



# Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

OPD - ID : 020240000703  
UH-ID : SRMH-24032233

PT. TYPE : NEW REGISTRATION  
PRINT DATE : 23-03-2024 / 11:39:36AM    TOKEN NO. : 2

PATIENT NAME	: MR. SERAGADAM SIVAJI	DEPARTMENT	: MEDICINE
AGE / SEX	: 28-Y 9-M 4-D / MALE	CONSULTANT	: DR. AJIT KUMAR
DOB	: 20-06-1995	CONSULT-DATE	: 23-Mar-2024 - 11:28 AM
MOB-NO	: 7013879427	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL CHECK
GUARDIAN NAME	: S/o SERAGADAM ANANDARAO	OPD PAID FEE	: 0.00
ADDRESS	: BAGBHAHRA, MAHASAMUND, CG		

Weight : 80kg    Temp : 37.2f    B.P. : 110/67    Pulse : 75 b/m    SPO2 : 96%



No. H/o DM, NTH.

No Active Complain

Patient fit

FOLLOW-UP DATE :

ADVICE FOR ADMISSION    YES     NO



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### EXAMINATION OF EYES:- (BY OPHTHALMOLOGIST)

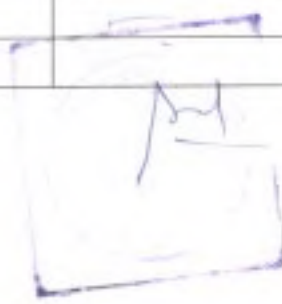
Patient Name Mr. Seragadam Shwaji

Date 23/3/24

Sex/ Age 28/M

UHID.....

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS : (RE):-		WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-		6/60 E 6/6	(LE):-	6/60 E 6/6
NEAR VISION:(RE):-		NG	(LE):-	NG
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT	-1.25			
LEFT	-1.25			
REMARKS:-				



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OPD - ID : 020240000703 PT. TYPE : NEW REGISTRATION  
UH-ID : SRMH-24032233 PRINT DATE : 23-03-2024 / 12:33:34 TOKEN NO. : 2

PATIENT NAME	: MR. SERAGADAM SIVAJI	DEPARTMENT	: DENTAL
AGE / SEX	: 28-Y 9-M 4-D / MALE	CONSULT-DATE	: 23-Mar-2024 - 11:28 AM
DOB	: 20-06-1995	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL CHECKUP
MOB-NO	: 7013879427	OPD PAID FEE	: 0.00
GUARDIAN NAME	: S/o SERAGADAM ANANDARAO		
ADDRESS	: BAGBAHRA, MAHASAMUND, CG		

Weight : Temp : B.P. : Pulse : SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Oral Health Status:

- No Dental Sealants Present on Permanent Molars
- No Caries Experience / Restoration History : A filling (Temporary / Permanent) OR a Tooth that is missing because it was extracted as a result of caries .
- No Untreated Caries/ Open Treatment Plan
- No Urgent Treatment: abscess, Nerve Exposure, Advanced Disease State, Signs of Symptoms that include pain/ infection / swelling

Treatment Needs:

at present No Active Dental Intervention Required in this case .

- Restorative Care- Fillings, crowns, etc.
- Preventative Care-prophylaxis, sealants, fluoride Treatment
- Sedation / Surgery Needs to Complete Treatment

Present chief complaints:-

Dr. Signature

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PATIENT NAME : MR. SERAGADAM SIVAJI DEPARTMENT : ENT  
AGE / SEX : 28-Y 9-M 4-D / MALE  
DOB : 20-06-1995 CONSULT-DATE : 23-Mar-2024 - 11:28 AM  
MOB-NO : 7013879427 COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL CHECKUP  
GUARDIAN NAME : S/o SERAGADAM ANANDARAO OPD PAID FEE : 0.00  
ADDRESS : BAGBIAHRA, MAHASAMUND, CG

Weight : Temp : B.P. : Pulse : SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Ears, Nose, Mouth, Throat Yes No

