

(A UNIT OF SYNERGY HEALTH TECH) State of The Art Trauma Centre



Dr. Anis Siddiqui

MD(Internal Medicine), PGCCDM Clinical Cardiologist & Diabetologist (P.G. Diploma in Clinical Endocrinology & Diabetes UK) Reg.no. CGMC 380 / 05 Mob.: 8839104525 / 9755891450

m	Predeep	Kumer	Brygy	SIM	20/11/22

Number meals therep MUO: TIDM LODD do no had in 31 cord (cer PR-901 pmcalto Cus' 850 m" MAMC G.72 Jul' OBC- WILL. FBS-134, PPB1-174 Lyn 8 Proble @ FILS Pla: FOUT PT H1-0 V mg-24, 5. cm 8.55 45-27 Venu Engue - absent PSA- 1.06 73/17/175H- WILL lon + MFO USR - WHE. VEY - NIW 479 GNT Curts 20 mm? CF 601, LM. 1 @ bouls P1.0

Sup: No significant med and Commissionly moder and amounty empl: mod RPM.

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E-mail: Wecarehospitals@gmail.com

EYE EXAMINATION

NAME: -	Ms.	Brudeep	Kumor	Single
AGE/SEX	51	YLM	4"	- 0 1

DATE:- 01/12/22

1. EXAMINATION OF EYES: (BY OPHTALMOLOGIST)

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		. ME	BBS, MS (Opth.)
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		Consultai	per Speciality Hospital
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GTB PLAZA, Beside Airtel Office, Ring Road No.1, Telibandha, Raipur (C.G.) Ph.: 0771-4024901, Emergency No.: 09109178901

E-mail: Wecarehospitals@gmail.com

PATIENT NAME : MR. PRADEEP KUMAR SINGH

RECEIPT NO.

: PAC/35

UHID NO.

: 36601

SAMPLE RECEIVED ON / AT

: 26/11/2022 09:25AM

AGE / SEX CONSULTANT

; 51 Y Male : DR ANIS SIDDIQUI SAMPLE REPORTED ON / AT : 26/11/2022 01:20PM

COMPLETE	BLOOD	COUNT	CBC)
			(F)

RBC				
Haemoglobin (HB)	16.1	gm%	12 - 17mg/dl	
Haematocrit (HCT)	47.2	%	40 - 55	
RBC Count /	5.64	millions/cumr	n 4.5 - 6	
MCV	83.7	fL .	78 - 92	
мсн	28.5	pg	27 - 32	
мснс	34.1	g/dl	32 - 36	
RDW-CV	13.2	%	11 - 16	
WBC.	1/1/0		740	4
Total Leucocyte Count (TLC)	4600		4000 -11000	
Differential Leucocyte Count	(DLC)			
Neutrophils	61	%	40 - 75	
Lymphocytes	32	%	20 - 40	· ·
Monocytes	05	%	0 - 8	
Eosinophils	02	%	1 - 7%	
Basophils	00	%	0 - 1	
PLATELETS				
PLT Count	1.38	lakhs/cmm	1.0 - 4.0	
MPV	10.6	fl	8 - 11	

Advice

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used fo medico-legal purposes. These reported results are for the information of referring clinical only.

Test Done By MEDONIC M-SERIES Fully Automatic.

Test Done By Senior Technologist SATYANARAYAN SINGH Report Obecked By Technician



Pathologist Dr. D. Prashant M.D. (Pathologist)

Page 5511





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HAEMATOLOGY

TEST

RESULT

UNIT

REF. RANGE

HbA1c (Glycosalated Haemoglobin)

HbA1C-Glycosalated Haemoglobin

6.23

%

4 to 6% Non-diabetic 6 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control Above 10% poor Control

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The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

ESR

10

mm at 1hr

up to 15 mm (1 hr)

Blood Group

ABO Group SLIDE METHOD. O Rh Positive

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Machine Footer

Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked By Technician

Pathologist Dr. D. Prashant M.D. (Pathologist)

Page 6 of 10



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21	PATHOL	_OGY	
TEST (RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	134		<110 mg/dl



Test Done By Senior Technologist SATYANARAYAN SINGH





Pathologist Dr. D. Prashant M.D. (Pathologist)



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	BIO CHEN	NISTRY	
rest	RESULT	UNIT	REF. RANGE
BSPP	174		<140 mg/dl
Urine SUGAR(PP)	ABSENT		ABSENT
GGT(GAMMA GT)		12 (19)	
GGT(GAMMA GT)	18	U/L	<55
LFT(Liver Function Test)			
Bilirubin - Total	1.13	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.70	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.43	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	6.26	g/dl	6.4 - 8.3 g/dl
Albumin	4.91	g/dl	3.5 - 5.2 g/dl
Globulin	1.35	g/dl	2.3 - 3.6
A/G Ratio	3.64		1.10 - 2.20
Alkaline Phosphatase	61	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	27	U/L	upto 35 U/L
SGPT (ALT)	29	U/L	upto 45 U/L

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Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked By Technician



Pathologist Dr. D. Prashant M.D. (Pathologist)





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UHID NO.

