

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

Mr Manas Ranjan Patra - 3014 23/04/2012

Roblin near chelling

PINE MAN DHY HIMINDI COM HR- 65/4 Ceptur ani A300 Mo phi & was Co US? NPD

psA-0-5, vch-ros Vfg: gred.1.2 fally Cm KAS

outy certs. whe medical co 'Aupi- no significant clivi ca morsoly wful 1-2 Fatty Dap: Berron. co - signer loss







GTB PLAZA, Beside Airtel Office, Ring Road No.1, Telibandha, Raipur (C.G.) Ph.: 0771-4024901, Emergency No.: 0910917890 E-mail: Wecarehospitals@gmail.com

### EYE EXAMINATION

NAME: - MJ. Maros Rantan Ratora AGE/SEX 30 YIM DATE: - 23 04 22

EXAMINATION OF EYES: (BY OPHTALMOLOGIST)

EXTRENAL, EXAI	CONTRACTOR OF THE STATE OF THE	NAn		
SQUINT		Mb		
NYSTAGMUS		NAS		
COLOUR VISION		Normal		1.89
FUDUS		wal		
INDIVIDUAL CO	LOUR IDENTIFICATION	Α.		a mach ()
DISTANT VISIO	V	6136P	EPh 616 Dee C-	2.00 ps/4 6/6 1.20 -0.20 CA/XBI
NEAR VISION		NIC		
NIGHT BLINDN	ESS	NAD		
	SPH	CYL	AXIS	ADD
RIGHT	- 2.00		-	
LEFT	-1.50	-0.50	90	_
REMARK :-				(NO)







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PATIENT'S NAME: MANAS RANJAN PATRA 30YR M

REFERRED BY: XR A SIDDIQUI

MRD NO: XR CHEST 33034 KH 03 BOB

STUDY TIME: 23-04-22

REPORT TIME: 23/04/22 1:40 PM

PRINT TIME: 23/04/22 3:29 PM

STUDY: XRAY OF THE CHEST PA VIEW

INDICATION:

Routine Health check up. No complaints otherwise.

**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 NEERAJ GAUTAM DNB RADIODIAGNOSIS CONSULTANT RADIOLOGIST









GTB PLAZA, Beside Airtel Office, Ring Road No.1, Telibandha, Raipur (C.G.) Ph.: 0771-4024901, Emergency No.: 09109178 E-mail: Wecarehospitals@gmail.com

NAME MR. MANAS RANJAN PTARA

AGE 30 Y/M

REF BY: DR. A SIDDIQUI

DATE: 23/04/2022

### ECHOCARDIOGRAPHY

### M-MODE

MEASUREMENT	PT'S VALUE	NORMAL VALUE
AO LA	23.5 mm	20-37 mm
LA	33.0 mm	19-40 mm
IVS (d)	8.4 mm	6-11 mm
LVID (d)	38.3 mm	35-50 mm
LVPW (d)	7.9 mm	6-11 mm
LVID (S)	24.7 mm	23-39 mm
EF	60%	1 4471
THE REPORT OF THE PROPERTY OF		

### 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 Sig	nificant
Aortic Valve	NILL	Not Sig	nificant
Tricuspid Valve	NILL	Not Sig	nificant
Pulmonary Valve	NILL	Not Sig	nificant

### PULSE WAVE DOPPLER

Mitral Valve inflow shows E Wave<AWave.

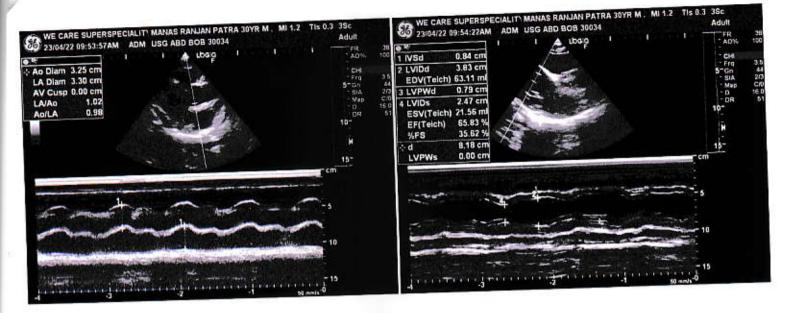
### IMPRESSION.

