



भारत सरकार
GOVERNMENT OF INDIA



चन्द्र प्रकाश
Chander Prakash
जन्म तिथि/DOB: 14/12/1963
पुरुष/ MALE
Mobile No: 9868239348



5690 7113 6148
VID : 9149 6602 9137 9932

मेरा आधार, मेरी पहचान

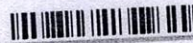
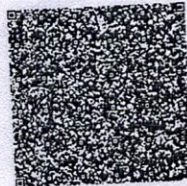
Chander Prakash



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
C/O हुकम सिंह, प्लॉट नं-जी-21/22, फर्स्ट फ्लोर बी-3,
विश्वास पार्क अपार्टमेंट, उत्तम नगर, पश्चिम दिल्ली,
दिल्ली - 110059

Address :
C/O Hukam Singh, Plot No-G-21/22, First
Floor B-3, Vishwas Park Apartment, Uttam
Nagar, West Delhi,
Delhi - 110059



1947
1800 300 1947

help@uidai.gov.in www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

Radiology No.	: 3480/OPDPB23DL	Date	: 06-Sep-2023
Patient Name	: Mr. CHANDER PRAKASH	Age/Sex	: 60Y Male
Guardian Name	:	UHID No.	: 3846/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7678234065

2D ECHO

Final Interpretation

- No RWMA, LVEF-60%
- **Mild concentric LVH**
- Trace MR
- Grade I DD
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

Measurements (mm):

	Observed Values		Normal Values
Aortic root diameter	31		20-36 (22mm/M ²)
Aortic Valve Opening			15-26
Left Atrium size	35		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	38	27	(ED= 37-56)
Inter ventricular Septum	12	13	(ED= 6-12)
Posterior Wall Thickness	11	13	(ED= 5-10)
LV Ejection Fraction (%)	60%		55%-80%



BOOK APPOINTMENT



Radiology No.	: 3480/OPDPB23DL	Date	: 06-Sep-2023
Patient Name	: Mr. CHANDER PRAKASH	Age/Sex	: 60Y Male
Guardian Name	:	UHID No.	: 3846/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7678234065

Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
Max velocity	80	Max velocity	96
Mitral valve		Tricuspid valve	
E	63	Max Velocity	133
A	76	Mean Velocity	
DT		Mean PG	7
E/A			

