



भारत सरकार
GOVERNMENT OF INDIA



नंदलाल परते
Nandlal Parte
जन्म वर्ष / Year of Birth : 1968
पुरुष / Male



4635 1757 6664

आधार — आम आदमी का अधिकार

Parte
23/7/2022

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





भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O: मुबलाल परते 402, हवा
बंगला के पास, सुर्यदेव नगर, इंदौर, इंदौर
जी.पी.ओ., मध्य प्रदेश, 452001

Address: S/O: Subelal Parte, 402,
hawa bangla ke pass, Surydev
Nagar, Indore, Indore G.P.O.,
Madhya Pradesh, 452001



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



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

MR. NANDLAL PARTE

54 YEARS /MALE

BOB

23-07-2022

Height: 168

Weight: 54

BP: - 138/ 87 mmhg

Pulse: - 70/- Regular

BMI: - 19.1

EYE: - NORMAL

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

1. FIT
2. UNFIT on account on account of



Dr. D. S. Chhabra
DR. D. S. CHHABRA
MBBS. MD.

MR. PARTE NANDLAL**53 Yrs./M.****BOB****23rd July 2022****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 [Rt.- measures about 9 cms. & Lt.- 10 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 14 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.**

MR. PARTE NANDLAL

53 Yrs./M.

BOB

23rd July 2022

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.

MR. PARTE NANDLAL

54 Years /M

BANK OF BARODA

23-07-2022

LIPID PROFILE

Test Name	Results	Normal Range
TOTAL LIPIDS	591	400 - 700 mg/dl
CHOLESTROL	188.0	<200 mg/dl- Désirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	40.	35- 60 mg/dl
TRIGLYCERIDE	165.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	115	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	33	<40 mg/dl
RISK RATIO	4.7	3 - 6

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA MD

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.

M.D.

MR. PARTE NANDLAL
BANK OF BARODA54 Years /M
23-07-2022**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	16.2	13 - 18 gm%
R.B.C. Count	4.58	4.5 - 5.5 milli./cu.mm
PCV	48.8	40 - 50 %
MCV	106.55	80 - 95 fl
MCH	35.37	27 - 32 pg
MCHC	33.20	31.5 - 34.5 %
TOTAL WBC COUNT	7,400	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	70	40 - 75 %
Lymphocytes	26	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.36	1.5 - 4 Laes/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

MR. PARTE NANDLAL
BANK OF BARODA**54 Years /M**
23-07-2022**HBA1C**

Test Name	Results	Normal Range
HBA1C	5.6	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %

DR. POOJA PRAPANNA
M.D.

MR. PARTE NANDLAL**54 Years /M****BANK OF BARODA****23-07-2022****URINE EXAMINATION**

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

Dr. POOJA PRAPANNA**DR. POOJA PRAPANNA****M.D.**

MR. PARTE NANDLAL**54 Years /M****BANK OF BARODA****23-07-2022****BLOOD GROUP**

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

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

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA
M.D.

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

MR. PARTE NANDLAL
BANK OF BARODA54 Years /M
23-07-2022

Test Name	Results	Normal Range
BIOCHEMISTRY		
FASTING BLOOD SUGAR	98.0	70 - 110 mg/dl
P.P. BLOOD SUGAR	110.0	upto 140 mg/dl
TOTAL BILIRUBIN	0.88	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.67	< 1.0 mg/dl
S.G.O.T	25.0	0 - 45 IU/L
S.G.P.T	14.0	0 - 45 IU/L
ALKALINE PHOSPHATE	105.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
GAMA GT	36.0	5 - 43 Iu/l
TOTAL PROTEIN	7.66	6.0 to 8.0 g/dl
ALBUMIN	4.21	3.2 to 5.0 g/dl
GLOBULIN	3.45	1.9 to 3.5
A:G RATIO	1.22	1.2 TO 2.3
CREATININE	0.88	0.6 - 1.4 mg\dl
URIC ACID	5.21	3.5 - 7 mg\dl
BUN	10.0	5 - 21 Mg/dl

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
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M.D.



LABORATORY REPORT

Name : Mr. NANDLAL PARTE	Sex/Age : Male / 53 Years	Case ID : 20701606813
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE	Reg Date and Time : 23-Jul-2022 12:29	Pt. Loc. :
Sample Date and Time : 23-Jul-2022 12:29	Sample Type : Serum	Mobile No. :
Report Date and Time : 23-Jul-2022 13:45	Sample Coll. By : non	Ref Id1 :
Acc. Remarks		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Thyroid Function Test				
Triiodothyronine (T3) <small>CMA</small>	94.05	ng/dL	58 - 159	
Thyroxine (T4) <small>CMA</small>	6.5	µg/dL	4.6 - 10.5	
TSH <small>CMA</small>	0.9551	µIU/mL	0.4 - 4.2	

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test) when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

Soma

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

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Printed On : 23-Jul-2022 15:22



LABORATORY REPORT

Name : Mr. NANDLAL PARTE	Sex/Age : Male / 53 Years	Case ID : 20701606813
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Jul-2022 12:29	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Jul-2022 12:29	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Jul-2022 15:13	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Prostate Specific Antigen <small>CMA</small>	0.335	ng/mL	0.00 - 4.00	

INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer.