AGE / SEX

Desirable: <200 202 mg/dl Total Cholesterol Borderline : 200 - 239

High: >= 240

Normal:<161 162 mg/dl Triglycerides

High:

161-199

Hypertriglyceridemic: 200 - 499

Very High: > 499

Note: The National Cholestrol Education Program Adult

Treatment Panel III ((NCEP-ATP III) report.

mg/dl 35.3 - 79.5 HDL Cholesterol 59 60 - 165 110.60 LDL Cholesterol mg/dl

Note: The National Cholestrol Education Program Adult

Treatment Panel III ((NCEP-ATP III) report.

mg/dl VLDL Cholesterol 32.40 3.42 Total Cholesterol/HDL Ratio

1.87 2.5 - 3.5LDLC/HDLC Ratio

Correlates with Lipdi Profile:

- Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages. although water is permitted. No alcohol should be taken 24 before sample collection.
- Drugs: Cholestrol and Triglyceride lowering agents. Please repeat with fresh sample if dinically indicated.

The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

KFT(KIDNEY FUNCTION TEST)

Urea	24	mg/dL	15 - 45	
_Serum Creatinine	0.55	mg/dl	0.70 - 1.40 mg/dL	
Uric Acid	5.6	mg/dL	3.5 - 7.2	

Test Done By MICRO LAB 300 Fully Automatic.

Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked-By Technician

Pathologist Dr. D. Prashant M.D. (Pathologist)

Page 2 of 10







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CLINICAL PATHOLOGY

TEST

RESULT

UNIT

REF. RANGE

URINE SUGAR(F)

Urine Sugar (Fasting)

ABSENT

ABSENT



Test Done By Senior Technologist SATYANARAYAN SINGH

Report Checked By Technician



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: 36601

AGE / SEX

; 51 Y Male

CONSULTANT

: DR ANIS SIDDIQUI

The instrument for ichroma test calculate the test result autumatically and displays PSA concentration of the RECEIPT NO.

: PAC/35

SAMPLE RECEIVED ON / AT

: 26/11/2022 09:25AM

SAMPLE REPORTED ON / AT

: 26/11/2022 01:20PM

TUMOR MARKERS

TEST

RESULT

UNIT

REF. RANGE

PSA (Total)

1.06

ng/mL

CUT-OFF 4.00

test sample in terms of ng/mL

Test done by ichroma

We Care

Loude

Test Done By Senior Technologist SATYANARAYAN SINGH

Report Checked By Technician



Pathologist Dr. D. Prashant M.D. (Pathologist)



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THYR	OID F	IORM	ONES

TEST RESULT UNIT REF. RANGE THYROID HORMONES T3 (Triiodothyronine) ng/ml 0.5 - 2.0Remarks: 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs(Androgens, Estrogens, O C pills Phenytoin), Nephrosis etc. T4 (Thyroxine) 6.58 4.4 - 10.8 µg/dl Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites. pregnency, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. TSH µIU/ml 0.39-6.16 µIU/ml Remarks:1, 4,51 to 15 µ/U/ml - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH. 2. TSH values may be transiently altered because of non thyroidal illness like severe infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc. Drugs that decreases TSH values e.g. L-dopa.Glucocorticois Druges that increases TSH values e.g. lodine,Lithium,Amiodarone.

METHOD - ELISA ACCUBIND

Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked By Technician



Pathologist Dr. D. Prashant M.D. (Pathologist)





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ROUTINE URINE ANALYSIS TEST				
TEST	RESULT	UNIT	REF. RANGE	
Urine Routine ANALYSIS TI General Examination	EST			
Volume	20	ml	10 - 50	
Colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
рН	5.0		5.5 - 8.0	
Chemical Examination	11/2		7 44 2 1	
Urine Protein(Albumin)	Absent	g/L	Absent	
Urine Glucose(Sugar)	Absent	mmol/L	Absent	
Urine Ketons(Acetone)	Absent	mmol/L	Absent	
Specific Gravity	1.000			
Microscopic Examination				
Pus cells	1-2/hpf	/hpf	<5	
RBC (Urine)	Nil	/hpf	Nil	
Epithelial cell	0-1/hpf		0-4	
Casts	Absent		Absent	
Crystals	Absent		Absent	

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Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked By

Pathologist Dr. D. Prashant M.D. (Pathologist)







E-mail: Wecarehospitals@gmail.com

PATIENT'S NAME: PRADEEP KUMAR SINGH 51YR M

REFERRED BY: DR A SIDDIQUI

MRD NO: USG ABD 36601 MEDIWHEEL HC

STUDY TIME: 26-11-2022

PRINT TIME: 26/11/22 2:36 PM

PAGE 1

STUDY: USG OF THE ABDOMEN

INDICATION:

COMPARISON:

None.

OBSERVATIONS:

Liver is normal in size measuring 121 mm in craniocaudal extent, and normal in parenchymal echogenecity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 78 mm in size. No focal lesion is seen.

Pancreas appears normal in size and echopattem. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable.