Regurgitation

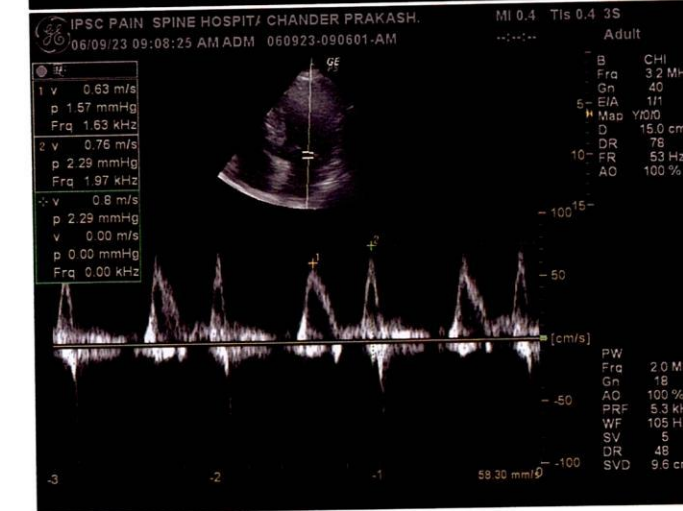
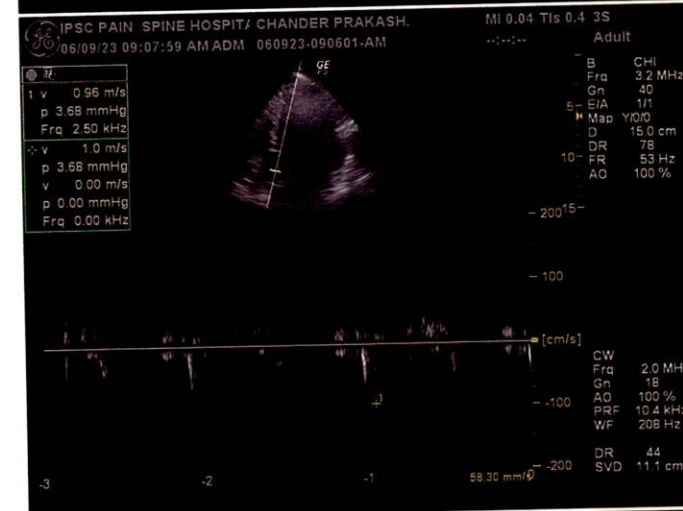
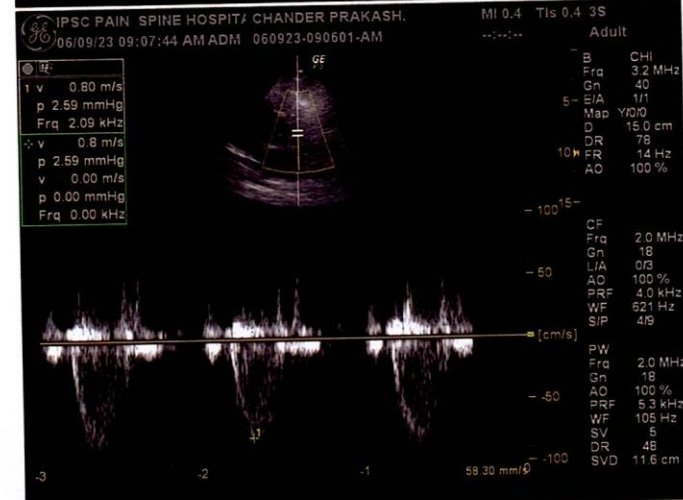
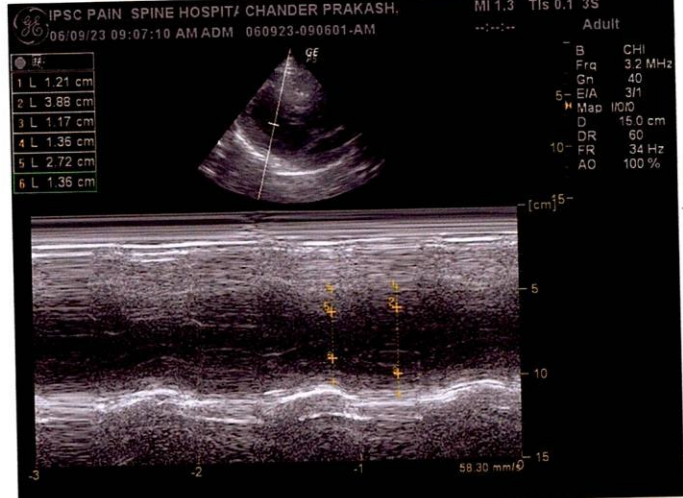
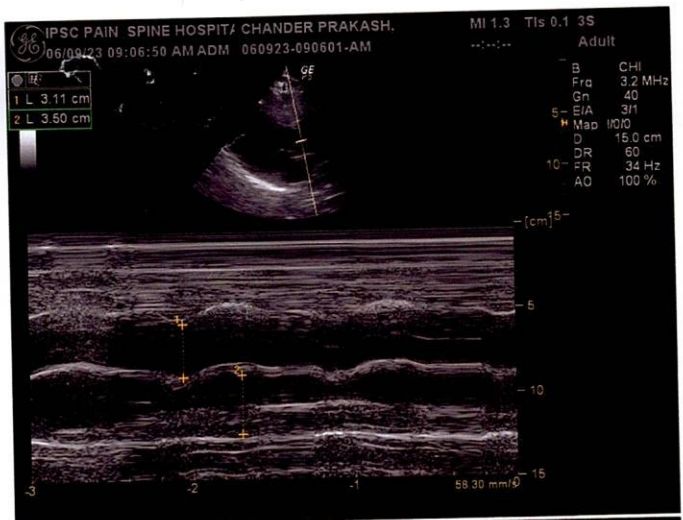
MR		TR	
Severity	Trace	Severity	nil
Max Velocity		PASP	7
AR		PR	
Severity	nil	Severity	nil

DR ANIL SAHOO
MD, DM (CARDIOLOGY)




BOOK APPOINTMENT





Radiology No.	: 3478/OPDPB23DL	Date	: 06-Sep-2023
Patient Name	: Mr. CHANDER PRAKASH	Age/Sex	: 60Y Male
Guardian Name	:	UHID No.	: 3846/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7678234065

ULTRASOUND WHOLE ABDOMEN

Convex and linear probes were used.