Ear pain	0	✓
Ear itch	0	✓
Ear drainage	0	✓
Dizziness/ Loss of balance	0	✓
Loss of Hearing	0	✓
Popping Noise	0	✓
Tinnitus	0	✓
Nosebleeds	0	✓
Post-nasal Drip	0	✓
Sinus pain	0	✓
Sinus pressure	0	✓
Nasal congestion	0	✓
Loss of smell/taste	0	✓
Hoarseness	0	✓
Sore Throat	0	✓
Throat tickle	0	✓
Dry Mouth / Throat	0	✓
Throat clearing	0	✓
Snoring	0	✓

Present chief complaints:-

*No fresh complaints*

Dr. Signature

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PT. NAME : MR. SERAGADAM SIVAJI  
MOBILE NO : 7013879427  
DOCTOR : DR. AJIT KUMAR  
REFERRED BY : SELF

AGE / SEX : 28/MALE  
UH ID NO. : SRMH-24032233  
COLLECTION : 23-03-2024  
REPORTING : 23-Mar-2024

TEST NO  
405

## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>CBC (COMPLETE BLOOD COUNT)</b>			
HAEMOGLOBIN (Hb)	15.6	gm/dL	13.5 - 17.5
TOTAL RBC COUNT	5.38	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	46.9	%	41.5 - 50.4
<b>RBC INDICES</b>			
MCV	88.3	f l	78 - 96
MCH	29.1	pg	27 - 32
MCHC	32.9	%	33 - 37
RDW	13.6	%	11 - 16
TOTAL WBC COUNT (TLC)	8200	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	52	%	40 - 70
Lymphocytes	41	%	22 - 48
Eosinophils	03	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	2.26	/μL	1.50 - 4.50
PCT	0.21	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	9.3	fL	8 - 11
PDW	12.0	%	11 - 18

-- End Of Report --

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Dr. Dhananjay Prasad  
( MD PATHOLOGY )

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405

## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD GROUPING AND RH TYPING</b>			
BLOOD GROUP	"A"	-	-
RH FACTOR	POSITIVE	-	-

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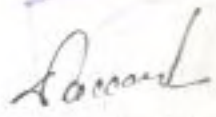
## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>ESR (ERYTHROCYTE SEDIMENTATION RATE)</b>			
ESR	10	mm after 1 hr	0 - 20

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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIVER FUNCTION TEST (LFT)</b>			
BILIRUBIN TOTAL	0.68	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.35	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.33	mg / dl	0.1 - 0.4
SGOT	26.2	U / L	10 - 55
SGPT	30.4	U / L	0 - 40
ALKALINE PHOSPHATASE	217.6	U / L	0 - 270
TOTAL PROTEIN	6.73	g / dl	6 - 8
ALBUMIN	3.89	g/dl	3.5 - 5.0
GLOBULIN	2.84	g / dl	2 - 3.5
A/G RATIO	1.05	g/dl	1 - 2.5

### 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.

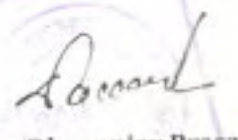
**Albumin and total protein**  
Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

**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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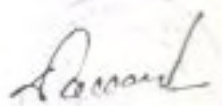
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	<b>CREATININE</b>		
CREATININE	0.72	mg / dl	0.6 - 1.2

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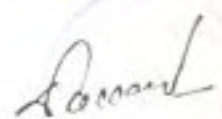
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	<b>URIC ACID</b>		
URIC ACID	5.69	mg/dL	3.6 - 7.7

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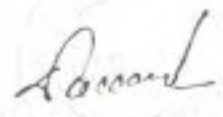
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIPID PROFILE</b>			
CHOLESTEROL	225.4	mg / dl	150 - 220
SERUM TRIGLYCERIDE	164.2	mg / dl	60 - 165
HDL	33.4	mg / dl	35 - 80
LDL	159.1	mg/dL	90 - 160
VLDL	32.8	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	6.75	mg/dl	3.5 - 5.5
LDL/HDL Ratio	4.77	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	4.92	mg/dl	2.0 - 4.0

