

Mr. Subhendu moudal 36/M 25/08/23

Relative health check

HR: 64

Plr: 2DM

0 2nd ↓ HT

HTN 0 24

BP: 120/80

Plnc: 11-

No HTD : CAD / Unst. CAD

Ans: 85 @ M^o

Vis: Blurry @
NO M

Dink

14-407-8

- LBL - WNL

102-98-8

- HBM (- 9.2)

PP- 317

- RFT - (N)

FRS - 229

- LFT - (N)

- T3/T4/ISH - (N)

WNL ← Sugar 31
Protein N/1

- Gen: WNL

- 2D echo + Cor WNL

81-0

Ans:

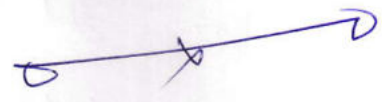
Q: 120m (unmountable)

n12

hypertrophy of dendrites

Q:

Q 2b: Generator MI - 120 (B) ^{Q31}



Q 2b.

vysoke-m (100/500)

stared-m (100/500)

B-Lens



Q 2b.

Lip Cam 160

- us

100m



Q





WE CARE

SUPER SPECIALITY HOSPITAL
State of The Art Trauma Centre

GTB PLAZA, Beside Airtel Office, Ring Road, No.-1, Telibandha, RAIPUR (C.G.)
Ph.: 0771-4024901, Emergency No.: 091091-78901, E-mail : info@wecareraipur.com

Patient Name Mr. Subhendu Mondal Age / Sex 35Y1M Date 25/3/23

	Sphere	Cylinder	Axis	Add
Right Eye (OD)	<u>-1.00</u>	<u>—</u>	<u>—</u>	<u>—</u>
Left Eye (OS)	<u>-0.50</u>	<u>—</u>	<u>—</u>	<u>—</u>

Recommends :

1. Anti-Reflective Coating 2. Single Vision 3. Bi-Focal 4. Progressive 5. Reader's Competer 6. Sunglasses



Signature

EYE EXAMINATION

NAME: - Ms. Subhendu Mondal
AGE/SEX 35Y/M

DATE:- 25/03/23

1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)

EXTRENAL, EXAMINATION				
SQUINT	None			
NYSTAGMUS	None			
COLOUR VISION	None			
FUDUS	None			
INDIVIDUAL COLOUR IDENTIFICATION	None			
DISTANT VISION	None			
NEAR VISION	None			
NIGHT BLINDNESS	None			
	SPH	CYL	AXIS	ADD
RIGHT	-1.00			-
LEFT	-0.50			-
REMARK :-				
 (SIGN.)				

Dr. Vikash Mishra
MBBS, MS (O)

PATIENT NAME : MR.SUBHENDU MONDAL
UHID NO. : 38409
AGE / SEX : 35 Y Male
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/55
SAMPLE RECEIVED ON / AT : 25/03/2023 10:51AM
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COMPLETE BLOOD COUNT(CBC)

RBC

Haemoglobin (HB)	15.5	gm%	12 - 17mg/dl
Haematocrit (HCT)	42.5	%	40 - 55
RBC Count	5.93	millions/cumm	4.5 - 6
MCV	71.7	fL	78 - 92
MCH	26.1	pg	27 - 32
MCHC	36.5	g/dl	32 - 36
RDW-CV	17.1	%	11 - 16

WBC.

Total Leucocyte Count (TLC) 7200 4000 -11000

Differential Leucocyte Count (DLC)

Neutrophils	61	%	40 - 75
Lymphocytes	31	%	20 - 40
Monocytes	06	%	0 - 8
Eosinophils	02	%	1 - 7%
Basophils	00	%	0 - 1

PLATELETS

PLT Count	1.03	lakhs/cmm	1.0 - 4.0
MPV	11.9	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 Checked By
Technician



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

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HAEMATOLOGY

TEST	RESULT	UNIT	REF. RANGE
HbA1c (Glycosalated Haemoglobin)			
HbA1C-Glycosalated Haemoglobin	9.22	%	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	12	mm at 1hr	up to 15 mm (1 hr)
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Blood Group

ABO Group : B Rh Positive
SLIDE METHOD.