The liver is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in calibre.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal.

No calculus, mass or hydronephrotic changes seen.

Right kidney measures-105 x 45

Renal artery pulsation appears normal.

Left kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal.

No calculus, mass or hydronephrotic changes seen.

Left kidney measures-99 x 50mm.

Renal artery pulsation appears normal.



Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 3478/OPDPB23DL	Date	: 06-Sep-2023
Patient Name	: Mr. CHANDER PRAKASH	Age/Sex	: 60Y Male
Guardian Name	:	UHID No.	: 3846/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7678234065

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.
Retro-peritoneal lymphadenopathy/ ascites/ pleural effusion:

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is mildly increased in size for age with median lobe hypertrophy indenting the base of bladder. The echotexture is coarsened. It measures 33 x 45 x 41 mm. Its volume is 32gms.

Impression – Borderline Prostatomegaly.

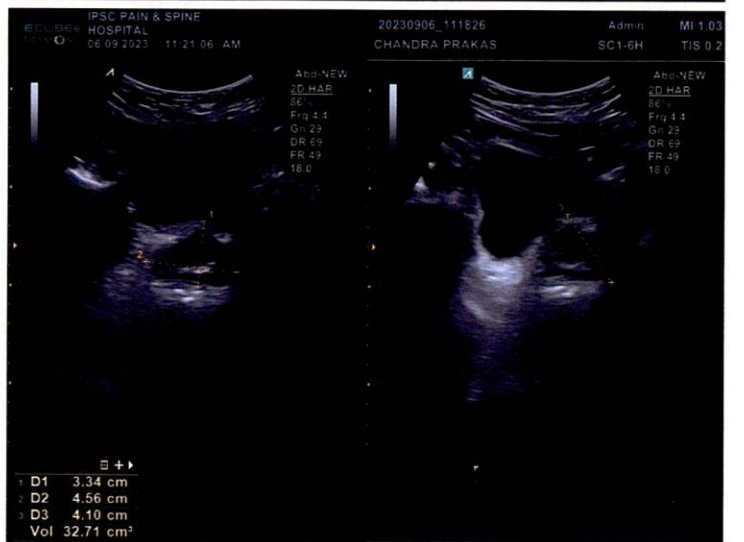


Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





Radiology No.	: 3478/OPDPB23DL	Date	: 06-Sep-2023
Patient Name	: Mr. CHANDER PRAKASH	Age/Sex	: 60Y Male
Guardian Name	:	UHID No.	: 3846/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7678234065

X-RAY CHEST**Indication: Routine check-up.****Image quality:-**

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.**Cardiac:-** Cardia is enlarged. Aortic knuckle calcification is seen.

Cardiac borders are visible.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: Cardiomegaly not in failure.

Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



1950-1951
M. J. R. RAYSON
M. J. R. RAYSON

R

IPSC

ID: 1
mr chander prakash
Male 60 Years
Req. No. :