-- End Of Report --

  
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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD SUGAR - FASTING AND PP</b>			
BLOOD SUGAR FASTING	75.3	mg/dL	60 - 120
BLOOD SUGAR PP	94.5	mg/dL	80 - 140

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405

## CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE SUGAR FASTING AND PP</b>			
URINE SUGAR - FASTING	ABSENT		Absent -
URINE SUGAR - PP	ABSENT		Absent -

-- End Of Report --

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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>HBA1c (GLYCOSYLATED HEAMOGLOBIN)</b>			
HBA1c	6.01	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	136.6	mg/dl	80 - 120

### Interpretation: As per American Diabetes Association(ADA)

Non diabetic adults >= 18 years	<5.7
At risk (prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Good of Therapy > 19 years - <7.0 <19 years - <7.5

### NOTE:

- HbA1c reflects long term fluctuations in the blood glucose concentration
- A diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

### Significance of Test:

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycoemic control as compared to blood and urinary glucose determinations.

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L o k a h S a m a s t a S u k h i n o B h a v a n t u

**SERAGADAM SIVAJI**

Age: 28 Years

Sex: Male

Sample Collected At:

Ref. By: **Dr.AJIT KUMAR**

Registered: 23 Mar, 24 1:10 PM

Collected: 23 Mar, 24 01:15 PM

Reported: 23 Mar, 24 05:59 PM

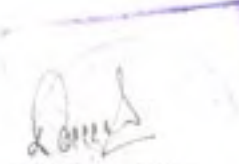
### TFT

#### Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
<b>THYROID SERUM HORMONS</b>			
Serum Triiodothyronine (T3)	1.71	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	13.51	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	4.28	μIU/mL	0.66 - 5.67

#### Comments:-

- (i) Ethnicity, iodine intake, gender, age, body mass index and Exercise influences the reference range of Thyroid hormones and serum TSH concentrations.
- (ii) Changes in Thyroid Hormones (especially T3) and TSH may be seen as early as 24 hours after the onset of non-thyroidal illness. (Poor nutrition/starvation, sepsis, burns, malignancy, myocardial infarction, post-surgery, and with chronic liver and renal disease)
- (iii) Serum total T4 and T3 concentrations increase to approximately 150% of non-pregnant values – this occurs during the first half of pregnancy and is maintained thereafter until parturition. Free T4 concentrations also change during pregnancy: in the first trimester a transient rise is often observed.
- (iv) Measurement of FT4 and FT3 is best avoided in patients receiving heparin therapy. (When indicated, blood sample should be taken 10 hours after the last injection of heparin, and analyzing it without delay, can reduce the risk of artifactual hyperthyroxinaemia.)
- (v) Phenytoin, carbamazepine and furosemide cause artifactual increase in free T4 (FT4) and decrease in total T4.

  
**Dr. D. Prasad**  
 M.D. (Pathologist)

END OF REPORT  
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# Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

**MR.SERAGADAM SIVAJI**

Age: 28 Years

Sex: Male

Sample Collected At:

Ref. By: **Dr.AJIT KUMAR**

Registered: 23 Mar, 24 01:48 PM


Collected: 23 Mar, 24 01:55 PM

Reported: 24 Mar, 24 10:30 AM

## BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
BUN			
BUN	11.35	mg/dL	7.00 - 20.00
Serum Creatinine	0.72	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	15.76		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.

  
**Dr. D. Prasad**  
 M.D.(Pathologist)

END OF REPORT  
 Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk,  
 Gudhiyari, Raipur (Chhattisgarh)

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**24x7**  
 Emergency Services







# Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

MR.SERAGADAM SIVAJI

Sample Collected At :

Registered : 23 Mar,24 01:45 PM

Age: 28 Years

Ref By : Dr.AJIT KUMAR

Collected : 23 Mar,24 01:55 PM

Sex: Male

Reported : 24 Mar,24 5:50 PM

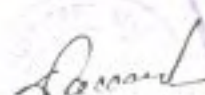
## GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT) , SERUM	17.12	12.00-18.00	U/L

GENDER	-	NORMAL RANGE(U/L)
MALE	-	12.00-18.00
FEMALE	-	6.00-29.00

### COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Throughtout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.

