502	1170	-710	556	-213 aVL	-149	0	0
06 : 30	170	106	64	103	392	551	1220	-532	576	-341 V4	-214	0	0
07 : 00	177	98	118	255	317	-871	1094	-1121	1927	-830 III	-712	0	0
07 : 30	177	98	118	255	317	-871	1094	-1121	1927	-830 III	-712	0	0
08 : 00	177	152	62	132	406	-964	882	-1278	1145	-830 III	-712	0	0
08 : 30	186	126	46	99	185	1226	1245	-922	1205	-27 V4	-318	0	0
09 : 00	188	90	62	103	382	391	1224	-717	380	-195 V6	-61	0	0
09 : 30	173	92	50	101	405	335	1199	-693	433	-195 V6	-61	0	0



A Unit of Diagnostic Care with Trust

# श्री साई इमेजिंग एंड डायग्नोस्टिक सेंटर

हर जीवन अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,  
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

PT. NAME	:- MR. ASHISH VERMA	Sample Collected On	:- 09/11/2024
PT. AGE/SEX	:- 35 Y / M	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10570
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	83.6	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	105.2	mg/dl	70 - 140
Cholesterol	160.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	130.7	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.1	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	88.96	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	26.14	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.55		0 - 5.0
LDL/HDL Ratio	1.97	ratio	0 - 3.5

### Clinical Significance :

#### Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

#### Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

#### Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

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PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जाँच ही सही ईलाज का आधार है...



<b>PT. NAME</b>	<b>:- MR. ASHISH VERMA</b>	<b>Sample Collected On</b>	<b>:- 09/11/2024</b>
<b>PT. AGE/SEX</b>	<b>:- 35 Y / M</b>	<b>Report Released On</b>	<b>:- 09/11/2024</b>
<b>MOBILE NO</b>	<b>:-</b>	<b>Accession On</b>	<b>:- 10</b>
<b>Ref. By.</b>	<b>:- SELF</b>	<b>Patient Unique ID No.</b>	<b>:- 10570</b>
<b>Company</b>	<b>:- ARCOFEMI HEALTH CARE LTD.</b>	<b>TPA</b>	<b>:- MEDIWHEEL</b>

Bilirubin - Total	0.55	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.40	mg/dl	0 - 1.1
SGOT (AST)	25.1	U/L	17 - 59
SGPT (ALT)	23.7	U/L	21 - 72
Alkaline phosphatase (ALP)	89.2	U/L	38 - 126
Total Proteins	7.6	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	<b>3.30</b>	g/dl	2.3 - 3.6
A/G Ratio	1.30		1.1 - 2.0
Gamma GT	28.2	U/L	<55

**Clinical Significance :**

**Alanine transaminase (ALT)**

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

**Aspartate transaminase (AST)**

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

**Alkaline phosphatase (ALP)**

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

**Albumin and total protein**

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

**Bilirubin.**

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	23.1	mg/dL	10 - 50
Creatinine	<b>0.86</b>	mg/dL	0.66 - 1.25
Uric Acid	4.0	mg/dL	3.5 - 8.5
Sodium (Na)	<b>140.2</b>	mmol/L	137 - 145
Pottasium (K)	<b>4.3</b>	mmol/L	3.5 - 5.1

## Clinical Significance :

## SERUM UREA

Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.

## CREATININE

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion. Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

## URIC ACID

The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level. The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.

## SODIUM

It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease.

## POTASSIUM

If blood potassium levels are low due to insufficient intake, then urine concentrations will also be low. Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone. Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 ( Triiodothyronine )	<b>98.56</b>	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	8.46	ug/dl	4.6 - 12.5
TSH	2.65	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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## CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
<b>STOOL EXAMINATION</b>			
<b><u>Physical Examination</u></b>			
Consistency	<b>Solid</b>		
Colour	Pale Yellow		Pale Yellow
Reaction.	<b>Alkaline</b>		
Blood	<b>Absent</b>		
Mucus	Absent		
Worms	Absent		
<b><u>Microscopic Examination</u></b>			
Ova	<b>Nil</b>		
Cyst	<b>Nil</b>		
Epithelial cell	<b>2-3</b>	/HPF	0 - 1
PUS CELLS	<b>1-2</b>	/HPF	0 - 5
Trophozoite	<b>Nil</b>		
Vegetable Material	<b>Absent</b>		
Other Findings	<b>Absent</b>		
Appearance	Clear		Clear
Specific Gravity	1.010		1.003 - 1.030
Urine Glucose(Sugar)	<b>Nil</b>		Not Detected
<b><u>Microscopic Examination</u></b>			
Epithelial cells	<b>2-3</b>	/HPF	0 - 5
PUS CELLS	<b>1-2</b>	/HPF	0 - 5
RBC (Urine)	<b>Absent</b>	/HPF	0 - 3
Casts	<b>Absent</b>		Not Detected
Crystals	<b>Absent</b>		Not Detected
Bacteria	<b>Absent</b>		Not Detected
Reaction (pH)	<b>Acidic</b>		
<b><u>Chemical Examination</u></b>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	<b>Nil</b>		Not Detected

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## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" O "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

### W.B.C. Indices

TOTAL WBC COUNT	6700	/cumm	4000 - 11000
NEUTROPHILS	66	%	40 - 70
LYMPHOCYTES	27	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	13.3	gm/dL	12.5 - 16.5
RBC COUNT	4.31	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	<b>37.4</b>	%	37.5 - 49.5
MCV	86.9	fL	80 - 95
MCH	30.8	pg	26 - 32
MCHC	35.56	g/dl	32 - 36
RDW-CV	13.2	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	261000	/ $\mu$ L	150000-400000
MPV	8.8	fl	7.0 - 11.0
PDW	16.1	%	12 - 18
P-LCR	19.9	%	13 - 43
ESR	12	after 1 hr	0 - 15
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.3	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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**Clinical Significance :**

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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