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%
fr Probability of malignancy	56%	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.
* Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

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

Dr. Sushma Chourasia
MD Path

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

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LABORATORY REPORT



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Report Date and Time : 23-Jul-2022 15:13	Acc. Remarks	Ref Id2 :

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

Dr. Sushma Chourasia
MD Path

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M.D. Microbiology

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M.D. (Pathology)

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DR. MAHENDRA CHOURASIYA
M.D.,D.M.
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. NANDLAL PARTE **Age** : 54 Yrs/ M
REFERRED BY : BOB **Date** : 23rd July 2022

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** Normal sized cardiac chambers.
- ** Normal biventricular functions. LVEF : 60 %.
- ** Normal cardiac valves.



DR. Mahendra Chourasiya
DR. MAHENDRA CHOURASIYA. M.D.,D.M.

TWO DIMENSIONAL ECHOCARDIOGRAPHY

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

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

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

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 %.

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

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

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	: 3.0 cms.	2.0-3.7 cm < 2.2 cm / M ²
2. Aortic Valve Opening	: 2.5 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.3 cms.	1.9-4.0 cm < 2.2 cm / M ²
5. Left Ventricular ED Dimension	: 3.8 cms.	3.7-5.6 cm < 3.2 cm / M ²
6. Left Ventricular ES Dimension	: 2.3 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.4 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.2 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

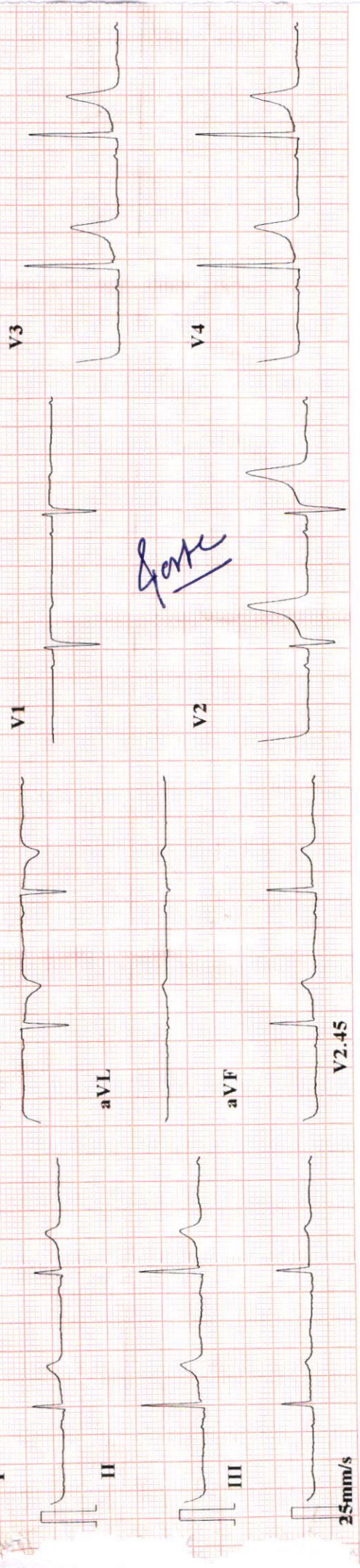
Peak Flow Velocity (M/Sec.)		Peak Gradient (mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

MR. Nandlal Parde 54y/NBPL-02

2022-07-23 10:15:53

10mm/mV 0.67-25Hz AC50



CARDIART

ID		:220723-1015		Minnesota Code:	
Name				9-4-1(V3)	
Age	: 53 yr	HR	: 62 bpm	Diagnosis Information:	
Sex	: Male	P	: 75 ms	800: Sinus Rhythm	
BP		PR	: 147 ms	***Normal ECG***	
Height	: cm	QRS Dur	: 98 ms	Report Confirmed by:	
Weight	: kg	QT/QTc int	: 396/405 ms		
		P/QRS/T axis	: 45/66/50 °		
		RV5/SV1 amp	: 1.953/0.876 mV		
		RV5+SV1 amp	: 2.829 mV		
		RV6/SV2 amp	: 1.387/0.619 mV		

CARDIART

MMT
Dr. Mahendra Chourasiya
M.D., D.M. (Cardio)



UNIQUE DIAGNOSTIC CENTRE INDORE

23 Jul 2022

Name : MR. NANDLAL PARTE

Age : 54 Yrs/M

Ref.by : BOB

Done by : DR.MAHENDRA CHOURASIYA M.D.,D.M.

