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Mr. Sachin Avnish Nag
Ag - 41y/m

BP - 130/90 mm of Hg

P - 100 b/m

H - 172 cm.

Wt. 70 kg

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Sachin   Date 4/11/23

Sex/Age 41/M   MR No ....   Employee Id ....

EXTERNAL EXAMINATION	
SQUINT	- No
NYSTAGMUS	- No
COLOUR VISION	- normal
FUNDUS:(RE):-	WNL (LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	
DISTANT VISION:(RE):-	6/6 (LE):- 6/6
NEAR VISION:(RE):-	ē PG N/6 (LE):- ē PG N/6
NIGHT BLINDNESS	

	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	+1.25
LEFT				+1.25

REMARKS :- Vn - (6/6, 6/6)
N/6 - N/6

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

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

Mr. Sachin Awish 4/11/23
41/M

Pt has come for routine dental checkup

O/E → Stains ++
Calculus +
Generalised Attrition

Adv → Oral Prophylaxis

[signature]

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UHID/ MR No	: 7474	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	Reported On	: 05/11/2023 11:55AM
Sample Collected On	: 04/11/2023 03:13PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	13.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	**6.15**	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**67.3**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**22.4**	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	14.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.60	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	69	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	20	%	15.0 - 45.0
Monocytes	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	101	lacs/cu.mm	150-400

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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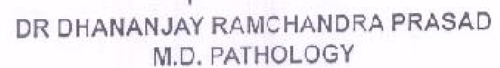

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	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)	A
RhD factor (Rh Typing)	POSITIVE

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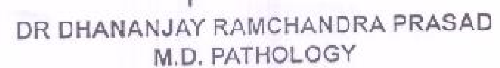

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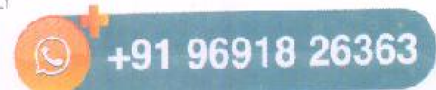

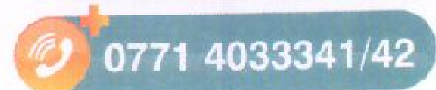

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	**148.0**	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting	93.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	3.5	mg/dL	2.6 - 7.2

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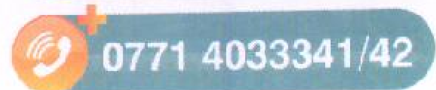

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	130.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	93	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	26	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.70		3.5-5

Methode: Spectrophotometric

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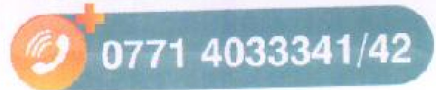

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BIO CHEMISTRY

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) Mathod: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	24	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	27	U/L	0 - 41
ALKALINE PHOSPHATASE	68	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.91	%	1.1 - 2.2

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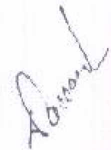

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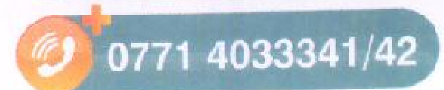

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CLINICAL PATHOLOGY

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)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		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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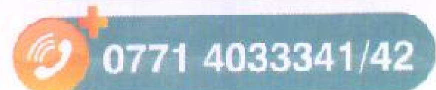

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Patient Name	: Mr.SACHIN AVNISH NAG	Collected	: 05/Nov/2023 11:23AM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 05/Nov/2023 12:47PM
UHID/MR No	: DSUS.0000005438	Reported	: 05/Nov/2023 01:37PM
Visit ID	: DSUSOPV6279	Status	: Final Report
Ref Doctor	: APOLLOCLINIC	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*	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), *WHOLE BLOOD EDTA*	108	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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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IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.01	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.910	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/Thyrotropinoma

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.980	ng/mL	0-4	CLIA

*** End Of Report ***

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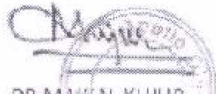
Consultant Pathologist



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