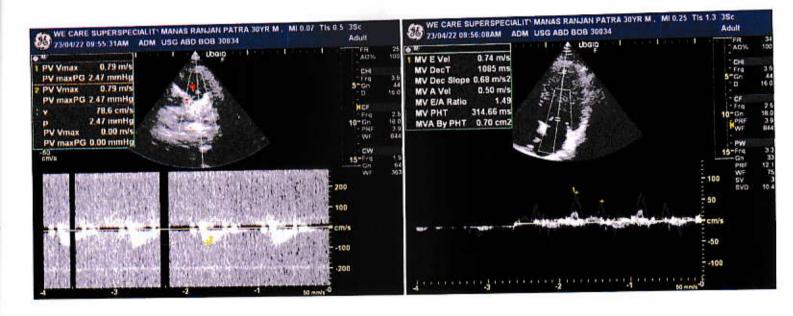
- NO RWMA PRESENT AT REST.
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60%.
- NO AS/MS/TR/NO AR/NO MR.

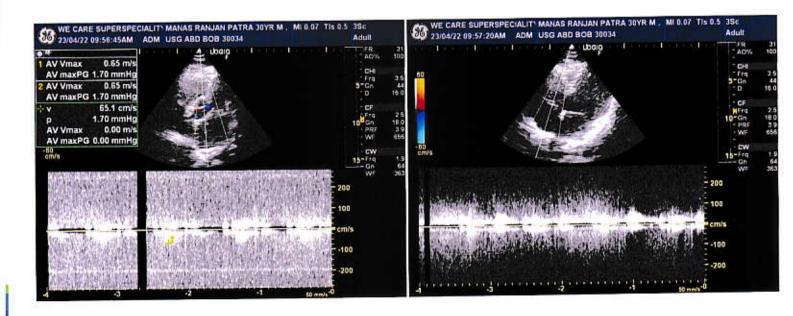
NO INTRACARDIAC CLOT, VEGETATION.

Dr.ANIS SIDDIQUI (MD,PGCCDM)

# MANAS RANJAN PATRA 30YR M [USG ABD BOB 30034] 01/01/92 ; 23/04/22 - 09:54









### E CAR (A UNIT OF SYNERGY HEALTH TECH)

State of The Art Trauma Centre



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PATIENT NAME: MR. MANAS RANJAN PATRA

UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT : DR ANIS SIDDIQUI RECEIPT NO.

gm% %

lakhs/cmm

fl

: PAC/3

12 - 17mg/dl

40 - 55

1.0 - 4.0

8 - 11

SAMPLE RECEIVED ON / AT

: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 23/04/2022 03:52PM

COMPLETE BLOOD COU	NT(CBC)
Haemoglobin (HB)	13.0
Haematocrit (HCT)	40.1
RBC Count	4.91
MCV	81.7
MCH	26.5
MCHC -	32.4
RDW-CV	14.0
WBC.	

millions/cumm	4.5 - 6
fL	78 - 92
pg	27 - 32
g/dl	32 - 36
%	11 - 16

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1121			
Total Leucocyte Count (TLC)	8200		4000 -11000
<b>Differential Leucocyte Count</b>	(DLC)		
Neutrophils	50	%	40 - 75
Lymphocytes	42	%	20 - 40
Monocytes	05	%	0 - 8
Eosinophils	03	%	1 - 7%
Basophils	00	%	0 - 1
PLATELETS			
	MARCHAN V		

1.87

9.1

### PLT Count MPV

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

Test Done By MEDONIC M-SERIES Fully Automatic.

Test Done By Senior Technologist SATYANARAYAN SINGH

information of referring clinical only.

