

**Ecu Number** MC/22/001050 **Ecu.Date** 10/09/2022  
**Pat.Number** 21052323 **SANJAY KUMAR DAS** **Age** 38  
**Ctgry.Desc.**  
**Height** 175 Cm. **Weight** 98 Kg. **Ideal Weight** 70 Kg. **BMI** : 32 Kg / Mtr<sup>2</sup>

**Past H/O** NO MEDICAL COMPLAINTS AT PRESENT.

**Present H/O** NO P/H/O ANY MAJOR ILLNESS.

**Family H/O** NO F/H/O ANY MAJOR ILLNESS.

**Habits** NO HABITS.

**Gen. Exam.** G.C. GOOD **B.P** 130/80 mm Hg **Pulse** 72/MIN REG. **Other** SPO2 : 98 %

**C.V.S.** CLINICALLY NAD

**R.S.** CLINICALLY NAD

**Abdomen :** **Liver :** NP **Spleen :** NP

**Skin** NAD

**C.N.S.** NAD

**OPHTHALMIC CHECK UP**

**RT**

**LT**

<b>Ext-Exam</b>	NORMAL	NORMAL
<b>Vision Without Glasses</b>	-	-
<b>Vision With Glasses</b>	WITH OWN 6/6 N.5	6/6 N.5
<b>Final Correction</b>	SAME AS PATIENT'S OWN	
<b>Fundus</b>	NORMAL	
<b>Colour Vision</b>	NORMAL	
<b>Advice</b>	NIL	

Dr. Manish Mittal

0



Patient Name : Mr. SANJAY KUMAR DAS  
Gender / Age : Male / 38 Years 1 Months 23 Days  
MR No / Bill No. : 21052323 / 231033400  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 70236  
Request Date : 10/09/2022 08:31 AM  
Collection Date : 10/09/2022 08:40 AM  
Approval Date : 10/09/2022 03:10 PM

## CBC + ESR

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.8	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.53	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	42.0	%	40 - 50
Mean Corpuscular Volume (MCV)	92.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.5	pg	27 - 32
MCH Concentration (MCHC)	32.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.9	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	7.83	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	58	%	40 - 80
Lymphocytes	29	%	20 - 40
Eosinophils	<u>07</u>	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	4.56	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.32	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.55</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.36	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	188	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	5	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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GENERAL HOSPITAL

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr. SANJAY KUMAR DAS  
Gender / Age : Male / 38 Years 1 Months 23 Days  
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metric 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

**Dr. Sejal Odedra**  
M.D.Pathology

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**DEPARTMENT OF LABORATORY MEDICINE**

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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

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**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	95	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	115	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

  
Dr. Sejal Odedra  
M.D.Pathology

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	82	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	196	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	41	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	155	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	<b>132</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.22		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.78		3.5 - 5

--- End of Report ---

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M.D.Pathology



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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	<u>1.23</u>	mg/dL	0 - 1
Bilirubin - Direct	0.22	mg/dL	0 - 0.3
Bilirubin - Indirect	1.01	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	<u>42</u>	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	<u>94</u>	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<u>148</u>	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	40	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.58	gm/dL	6.4 - 8.2
Albumin	4.06	gm/dL	3.4 - 5
Globulin	3.52	gm/dL	3 - 3.2
A : G Ratio	1.15		1.1 - 1.6
<i>(By Bluret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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M.D.Pathology



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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	23	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.97	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	7.7	mg/dL	3.4 - 7.2

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.670	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
Reference interval (ng/ml)			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	6.21	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
Reference interval (mcg/dL)			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	2.28	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
Reference interval (microIU/ml)			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
Pregnancy :			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



Patient Name : Mr. SANJAY KUMAR DAS  
 Gender / Age : Male / 38 Years 1 Months 23 Days  
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 Approval Date : 10/09/2022 01:09 PM

**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	5.7	%	
estimated Average Glucose (e AG) *	116.89	mg/dL	

(Method:  
 By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:  
 Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

Dr. Sejal Odedra  
 M.D.Pathology



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 Approval Date : 10/09/2022 11:47 AM

**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.025		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (0-2)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	0.00 - 1.45	/lpf	Nil
Crystals	0.00 - 1.45	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

  
 Dr. Sejal Odedra  
 M.D.Pathology



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21052323      Report Date : 10/09/2022  
Request No. : 190034137      10/09/2022 8.31 AM  
Patient Name : **SANJAY KUMAR DAS**  
Gender / Age : Male / 38 Years 1 Months 23 Days

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0937



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GENERAL HOSPITAL

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**ADVANCED DIGITAL SOLUTIONS**

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21052323      Report Date : 10/09/2022  
Request No. : 190034152      10/09/2022 8.31 AM  
Patient Name : **SANJAY KUMAR DAS**  
Gender / Age : Male / 38 Years 1 Months 23 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.**

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 14 cc. Prostate measures 29mm x 29mm x 31mm.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**Fatty liver.**

*Kindly correlate clinically*

\* ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 \* NOT VALID FOR MEDICO-LEGAL PURPOSES  
 \* CLINICAL CORRELATION RECOMMENDED

*Hasani*

**Dr.Perna C Hasani, MD**  
Consultant Radiologist



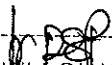
Patient No. : 21052323      Report Date : 10/09/2022  
Request No. : 190034196      10/09/2022 8.31 AM  
Patient Name : **SANJAY KUMAR DAS**  
Gender / Age : Male / 38 Years 1 Months 23 Days

### Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, MILD MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : MILD MR, NO AR // TR, NO PAH

### FINAL CONCLUSION:

1. CONCENTRIC LV HYPERTROPHIED
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. GRADE I LV DIASTOLIC DYSFUNCTION
5. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

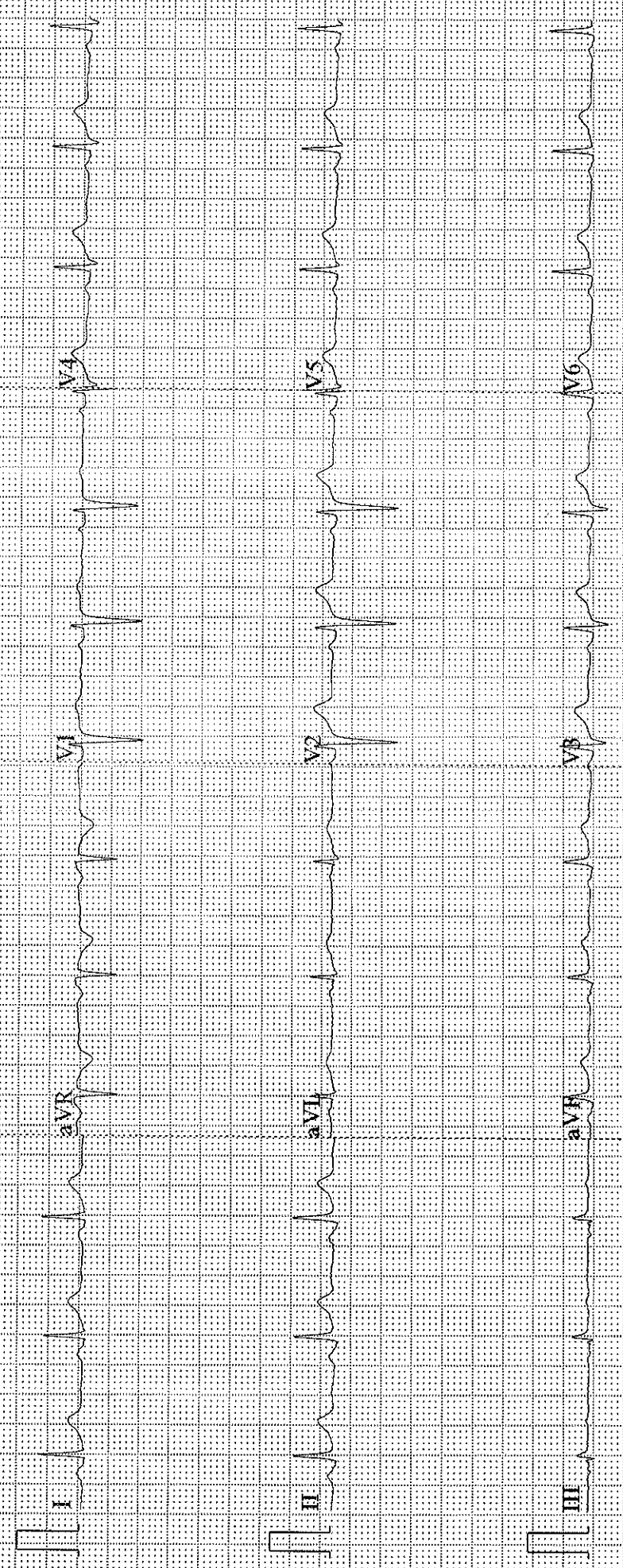
  
DR. KILLOTH KANERIA, M.D., D.M., CARD.

09-09-2022 11:31:16  
ID: 21052323  
MR. SANJAY KUMAR DAS  
Male 38 Years

HR 75 bpm  
P 101 ms  
PR 146 ms  
QRS 88 ms  
QT/QTc 360/403 ms  
P:QRS 35/48/59 °  
RV5/SV1 0.69/40.927 mV

Diagnosis Informa n  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by



# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



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GENERAL HOSPITAL

## Dental assessment form

10/09/2022

Name: Sanjaykumar Das

Age/ Sex: 38 years/Male

Patient has come for an oral hygiene check up

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession
- Initial caries with respect to 18, 28, 38, 48
- Missing tooth with respect to 47

### Provisional diagnosis:

- Chronic generalised gingivitis

### Treatment plan:

- Scaling and polishing
- Prosthesis with respect to 47

### Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr. Sonica Peshin

ITEM CODE:SMD066

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