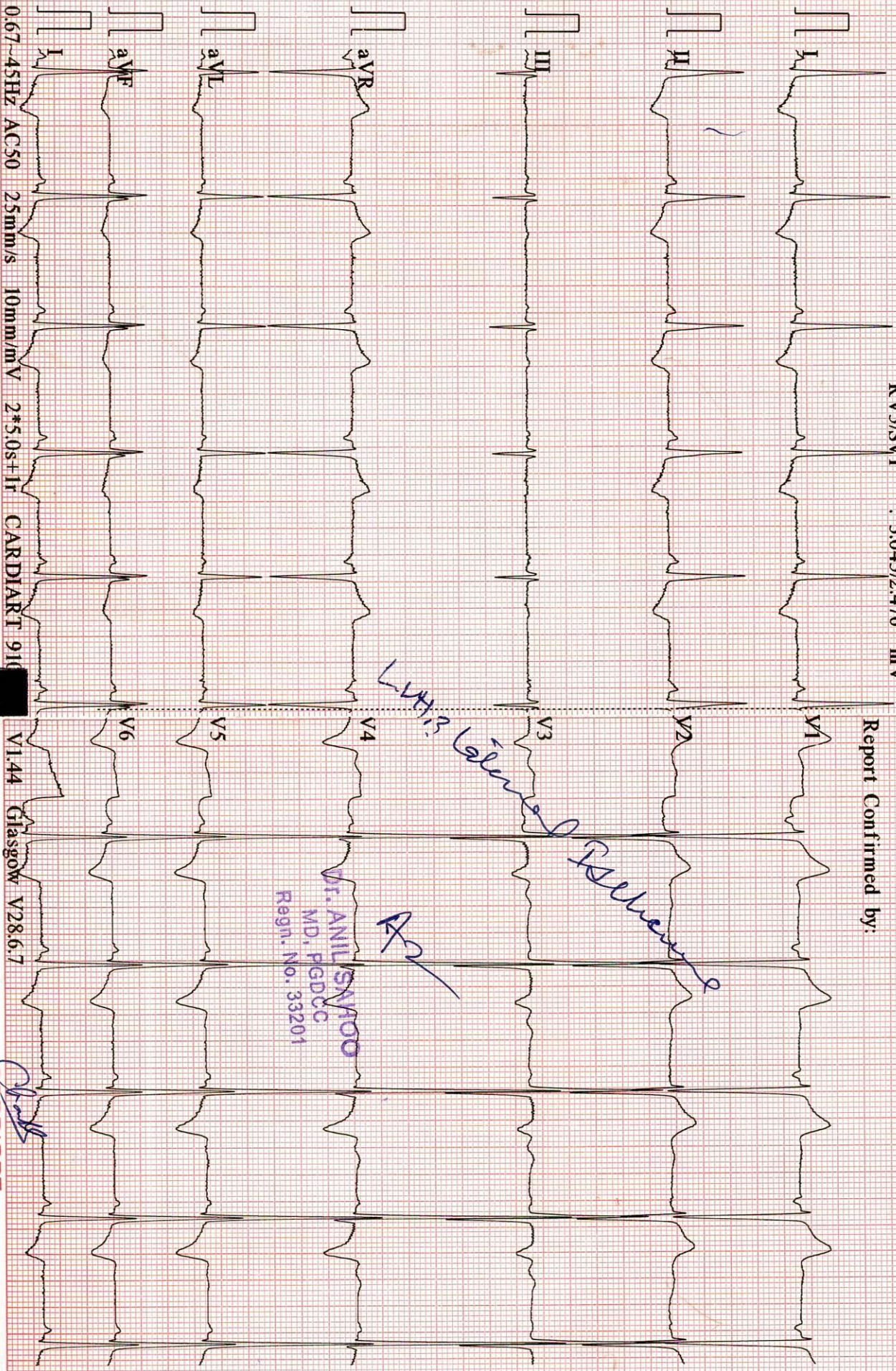
06-09-2023 09:50:42 AM
HR : 62 bpm
P : 84 ms
PR : 118 ms
QRS : 92 ms
QT/QTcBz : 414/421 ms
P/QRS/T : 43/21/-159 °
RV5/SV1 : 3.045/2.476 mV

Diagnosis Information:
Sinus rhythm
Left ventricular hypertrophy
Widespread ST-T abnormality may be due to the hypertrophy and/or ischemia
Abnormal ECG

Report Confirmed by:

Dr. ANIL SINGH
MD, PGDCC
Regn. No. 33201


LVDH? believe
Believe
AC



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 911

V1.44 Glasgow V28.6.7

CARDIART

Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : EDTA whole blood	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

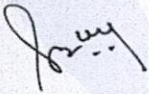
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"B"
"POSITIVE"

Manual
Manual

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Plasma(Sodium fluoride)	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	107.0	mg/dl	74-100	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

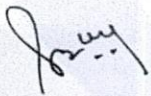
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 13.26
Refd. By : Dr. .		Received : 06-Sep-2023 13.27
Sample Type : Plasma(Sodium fluoride)	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