Report Checked By Technician

**Pathologist** 

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





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E-mail: Wecarehospitals@gmail.com

PATIENT NAME: MR. MANAS RANJAN PATRA

UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT

: DR ANIS SIDDIQUI

RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT : 23/04/2022 12:04PM

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	BIO CHEM	BIO CHEMISTRY	
TEST \	RESULT	UNIT	REF. RANGE
BSPP	90		<140 mg/dl
Urine SUGAR(PP)	ABSENT		ABSENT
GGT(GAMMA GT)		Table 1	
GGT(GAMMA GT)	13.1	U/L	<55
LFT(Liver Function Test )			
Bilirubin - Total	0.37	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.22	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	7.59	g/dl	6.4 - 8.3 g/dl
Albumin	4.82	g/dl	3.5 - 5.2 g/dl
Globulin	2.77	g/dl	2.3 - 3.6
A/G Ratio	1.74		1.10 - 2.20
Alkaline Phosphatase	92	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	28	U/L	upto 35 U/L
SGPT (ALT)	34	U/L	upto 45 U/L

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** Senior Technologist SATYANARAYAN SINGH Report Checked By Technician

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

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. : 33034

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: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT

: 23/04/2022 03:52PM

1 :	hia	Drofile
	piu	Profile

Total Cholesterol

174

mg/dl

Desirable: <200

Borderline: 200 - 239

High: >= 240

Triglycerides

146

mg/dl

Normal:<161

High:

161 - 199

Hypertriglyceridemic: 200 - 499

Very High: > 499

Note: The National Cholestrol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.

39

mg/dl

35.3 - 79.5

LDL Cholesterol

HDL Cholesterol

105.80

mg/dl

mg/dl

60 - 165

Note: The National Cholestrol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.

VLDL Cholesterol

29.20

20 - 50

Total Cholesterol/HDL Ratio

4.46

0 - 5.1

LDLC/HDLC Ratio

2.71

2.5 - 3.5

Correlates with Lipdi Profile:

1. 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	26	mg/dL	15 - 45
Serum Creatinine	0.67	mg/dl	0.70 - 1.40 mg/dL
Uric Acid	6.3	mg/dL	3.5 - 7.2

Test Done By MICRO LAB 300 Fully Automatic.

Test Done By Senior Technologist

SATYANARAYAN SINGH

Report Check Technician

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

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UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT : DR ANIS SIDDIQUI RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT

: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 23/04/2022 03:52PM

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

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

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E-mail: Wecarehospitals@gmail.com

PATIENT NAME: MR. MANAS RANJAN PATRA

UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT

: DR ANIS SIDDIQUI

RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT

: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT

: 23/04/2022 03:52PM

**HAEMATOLOGY** 

TEST

RESULT

UNIT

REF. RANGE

HbA1c (Glycosalated Haemoglobin)

HbA1C-Glycosalated Haemoglobin

5.22

0/0

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

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.

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

ESR

42

mm at 1hr

up to 15 mm (1 hr)

**Blood Group** 

SLIDE METHOD.

ABO Group

B Rh Positive

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.

Machine Footer

Test Done By Senior Technologist

SATYANARAYAN SINGH

Report Checked By Technician

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

Page 6 of 9







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PATIENT NAME : MR. MANAS RANJAN PATRA

UHID NO.

TEST

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT

: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 23/04/2022 03:52PM

**PATHOLOGY** RESULT UNIT REF. RANGE BSF (Fasting Sample Required) 89 <110 mg/dl

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

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

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UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT : DR ANIS SIDDIQUI

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: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 23/04/2022 03:52PM

TUMOR MARKERS

TEST

RESULT

UNIT

REF. RANGE

PSA (Total)

0.50

ng/mL

> 4.00

The instrument for ichroma test calculate the test result autumatically and displays PSA concentration of the test sample in terms of ng/mL

Test done by ichroma

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

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

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UHID NO.