  
 DR. DHANANJAY PRASAD  
 (MD Pathology)

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# Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

PT. NAME : MR. SERAGADAM SIVAJI  
MOBILE NO : 7013879427  
DOCTOR : DR. AJIT KUMAR  
REFERRED BY : SELF

AGE / SEX : 28/MALE  
UH ID NO. : SRMH-24032233  
COLLECTION : 23-03-2024  
REPORTING : 23-Mar-2024

TEST NO  
405

## CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE ROUTINE AND MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	20	ml	-
COLOUR	Yellow		Pale Yellow -
APPEARANCE	Clear		Clear -
REACTION	Acitic		Acitic -
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	Absent		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	3-4	/hpf	2 - 5
EPITHELIAL CELLS	2-3	/hpf	1 - 5
RBC	Nil	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
Bacteria	Nil		Nil -
OTHERS	-		-

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

Dr. Dhananjay Prasad  
( MD PATHOLOGY )

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## Department of Radiology


NAME -; MR.SERAGADAM SIVAJI	AGE - 28YEAR /MALE
REF.BY -; SHREE RAM MULTI SPECIALITY HOSPITAL	DATE - 23/03/2024

### X – RAY CHEST PA VIEW.

#### FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

IMPRESSION :            No significant abnormality detected.

  
DR ANAND BANSAL  
MD DNB RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST  
CGMC 2015/6359





## ECHOCARDIOGRAPHY REPORT

Name	Mr. Saragadam Sivaji	Age / Sex	28 years / Male
Date	23-03-2024	UHID no	24032233

PULMOANRY VELOCITY ; 1.10 m/s

AORTIC VELOCITY : 1.52 m/s

TRICUSPID VELOCITY : 2.10 m/s


PASP : 20 mmHg + RAP

M-Measurement Value

Aorta	3.2	LVEDD	4.5
LA	3.6	IVSD	1.3
LVEF	>60%	LVPWD	1.3

### FINAL IMPRESSION

- > LVH
- > NO RWMA
- > Normal LV Systolic Function
- > LVEF >60%
- > Grade I Diastolic Dysfunction
- > Trace MR/TR, PASP 20 mmHg + RAP
- > No Clot/PE / Vegetation