Blood Sugar PP	156.6	mg/dl	70-150	GOD-POD
----------------	-------	-------	--------	---------

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

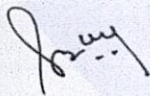
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : EDTA whole blood	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

HEAMOTOLOGY

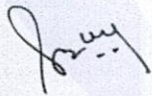
COMPLETE BLOOD COUNT

HEMOGLOBIN	12.9	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.8	10 ³ /uL	4.0-11.0	Electrical impedance

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	30	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	16	mm/1sthr	0-20	Westergren's
RBC COUNT	4.57	mili/cmm	3.8-5.5	Electrical impedance
PCV	39	%	35-45	Calculated
MCV	84.50	fL	80-100	Calculated
MCH	28.2	Picogram	27.5-33.2	Calculated
MCHC	33.40	gm/dl	32-36	Calculated
PLATELET COUNT	217	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : EDTA whole blood	Sample ID : 232818	Report : 06-Sep-2023 14.23

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	6.4	%	4-6	PEIT
--------------------------------	------------	----------	------------	-------------

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

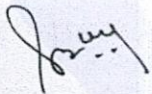
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE			Immunochromatography

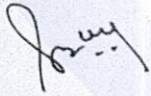
Serology

Interpretation:-

Clinical Singnificance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected :06-Sep-2023 09.17
Refd. By : Dr. .		Received :06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report :06-Sep-2023 13.53

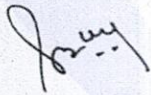
TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

HIV 1 & II	NEGATIVE			Immunochromatography
------------	-----------------	--	--	----------------------

Serology

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(921 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 13.53

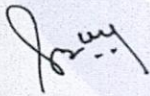
TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	29.9	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	7.50	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.26	g/dl		
Calcium	10.5	mg/dl	8.6-10.2	Arsenazo
Sodium	141.8	mmol/L	136.0-149.0	ISE Indirect
Potassium	3.7	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.5	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	204.00	mg/dl	123-199	CHOD-PAP
Triglycerides	100.9	mg/dl	40-160	Gpo
HDL Cholesterol Direct	50.9	mg/dl	35.3-79.5	Direct
Vldl	20	mg/dl	4.7-22.1	
LDL Cholesterol Direct	132.9	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.0		0.0-4.97	
LDL/HDL Ratio	2.6		0.0-3.55	

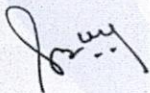
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected :06-Sep-2023 09.17
Refd. By : Dr. .		Received :06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report :06-Sep-2023 13.53

pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

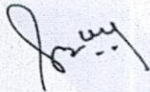
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
-------------	-----------------	---------------

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

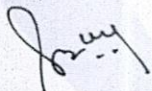
Total Bilirubin	0.39	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.17	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.22	mg/dl	0-0.8	Calculated

Total Protein

PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.26	g/dl		
SGOT	20	U/L	0-35	IFCC
SGPT	15	U/L	0.0-45	IFCC

Gamma GT	16.0	U/L	0-55	Glupa-c
Alkaline Phosphatase	146	U/L	53-128	Amp

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



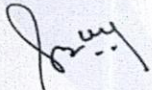
Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 11.30
Refd. By : Dr. .		Received : 06-Sep-2023 11.31
Sample Type : STOOL	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

CLINICAL PATHOLOGY

STOOL R/M		%		
PHYSICAL EXAMINATION				
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
CHEMICAL REACTION				
REACTION	ACIDIC			
MICROSCOPY EXAMINATION				
PUS CELLS	2-3			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



BOOK APPOINTMENT

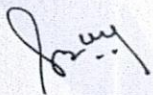


Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
HORMONES				
TSH	4.16	μIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



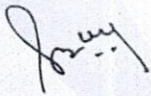
BOOK APPOINTMENT



Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected :06-Sep-2023 09.17
Refd. By : Dr. .		Received :06-Sep-2023 09.17
Sample Type : URINE	Sample ID : 232818	Report :06-Sep-2023 13.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
CLINICAL PATHOLOGY				
URINE ROUTINE				
MICROSCOPY				
PHYSICAL EXAMINATION				
QUANTITY	30.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.0		5.5 - 7	
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT

