

(10 min)

7/10/23

Mr. Nandan Kumar
32y/m

BP - 120/80

P - 86/nt

M - 173 cm

WT - 78 kg

NO 1710

Dr. HN. Gupta

Dr. Dally → 8319143052

3ms 26.1

Dr. V
Regular working



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)


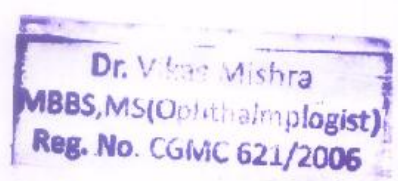
Patient Name Mr. Nandan Kishan

Date 7/10/23

Sex/Age 32/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT - NO				
NYSTAGMUS - NO				
COLOUR VISION - normal				
FUNDUS:(RE):- clear (LE):- clear				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- 6/6 (LE):- 6/6				
NEAR VISION:(RE):- 14/6 (LE):- 14/6				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT	-	-	-	-
REMARKS :- fundus . clear Vn < 6/6 6/6  				

Patient Name : MR NANADAN KUMAR
UHID/ MR No : 7097
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:17PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 32 Y, Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 06:54PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.13	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	83.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.7	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	14.0	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.83	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	48	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	44	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	126	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10


Blood Group (ABO Typing)

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

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NANADAN KUMAR
UHID/ MR No : 7097
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:17PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/10/2023 06:54PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(\text{mg/dl}) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

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DR DHANANJAY RAMCHANDRA PRASAD
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UHID/ MR No : 7097
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:17PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 06:54PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	126.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	94.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.72	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	5.23	mg/dL	2.6 - 7.2

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DR DHANANJAY RAMCHANDRA PRASAD
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 Sample Collected On : 07/10/2023 04:17PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 32 Y. Male
 OP Visit No : OPD-UNIT-II-4
 Reported On : 09/10/2023 06:54PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	148.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	180.0	mg/dl	Normal : < 150 Borderline High : 160-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol ,	72	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	36	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.70		3.5-5
Method: Spectrophotometric			

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Amal
 DR DHANANJAY RAMCHANDRA PRASAD
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Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 09/10/2023 06:54PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	39	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	48	U/L	0 - 41
ALKALINE PHOSPHATASE	73	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-7
Reported On : 09/10/2023 06:54PM

IMMUNO ASSAY


Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.13	ng/mL	0.79-1.58
Clinical Use - Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum	7.60	mcg/dl	4.5-12.0
Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum	2.53	mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction - Assess thyroid status in patients with abnormal total T4 concentrations - Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use - Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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 Sponsor Name :

Age/Gender : 32 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 09/10/2023 06:54PM


CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.000		
Reaction (pH)	6.5		
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	Occasional	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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