Right kidney measures 98 mm in size. Right kidney is normal in size, shape, position and echogenecity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Left kidney measures 105 mm in size. Left kidney is normal in size, shape, position and echogenecity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is partially distended.

Prostate is enlarged measuring 34 mL in volume.

No free fluid is seen. No significant lymphadenopathy is seen.

CONCLUSION:

Mild Prostatomegaly.

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Ø l		
DR NEERAJ GAUTAM DNB RADIODIAGNOSIS		

ent: PRADEEP KUMAR SINGH 51YR M [USG ABD 36601 MEDIWHEEL HC] 01/01/1971 cudy: 26/11/2022 - 2:20 PM OsiriX Report SR















E-mail: Wecarehospitals@gmail.com

NAME MR. PRADEEP KUMAR SINGH

AGE 51 Y/M

REF BY: DR. ANIS SIDDIQUI

DATE: 26/11/2022

ECHOCARDIOGRAPHY

M-MODE

MEASUREMENT	PT'S VALUE	NORMAL VALUE	
AO	36.9 mm	20-37 mm	
LA	31.2 mm	19-40 mm	
IVS (d)	11.8 mm	6-11 mm	
LVID (d)	41.1 mm	35-50 mm	
LVPW (d)	11.8 mm	6-11 mm	
LVID (S)	20.8 mm	23-39 mm	
EF	60%		

2 D ECHO & CFI

CHAMBERS

NORMAL.

VALVES

- NORMAL

SEPTAE

IVS / IAS Intact

RWMA

NO RWMA PRESENT AT REST.

EF

60%

CLOT / VEGETATION/ PERICARDIAL EFFUSSION - NILL.







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VALVE (mmHg)	REGURG	ITATION	GRADIENT
Mitral Valve	NILL	Not Significa	nnt
Aortic Valve	NILL	Not Significa	nt
Tricuspid Valve	NILL	Not Significat	nt
Pulmonary Valve	NILL	Not Significan	nt

PULSE WAVE DOPPLER

Mitral Valve inflow shows E Wave<AWave.

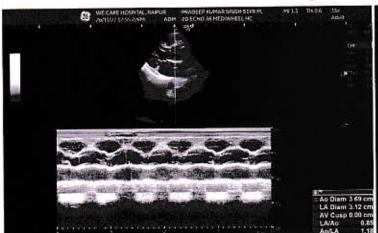
IMPRESSION.

- NO RWMA PRESENT AT REST. DRA-I.
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60% BORDERLINE LVH.
- NO AS/MS/TR/NO AR/NO MR.

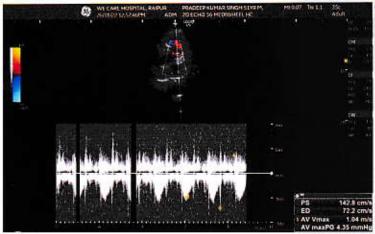
NO INTRACARDIAC CLOT, VEGETATION.

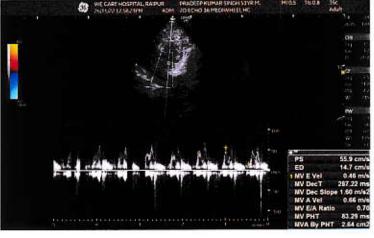
Dr.ANIS SIDDIQUI (MD,PGCCDM)

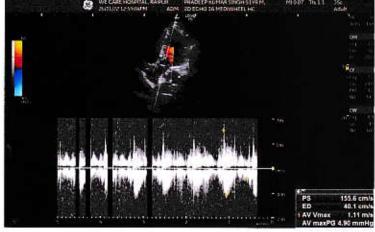
Care

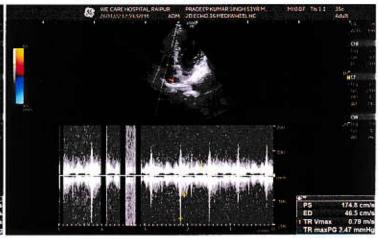












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						HR HR PR PR QRS QT/QTc P/QRS/I RV5/SV1
3*50-11-	\ <u>\</u>	مسيم اسم	7		}	: 59 bpm : 97 ms : 132 ms : 92 ms : 392/390 m : 56/72/39
	- }	}	7		}	ms i
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	{\frac{4}{2}}	\{\z_{\sqrt{\sq}\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	25	Diagnos Sinus V1
	-}-					is Information: Bradycardia with Sinus Confirmed by:
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MIA WIN	}	-				and the second s
<u>}</u>	_{_	<u> </u>				_





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MRD NO: XR CHEST 36601 KH 35 MEDIWHEEL HC

STUDY TIME: 26-11-2022 PRINT TIME: 02/12/22 1:34 PM

PAGE 1 OF 1

STUDY: XRAY OF THE CHEST PA VIEW

INDICATION:

COMPARISON:

None.

OBSERVATIONS & CONCLUSION:

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLASPE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

DR GAGANDEEP SINGH SALUJA
MD RADIODIAGNOSIS

DR NEERAJ GAUTAM DNB RADIODIAGNOSIS