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Machine Footer



Test Done By
Senior Technologist
SATYANARAYAN SINGH

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AGE / SEX : 35 Y Male	SAMPLE REPORTED ON / AT : 25/03/2023 05:15PM
CONSULTANT : DR ANIS SIDDIQUI	

BIO CHEMISTRY

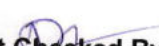
TEST	RESULT	UNIT	REF. RANGE
Lipid Profile			
Total Cholesterol	160	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >= 240
Triglycerides	407.8	mg/dl	Normal:<161 161- 199 High : Hypertriglyceridemic : 200 - 499 Very High : > 499
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
HDL Cholesterol	40	mg/dl	35.3 - 79.5
LDL Cholesterol	98.8	mg/dl	Less than 100 mg/dl - Optimal 100-129 mg/dl - Near/above optimal 130-159 mg/dl - Borderline high 160-189 mg/dl - High >190 mg/dl - Very high
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	81.56	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	4		0 - 5.1
LDLC/HDLC Ratio	2.47		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.
2. 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"


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KFT(KIDNEY FUNCTION TEST)

Urea	17	mg/dL	15 - 45
Serum Creatinine	0.84	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.



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BIO CHEMISTRY			
TEST	RESULT	UNIT	REF. RANGE
BSPP	317		<140 mg/dl
Urine SUGAR(PP)	Present 3+		ABSENT
GGT(GAMMA GT)			
GGT(GAMMA GT)	66.9	U/L	<55
LFT(Liver Function Test)			
Bilirubin - Total	0.74	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.32	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.42	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	6.34	g/dl	6.4 - 8.3 g/dl
Albumin	4.57	g/dl	3.5 - 5.2 g/dl
Globulin	1.77	g/dl	2.3 - 3.6
A/G Ratio	2.58		1.10 - 2.20
Alkaline Phosphatase	82	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	26	U/L	upto 35 U/L
SGPT (ALT)	42	U/L	upto 45 U/L
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PATHOLOGY			
TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	229		<110 mg/dl



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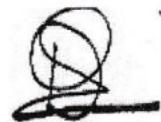
CLINICAL PATHOLOGY

TEST	RESULT	UNIT	REF. RANGE
URINE SUGAR(F)			
Urine Sugar (Fasting)	Not Collected		ABSENT



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TUMOR MARKERS			
TEST	RESULT	UNIT	REF. RANGE
PSA (Total)	0.71	ng/mL	CUT-OFF 4.00
<i>The instrument for ichroma test calculate the test result automatically and displays PSA concentration of the test sample in terms of ng/mL.</i>			
<i>Test done by ichroma</i>			



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THYROID HORMONES			
TEST	RESULT	UNIT	REF. RANGE
THYROID HORMONES			
T3 (Triiodothyronine)	1.16	ng/ml	0.5 - 2.0
<i>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, Phenytoin), Nephrosis etc.</i>			
T4 (Thyroxine)	8.6	µg/dl	4.4 - 10.8
<i>Remark:1. 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.</i>			
TSH	4.94	µIU/ml	0.39- 6.16 µIU/ml
<i>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, Glucocorticoids Drugs that increases TSH values e.g. Iodine, Lithium, Amiodarone.</i>			
METHOD - ELISA ACCUBIND			



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ROUTINE URINE ANALYSIS TEST

TEST	RESULT	UNIT	REF. RANGE
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Urine Routine ANALYSIS TEST

General Examination

Volume	20	ml	>2
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
pH	6.5		5.5 - 8.0

Chemical Examination

Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Present 3 +	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.005		

Microscopic Examination

Pus cells	2-3/HPF	/hpf	<5
RBC (Urine)	Nil	/hpf	Nil
Epithelial cell	1-2/HPF		0-4
Casts	Absent		Absent
Crystals	Absent		Absent