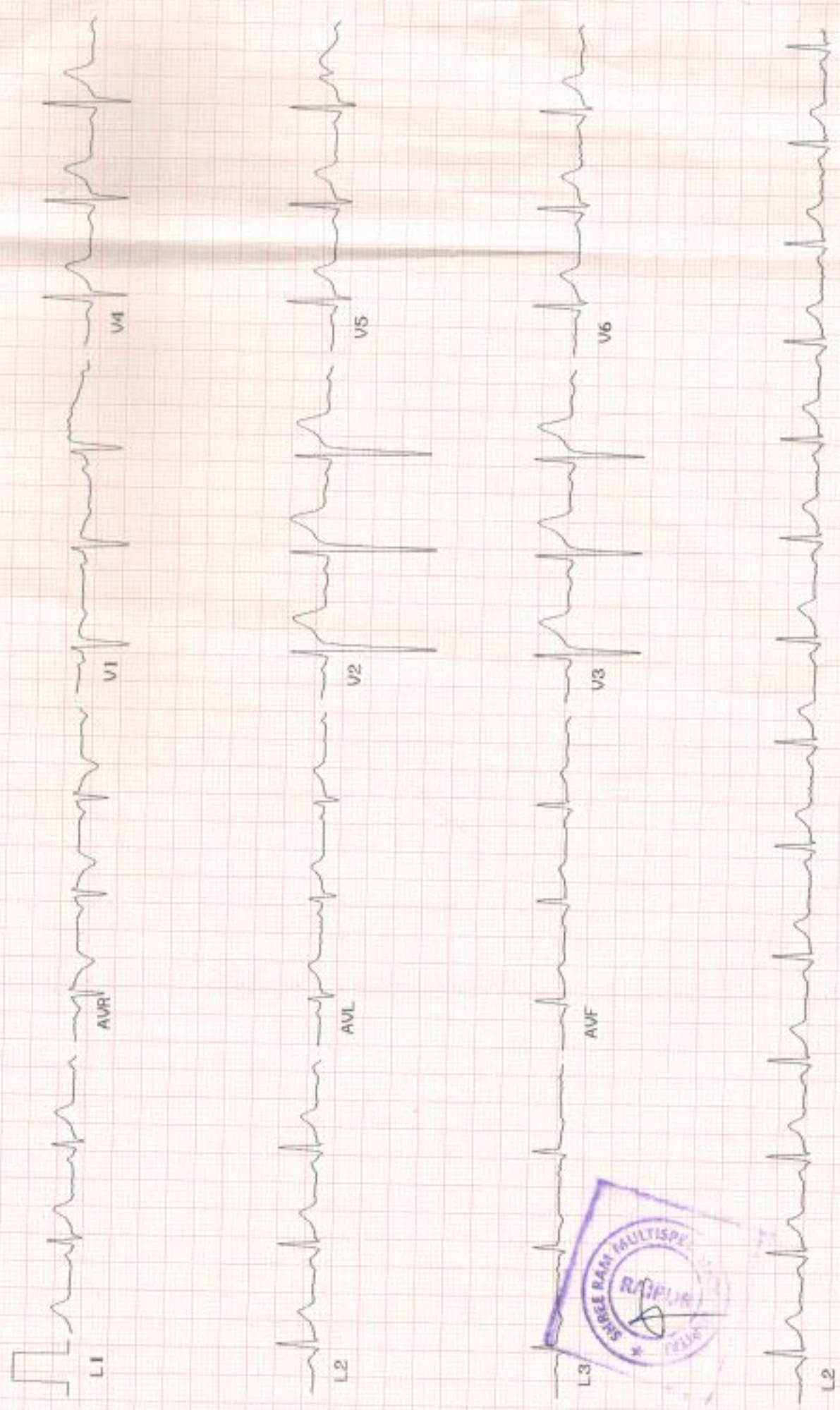
  
Dr. Nichil Motiramani  
( MBBS, MD,DM Card)

Dr. Raghvesh Ojha  
(MBBS. PGDCC Clinical Cardiology)





25 mm/s	P =	107 ms	QT/QTc =	84%	To be clinically correlated:	HR =	83bpm
10mm/mV	QRS =	75 ms	QT/RR =	45%	Sinus Rhythm		
0.1 - 35Hz	PR =	137 ms	QRS axis =	59°	Normal ECG		
50Hz ReJ-Y	QT =	332 ms	P axis =	37°			
AUTO 12LS BLC-Y	QTc =	391 ms	T axis =	26°			







# SHRI RAM IMAGING & DIAGNOSTIC CENTER

Ground Floor, Raheja Towers, Jail Road, Raipur  
Ph. : 0771-4099090, Mo. : 9294870000

**DR ANAND BANSAL**

MBBS MD DNB(Radiodiagnosis)

(IMS BHU) (Gold Medalist)

Ex Senior Resident (AIIMS Raipur)

Ex Assistant Professor (Pt JNMC Raipu)

Reg. No. - CGMC 6359/2015

## 5D SONOGRAPHY -16 SLICE CT SCAN - DIGITAL X RAY - PATHOLOGY - BIOPSY

PATIENT NAME: SERAGADAM SIVAJI	DATE: 23/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI (SRMS), PATIENT ID: 46536	AGE/SEX: 28 Years/MALE

