

MR. SATYNARAYAN DANGI

32 YEARS /MALE

BOB

16-2-2024

Height: 168 Cms

Weight: 64 Kg

BP: - 110/70 mmhg

Pulse: - 69/- Regular

BMI: - 22.7 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

FIT

UNFIT on account of



*Dr. D.S. Chhabra*  
B.S. A.  
REG. NO.-5007

DR. D.S. CHHABRA

MBBS, MD.

MR. DANGI SATYANARAYAN  
BANK OF BARODA32 Years /M  
16-02-2024**HAEMATOLOGY PROFILE**

Test Name	Results	Normal Range
Haemoglobin (HB)	12.5	13 - 18 gm%
R.B.C. Count	4.82	4.5 - 5.5 milli./cu.mm
PCV	38.6	40 - 50 %
MCV	80.08	80 - 95 fl
MCH	25.93	27 - 32 pg
MCHC	32.38	31.5 - 34.5 %
TOTAL WBC COUNT	6,200	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	:-	
Neutrophils	50	40 - 75 %
Lymphocytes	45	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.51	1.5 - 4 Laes/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA  
MDDR. POOJA PRAPANNA  
M.D.

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16-02-2024**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
S.G.O.T	25.0	0 - 45 IU/L
S.G.P.T	20.0	0 - 45 IU/L
ALKALINE PHOSPHATE	51.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.00	6.0 to 8.0 g/dl
ALBUMIN	3.24	3.2 to 5.0 g/dl
GLOBULIN	2.76	1.9 to 3.5
A:G RATIO	1.17	1.2 TO 2.3
GAMA GT	26.0	5-43 IU/L

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Test Name	Results	Normal Range
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**SEROLOGY PROFILE**

HBsAg

Non Reactive

\* Test done by screening methods.  
Requires confirmation at referral  
centre.

**BIOCHEMISTRY**

FASTING BLOOD SUGAR

70.0

70 - 110 mg/dl

P.P. BLOOD SUGAR

107.0

upto 140 mg/dl

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Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.  
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

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16-02-2024

**RENAL PROFILE**

Test Name	Results	Normal Range
BUN	12.0	5 - 21 Mg/dl
CREATININE	1.21	0.6 - 1.4 mg/dl
URIC ACID	5.32	3.5 - 7 mg/dl
CALCIUM	9.20	8.5 - 10.5 mg/dl

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**HBA1C**

Test Name	Results	Normal Range
HBA1C	5.40	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %

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**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	456	400 - 700 mg/dl
CHOLESTROL	157.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	38.0	35- 60 mg/dl
TRIGLYCERIDE	92.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	100.6	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	18.4	<40 mg/dl
RISK RATIO	4.13	3 - 6

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16-02-2024

**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"B"	
Rh (D) Factor	Negative	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

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16-02-2024**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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16th Feb, 2024

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours & the parenchyma is normal in echostructure. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal.

Both Kidneys are normal in size [ measure about 11 cms. in length ], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 17 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Normal study.



DR.D.S.CHHABRA.  
M.D.



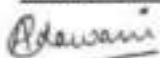
## LABORATORY REPORT



Name : Mr DANGI SATYANARAYAN	Sex/Age : Male / 32 Years	Case ID : 40201603900
Ref. By :	Dis. At :	PL ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 16-Feb-2024 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Feb-2024 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Feb-2024 12:09	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Electrolytes</b>				
<b>Sodium</b> ISE	<b>144.8</b>	mEq/L	136 - 145	
<b>Potassium</b> ISE	<b>4.60</b>	mEq/L	3.2 - 5.5	
<b>Chloride</b> ISE	<b>104.3</b>	mEq/L	98 - 107	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



**Dr Astha Dawani**  
Consultant Pathologist.

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

Printed On : 16-Feb-2024 12:49



## LABORATORY REPORT



Name : <b>Mr DANGI SATYANARAYAN</b>	Sex/Age : <b>Male / 32 Years</b>	Case ID : <b>40201603900</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : 16-Feb-2024 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Feb-2024 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Feb-2024 12:38	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> CMA	<b>140.20</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> CMA	<b>8.46</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> CMA	<b>3.74</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist.

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M.D. (Pathology)

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**DR. PRIYANK JAIN**  
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CONSULTANT CARDIOLOGIST

**UNIQUE DIAGNOSTIC CENTRE**  
45-B, Jaora Compound,  
Opp. M.Y.Hospital, M.Y.H. Road,  
INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

**NAME** : MR.DANGI SATYANARAYAN      **Age** : 32 Yrs./ M  
**REFERRED BY** : BOB      **Date** : 16th Feb, 2024

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

- \*\* No RWMA.
- \*\* Good biventricular function. LVEF : 60 %.
- \*\* Normal cardiac valves, healthy pericardium.
- \*\* Grade I diastolic dysfunction.

