

Mr. Mahendra Kumar
Age - 40 years.

BP - 150/100

P - 82 wt

H - 160 cm

WT - 63



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Apollo Clinic @ Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar Raipur (C.G.)

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Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomat (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Mahendra Dhanu
40/M

4/11/23

Pt ~~come~~ has come for routine dental checkup

O/E → Stains ++
Root piece ± S/

Missing ± 64/

Adv → Oral prophylaxis
Extrⁿ ± S/



1
yolo

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Mahendra

Date 6/11/23

Sex/Age/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	- NO			
NYSTAGMUS	- NO			
COLOUR VISION	- Normal			
FUNDUS:(RE):-	Clear (LE):- Clear			
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):-	EPG 6/6	(LE):-	EPG 6/6	
NEAR VISION:(RE):-	EPG N/6	(LE):-	EPG N/6	
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
<p>REMARKS :-</p> <p>Vh EPG 6/6 6/6 NVE PEG N/6 -</p>				

Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 24/2006



Patient Name : MR MAHENDRA KUMAR DHRUW
UHID/ MR No : 7476
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 03:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 12:06PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.83	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	37.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	77.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	25.7	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.28	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	72	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	20	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes Method: CELL COUNTER	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 12:06PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	97	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 10
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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BIO CHEMISTRY			
Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL) Glucose -Post prandial Method: REAGENT GRADE WATER	100.0	mg/dl	70-140
GLUCOSE (FASTING) Glucose- Fasting SUGAR REAGENT GRADE WATER	97.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.70	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.4	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	150.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	65.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	92	mg/dl	Optimal < 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 150-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	13	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.33		3.5-5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.4	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.6	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	87	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	68	U/L	0 - 41
ALKALINE PHOSPHATASE	118	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

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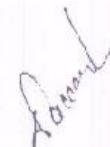
Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 12:06PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	3CML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Present 2 +		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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Patient Name : Mr.MAHENDRA KUMAR DHRUW	Collected : 05/Nov/2023 11:28AM
Age/Gender : 40 Y 0 M 0 D /M	Received : 05/Nov/2023 12:47PM
UHID/MR No : DSUS.000005440	Reported : 05/Nov/2023 01:40PM
Visit ID : DSUSOPV3281	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDIHAR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	94	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 - 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 - 7
FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	> 10

Note: Dietary preparation or fasting is not required.

- HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1c values is a better indicator of Glycemic control than a single test.
- Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Patient Name : Mr. MAHENDRA KUMAR DHRUW
 Age/Gender : 40 Y 0 M 0 D / M
 U-HID/MR No : DSUS.0000005440
 Visit ID : DSUSOPV6281
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 05/Nov/2023 11:28AM
 Received : 05/Nov/2023 12:14PM
 Reported : 05/Nov/2023 03:05PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOETHYRONINE (T3, TOTAL)	0.82	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.120	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotoxic periodic paralysis

*** End Of Report ***

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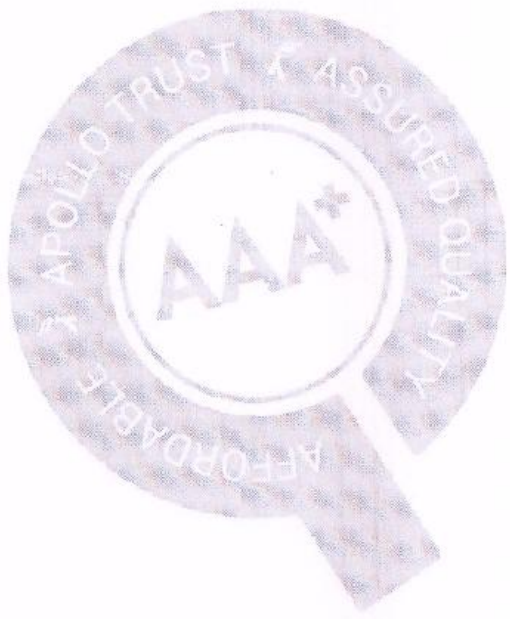
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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Dr. Sandhya Verma
Dr. SANDHYA VERMA
 MBBS, MD.(Pathology)
 Consultant Pathologist

Dr. Manik Kujur
DR.MANIK KIJUR
 M.B.B.S.M.D(Pathology)
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