### USG WHOLE ABDOMEN

**Liver:** Liver is normal in size (14.9 cm), smooth in outline & **raised echotexture**.

**Biliary system:** IHBR's are not dilated. CBD is not dilated.

**Liver vessels:** Portal vein and hepatic veins are normal.

**Gall bladder:** Distended with anechoic lumen and normal wall thickness.

**Pancreas & Paraaortic Region:** Normal. Pancreatic duct not dilated.

**Spleen:** Is normal in size measures (11.6 cm) with normal echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.7 x 4.2 cm	9.8 x 4.2 cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PELVICALYCEAL SYSTEM	Not dilated	Not dilated
URETER	Not dilated	Not dilated
CALCULUS	No	No

**Urinary bladder:** The urinary bladder shows physiological distention. It shows normal wall thickness.

**Prostate:** is normal in size measures 2.7 x 3.2 x 2.8 cm (weight 12.4 gm) with normal shape & echotexture.

**Fluid:** There is no free or loculated fluid collection in abdomen or pelvis.

**Bowel** loops are grossly normal.

No significant lymphadenopathy is noted.



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PATIENT NAME: SERAGADAM SIVAJI	DATE: 23/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI (SRMS), PATIENT ID: 46536	AGE/SEX: 28 Years/MALE

## IMPRESSION:

- GRADE -II FATTY LIVER CHANGES.

*Advised clinical correlation/further evaluation if clinically indicated.*

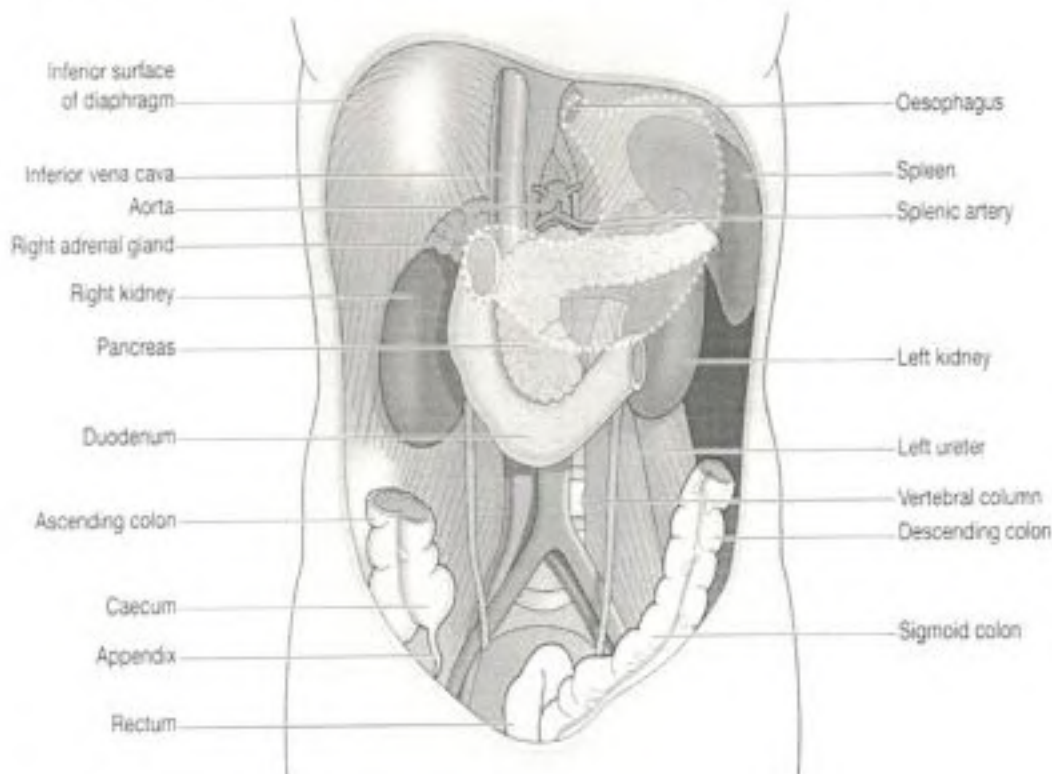
DR. ANAND BANSAL  
MD DNB RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST  
CGMC 6359/2015



*A*  
DR APOORVA DIXIT  
MBBS MD RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST  
CGMC10238/2020

Typist: DEKUMAR SAHU

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.







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