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Mr. Vishal Kumar

Age - 36 Years

BP - 130/90 mm of Hg

P - 90 b/m

H - 177 c.m

Wt - 79 kg

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr vishal kumar Date 4/11/23

Sex/Age 36/M. MR No ..... Employee Id .....

EXTERNAL EXAMINATION			
SQUINT	- NO		
NYSTAGMUS	- NO		
COLOUR VISION	- Normal		
FUNDUS:(RE):-	Well	(LE):-	Well
INDIVIDUAL COLOUR IDENTIFICATION			
DISTANT VISION:(RE):-	CPG 6/6	(LE):-	CPG - 6/6
NEAR VISION:(RE):-	N/6	(LE):-	N/6
NIGHT BLINDNESS			

	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	
LEFT	-	-	-	

REMARKS :- CPG Vn (6/6 6/6

Dr. Vikas Mishra
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 624/2006

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Patient Name	: Mr. VISHAL KUMAR	**Age/Gender**	: 36 Y Male
UHID/ MR No	: 7477	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 12:12PM
Sample Collected On	: 04/11/2023 03:29PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.45	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	44.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**100.4**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	33.5	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	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.75	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	56	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Monocytes	08	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

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M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	202	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)	O
RhD factor (Rh Typing)	POSITIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	95.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	89.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.0	mg/dL	2.6 - 7.2

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Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 12:12PM
Sample Collected On	: 04/11/2023 03:29PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

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

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state dete

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Patient Name	: **Mr. VISHAL KUMAR**	**Age/Gender**	: 36 Y, Male
UHID/ MR No	: 7477	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 12:12PM
Sample Collected On	: 04/11/2023 03:29PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	138.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	87.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	75.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	17.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	**3.07**		3.5-5
Methode: Spectrophotometric			

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Patient Name	: Mr. VISHAL KUMAR	Age/Gender	: 36 Y Male
UHID/ MR No	: 7477	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	Reported On	: 05/11/2023 12:12PM
Sample Collected On	: 04/11/2023 03:29PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Methcd: Spectrophotometric	34	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	40	U/L	0 - 41
ALKALINE PHOSPHATASE	82	U/L	25-147
Total Proteins Methcd: Spectrophotometric	7.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.8	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	2.0	%	1.1 - 2.2

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Patient Name	: Mr. VISHAL KUMAR	**Age/Gender**	: 36 Y Male
UHID/ MR No	: 7477	**OP Visit No**	: OPD-UNIT-II-1
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 12:12PM
Sample Collected On	: 04/11/2023 03:29PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

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)	5.0		
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	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budd ng yeast	Not Seen	/hpf	

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Patient Name	: Mr.VISHAL KUMAR	Collected	: 05/Nov/2023 11:30AM
Age/Gender	: 35 Y 0 M 0 D /M	Received	: 05/Nov/2023 12:14PM
UHID/MR No	: DSUS.0000005441	Reported	: 05/Nov/2023 03:05PM
Visit ID	: DSUSOPV6282	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/CP 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)	1.35	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.280	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 Thyroicitis, 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

*** End Of Report ***

Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist

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