Dr. PRIYANK JAIN  
MBBS, MD, DM.  
Reg. No. 19547

**DR. PRIYANK JAIN, M.D., D.M.**



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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

## MEASUREMENTS :

[C] DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1. Aortic Root diameter	: 3.1 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 1.4 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 3.1 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 2.9 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 1.7 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.5 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.4 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

## [E] INDICES OF LEFT VENTRICULAR FUNCTION

1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

## DOPPLER

	Peak Flow Velocity ( M/Sec.)	Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

\*\*\*\*\*





बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम : सत्यनारायण दंगल  
Name : Satyanarayan Dangl  
कार्यकारी एक्ट नं. : 114970  
E.C. No. : 114970  
जारी करने की तिथि : September - 2023  
Date of Issue : September - 2023

  
Issuing Authority

  
Signature of Holder

  
Dr. D. S. Chhabra  
M.B.B.S., M.I  
Reg. No.-5007



4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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BOB

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X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



**DR.D.S.CHHABRA.**

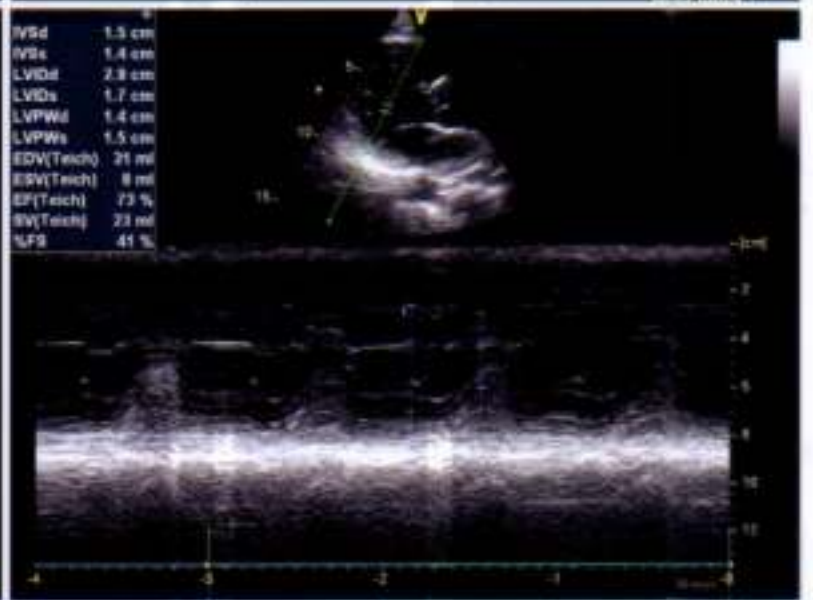
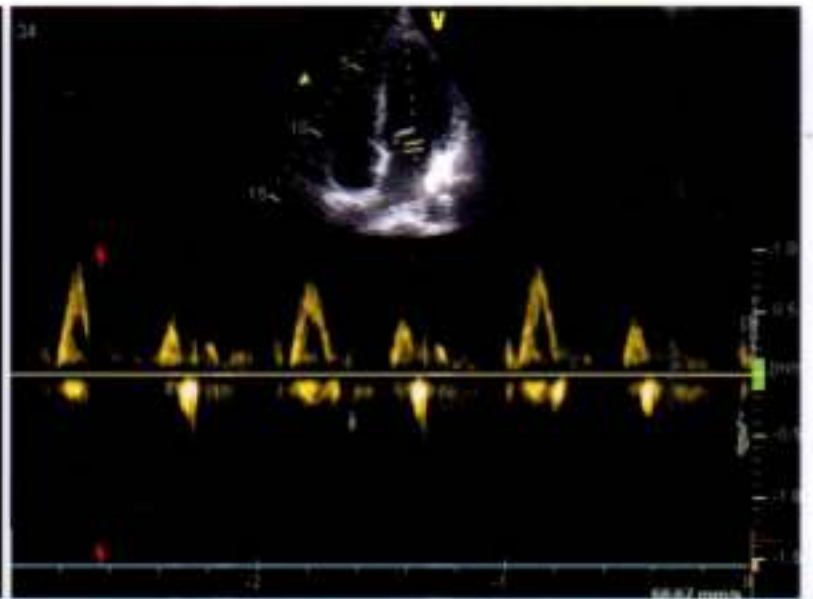
M.D.

# UNIQUE DIAGNOSTIC CENTRE INDORE

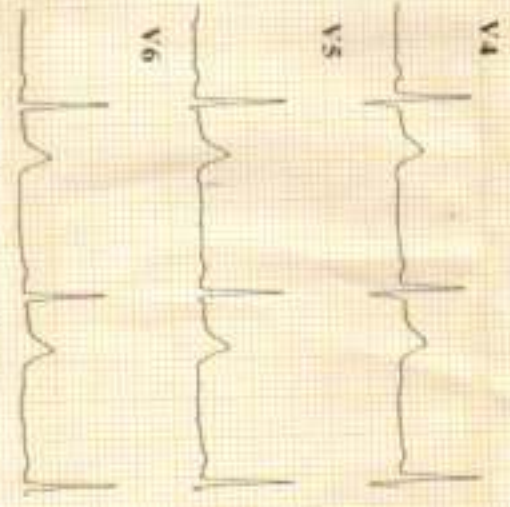
Ref. by : BOB

Done by : DR. PRIYANK JAIN MD., DM.

16 Feb 2024  
Name : MR. DANGI SATYANARAYAN



10mm/mV 0.25-35Hz AC/50 16-02-2024 09:03:10



ID : 240216-0903 Minnesota Code:  
 Name : 32 yr  
 Age : Male  
 Sex : Male  
 BP : mmHg  
 Height : cm  
 Weight : kg  
 HR : 60 bpm  
 P Dur : 101 ms  
 PR int : 143 ms  
 QRS Dur : 94 ms  
 QT/QTc int : 385/385 ms  
 P/QRS/T axis : 61/2/21 °  
 RV5/SV1 amp : 1.197/1.395 mV  
 RV6/SV2 amp : 2.892/1.173/1.323 mV

Diagnosis Information: **Dr. Mahendral Chourasija**  
 800: Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*  
 Report Confirmed by: *S. Mahendral*



