

MR. GOPAL BAIRAGI

BOB

51 YEARS /MALE

22-07-2023

Height: 167 Cms

Weight: 52 Kg

BP: - 117/73 mmhg

Pulse: - 62/- Regular

BMI: - 18.6 kg/m<sup>2</sup>

EYE: - NORMAL

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

1. FIT

2. UNFIT on account of



**Dr. D. S. Chhabra**

M.B.B.S., M.D.

Reg. No.-5007

DR. D.S. CHHABRA

MBBS. MD.

MR. GOPAL BAIRAGI

51 Years /M

BANK OF BARODA

22-07-2023

**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	15.6	13 - 18 gm%
R.B.C. Count	6.52	4.5 - 5.5 milli./cu.mm
PCV	49.3	40 - 50 %
MCV	75.61	80 - 95 fl
MCH	23.93	27 - 32 pg
MCHC	31.64	31.5 - 34.5 %
TOTAL WBC COUNT	7,100	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	57	40 - 75 %
Lymphocytes	38	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.49	1.5 - 4 Lacs/cu.mm.
E.S.R	14	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

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MD  
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**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.98	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.77	< 1.0 mg/dl
S.G.O.T	20.0	0 - 45 IU/L
S.G.P.T	25.0	0 - 45 IU/L
ALKALINE PHOSPHATE	98.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	7.72	6.0 to 8.0 g/dl
ALBUMIN	4.68	3.2 to 5.0 g/dl
GLOBULIN	3.04	1.9 to 3.5
A:G RATIO	1.54	1.2 TO 2.3
GAMA GT	30.0	5 - 43 Iu/l

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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.

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**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	469	400 - 700 mg/dl
CHOLESTROL	155.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	42.0	35- 60 mg/dl
TRIGLYCERIDE	109.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	91.2	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	21.8	<40 mg/dl
RISK RATIO	3.69	3 - 6

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**MR. GOPAL BAIRAGI****51 Years /M****BANK OF BARODA****22-07-2023**

Test Name	Results	Normal Range
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**HAEMATOTOLOGY PROFILE**

<b>BLOOD GROUP</b>	: -
<b>"ABO " GROUP</b>	"AB"
<b>Rh (D) Factor</b>	Positive
	.
	.
(Cross matching & recheck of Blood Group is mandatory before any transfusion)	.

**BIOCHEMISTRY**

<b>FASTING BLOOD SUGAR</b>	<b>90.0</b>	<b>70 - 110 mg/dl</b>
<b>CREATININE</b>	<b>1.16</b>	<b>0.6 - 1.4 mg\dl</b>
<b>BUN</b>	<b>17.0</b>	<b>5 - 21 Mg/dl</b>
<b>URIC ACID</b>	<b>4.23</b>	<b>3.5 - 7 mg\dl</b>

  
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**URINE EXAMINATION**

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

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M.D.



## LABORATORY REPORT



Name : <b>GOPAL BAIRAGI</b>	Sex/Age : <b>Male / 51 Years</b>	Case ID : <b>30701605581</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : <b>22-Jul-2023 13:41</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No. :
Sample Date and Time : <b>22-Jul-2023 13:41</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>22-Jul-2023 14:58</b>	Acc. Remarks : <b>-</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

<b>HbA1C</b> <i>(IT)</i>	<b>5.10</b>		% of total Hb 4.80 - 6.00	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>99.67</b>		mg/dL	

Please Note change in reference range as per ADA 2021 guidelines.


**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

# 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. Shobhna Agrawal**  
MD. Pathologist

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

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Phone : 0731-4964961, 4964962, 9713963333 | Email : neuberg.indore@supratechlabs.com | Website : www.neubergsupratech.com





## LABORATORY REPORT



Name : Mr. GOPAL BAIRAGI	Sex/Age : Male / 51 Years	Case ID : 30701605506
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 10:35	Sample Type : Serum	Mobile No. :
Sample Date and Time : 22-Jul-2023 10:35	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 12:54	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> <small>CMIA</small>	112.75	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> <small>CMIA</small>	6.6	µg/dL	4.6 - 10.5	
<b>TSH</b> <small>CMIA</small>	3.393	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. 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.

### 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

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

*Soma*

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
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Printed On : 22-Jul-2023 13:36





## LABORATORY REPORT



Name : **Mr. GOPAL BAIRAGI** Sex/Age : **Male / 51 Years** Case ID : **30701605506**  
 Ref. By : Dis. At : Pt. ID :  
 Bill. Loc. : **UNIQUE DIAGNOSTIC CENTRE INDORE** Pt. Loc. :  
 Reg Date and Time : **22-Jul-2023 10:35** Sample Type : **Serum** Mobile No. :  
 Sample Date and Time : **22-Jul-2023 10:35** Sample Coll. By : **non** Ref Id1 :  
 Report Date and Time : **22-Jul-2023 13:26** Acc. Remarks : **-** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Prostate Specific Antigen (PSA)

**Prostate Specific Antigen** H **21.5290** ng/mL 0.00 - 4.00  
CMA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

#### Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

#### FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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

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Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

**NAME : MR. GOPAL BAIRAGI Age : 51 Yrs./ M**

**REFERRED BY : BOB Date : 22nd July, 2023**

### **ECHOCARDIOGRAPHIC OPINION**

**INTERPRETATION :-**

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



**DR. PRIYANK JAIN**  
**MBBS, MD, DM,**  
**Reg. No. 19547**

**DR. PRIYANK JAIN. M.D.,D.M.**

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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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

No SAM or mitral valve prolapse is seen.

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

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

Aortic cusps are not thickened and enclosure line is central.

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

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 %.

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	: 2.0 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 1.6 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.2 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 4.3 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 2.2 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.1 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.1 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

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[E] INDICES OF LEFT VENTRICULAR FUNCTION		
1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

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**DOPPLER**

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

PASP : Normal

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