: 33034

AGE / SEX

: 30 Y Male

CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT

: 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 23/04/2022 03:52PM

ROUTINE URINE ANALYSIS TEST				
TEST	RESULT	UNIT	REF. RANGE	
Urine Routine ANALYSIS TEST General Examination				
Volume	20	ml	10 - 50	
Colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
рН	6.5	William .	5.5 - 8.0	
Chemical Examination	A	Anthrope Co.		
Urine Protein(Albumin)	Absent	g/L	Absent	
Urine Glucose(Sugar)	Absent	mmol/L	Absent	
Urine Ketons(Acetone)	Absent	mmol/L	Absent	
Specific Gravity	1.005			
Microscopic Examination	In the same of			
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	

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** Senior Technologist SATYANARAYAN SINGH Report Checked By Technician

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







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STUDY TIME: 23-04-22

E-mail: Wecarehospitals@gmail.com

PATIENT'S NAME: MANAS RANJAN PATRA 30YR M

REFERRED BY: DR A SIDDIQUI MRD NO: USG ABD BOB 0423 REPORT TIME: 23/04/22 4:05 PM PRINT TIME: 23/04/22 4:15 PM

#### STUDY: USG OF THE ABDOMEN

INDICATION:

COMPARISON:

None.

#### **OBSERVATIONS:**

Liver is normal in size measuring 147 mm in craniocaudal extent. Mild diffuse increase in parenchymal echogenicity is noted. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 114 mm in size. No focal lesion is seen.

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

Gali 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 x 48 mm in size. Left kidney measures 117 x 51 mm in size. Both kidneys are normal in size, shape, position and echogenecity. Corticomedullary differentiation is maintained. No focal lesion is noted. Multiple echogenic foci? concretions are noted involving upper polar, inter polar and lower polar calyx of left kidney; average measuring 2 mm in size. No evidence of hydronephrosis is noted.

Urinary bladder is well distended. Wall thickness appears normal.

Prostate appears normal in size, shape and echotexture.

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

#### CONCLUSION:

Grade 1-2 fatty liver changes.

Left renal concretions.

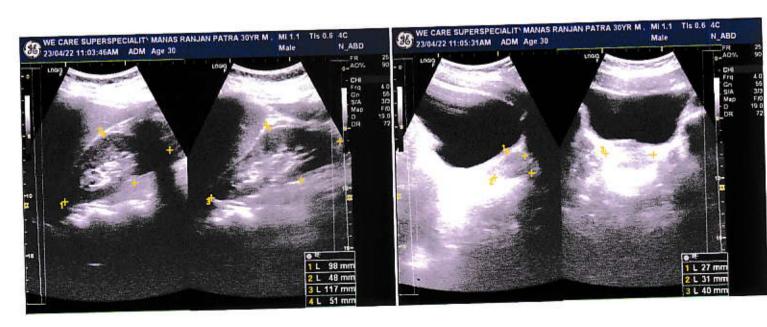
DR NEERAJ GAUTAM DNB RADIODIAGNOSIS CONSULTANT RADIOLOGIST



# . MANAS RANJAN PATRA 30YR M [USG ABD BOB 0423] 01/01/92 /: 23/04/22 - 11:00











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PATIENT NAME: MR. MANAS RANJAN PATRA

UHID NO.

: 33034

AGE / SEX

30 Y Male

CONSULTANT

DR ANIS SIDDIQUI

RECEIPT NO.

: PAC/3

SAMPLE RECEIVED ON / AT : 23/04/2022 12:04PM

SAMPLE REPORTED ON / AT : 24/04/2022 05:14PM

THYROID HORMONES

TEST

RESULT

UNIT

REF. RANGE

THYROID HORMONES

T3 (Triiodothyronine)

Phenytoin), Nephrosis etc.

1.08

ng/ml

0.5 - 2.0

Remarks: 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

T4 (Thyroxine)

7.9

4.4 - 10.8

Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or

pregnency, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.

4.16

µIU/ml

µq/dl

0.39-6.16 µIU/ml

Remarks: 1. 4.51 to 15 µIU/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.

3. 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

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

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