

Rakesh Roshan
Age - 50 y/m

BP - 120/80 mm of Hg

P 100 b/m

H - 171

WT - 60



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0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Rakesh Poslan

Date 4/11/23

Sex/Age 50/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	No			
NYSTAGMUS	No			
COLOUR VISION	Normal			
FUNDUS:(RE):-	well		(LE):-	well
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):-	6/6	(LE):-	6/6	
NEAR VISION:(RE):-	EPG N/6	(LE):-	EPG N/6	
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	+2.0
LEFT	-	-	-	+2.0
REMARKS :-				
<p><u>20/20</u> <math>6/6</math> <u>20/20</u> <math>6/6</math> near vision EPG <math>N/6</math> near vision EPG <math>N/6</math></p>				

Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 621/2006



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Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (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

Rakesh Rastham
50/M

4/11/23

Pt has come for routine dental checkup

O/E → Stains ++
Calculus +

teeth = 4/1

Missing = 1/6

Generalised Attrition

Adv →

exctⁿ = 4/1

oral prophylaxis

1
cycle



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Patient Name : MR RAKESH ROSHAN BHONSLE
 UHID/ MR No : 7465
 Visit Date : 04/11/2023
 Sample Collected On : 04/11/2023 02:54PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 50 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/11/2023 10:44AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	10.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.77	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	31.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	55.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	18.4	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	16.7	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	3.95	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 7 of 8

Dr. Dhnanjay Ramchandra Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	187	lacs/cu.mm	150-400
Method: CELL COUNTER			

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

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Lab Technician / Technologist
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Page 8 of 8


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR RAKESH ROSHAN BHONSLE
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism


Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
 RhD factor (Rh Typing) : POSITIVE

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Page 6 of 8


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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	383.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	175.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.10	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.25	mg/dL	2.6 - 7.2

End of Report
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Lab Technician / Technologist
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Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 50 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 05/11/2023 10:44AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	210.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	298.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	111.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	59.60	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	5.38		
Method: Spectrophotometric			

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	27	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	33	U/L	0 - 41
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.86	%	1.1 - 2.2

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Page 3 of 8


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Age/Gender : 50 Y. Male
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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Present 3 +		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	1 - 2	/hpf	0 - 5
Epithelial Cell	1 - 2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Patient Name : Mr.RAKESH ROSHAN BHONSLE	Collected : 05/Nov/2023 11:03AM
Age/Gender : 50 Y O M O D / M	Received : 05/Nov/2023 12:13PM
UHID/MR No : DSUS.0000005429	Reported : 05/Nov/2023 02:25PM
Visit ID : DSUSOPV6270	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	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-iodothyronine (T3, TOTAL)	1.21	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	33.110	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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/Thyrotropinoma

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Patient Name : Mr.RAKESH ROSHAN BHONSLE	Collected : 05/Nov/2023 11:03AM
Age/Gender : 50 Y C M O D / M	Received : 05/Nov/2023 12:47PM
UHID/MR No : DSUS.0000005429	Reported : 05/Nov/2023 01:32PM
Visit ID : DSUSOPV6270	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	10.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	246	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)

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Page 1 of 3

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.400	ng/mL	0-4	CLIA

*** End Of Report ***

Sandhya Verma

Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist



DR. MAIKAL KUJUR
M.B.B.S, M.D(Pathology)
Consultant Pathologist



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Page 3 of 3

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