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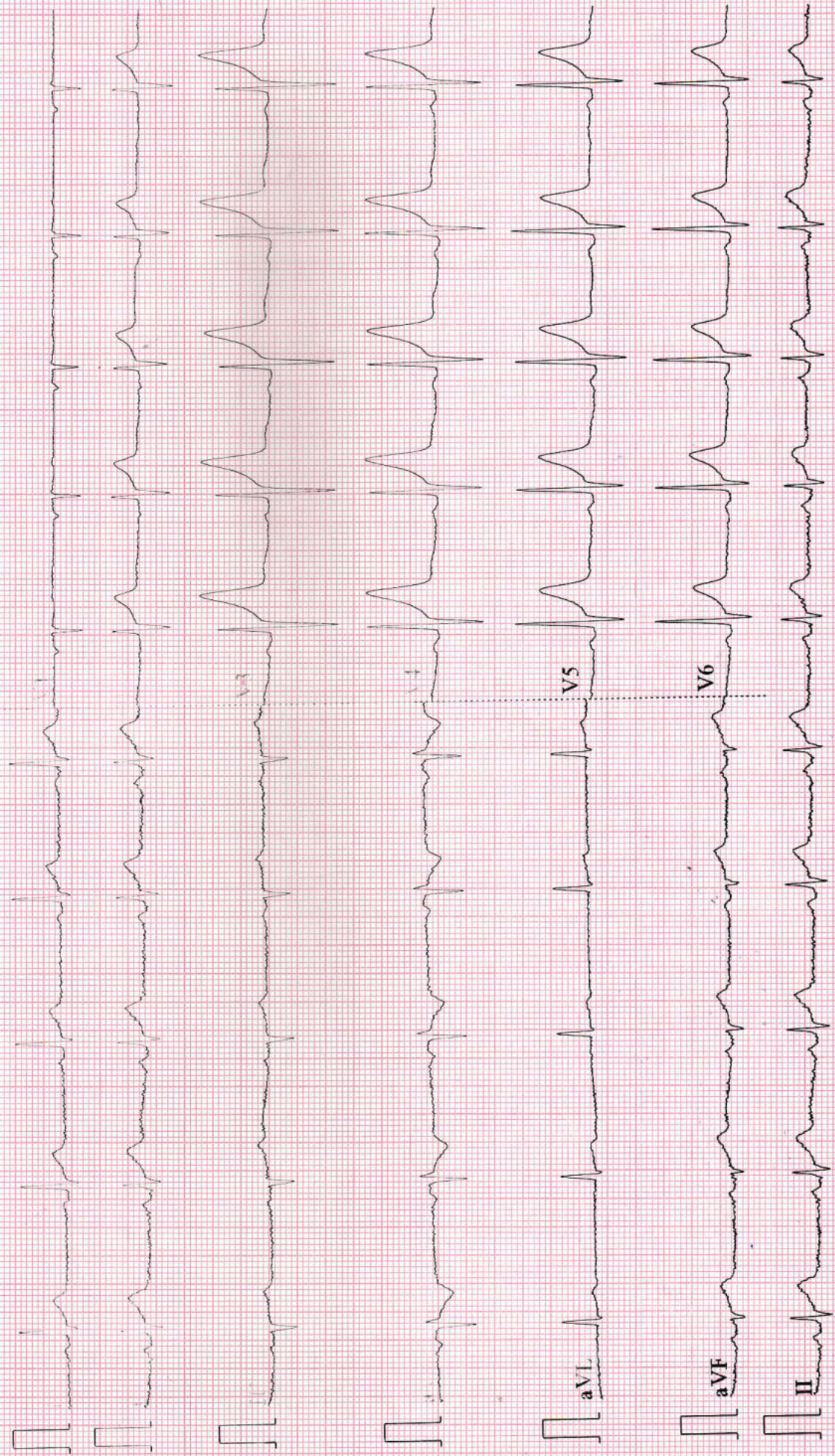
25-03-2023 11:14:04 AM

ID: 1
MR SUBHENDU MONDAL
Male 35Years

Diagnosis Information:

- Sinus Arrhythmia
- Larged PtfV1
- Abnormal Q Wave(III,VI)
- Slight ST Elevation(V4,V5)

Report Confirmed by:



HR : 60 bpm
 P : 5 ms
 PR : 174 ms
 QRS : 86 ms
 QT/QTc : 370/372 ms
 P/QRS/T : 58/-8/53 °
 RV5/SV1 : 1.385/0.501 mV

PATIENT'S NAME: SUBHENDU MONDAL 35YR M
REFERRED BY: DR A SIDDIQUI
MRD NO: XR CHEST 38409 KH 55 HC MEDIWHEEL

STUDY TIME: 25-03-23
PRINT TIME: 25/03/23 12:58 PM
PAGE 1 OF 1

STUDY: XRAY OF THE CHEST PA VIEW

INDICATION: Routine check up

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	DR GAGANDEEP SINGH SALUJA MD RADIODIAGNOSIS CONSULTANT RADIOLOGIST

PATIENT'S NAME: SUBHENDU MONDAL 35YR M
REFERRED BY: DR A SIDDIQUI
MRD NO: USG ABD HC 38409

STUDY TIME: 25-03-23
PRINT TIME: 25/03/23 12:35 PM
PAGE 1

STUDY: USG OF THE ABDOMEN

INDICATION: Routine health check up.

COMPARISON: None.

OBSERVATIONS:

Liver is enlarged measuring 186 mm in craniocaudal extent. Mild diffuse increase in hepatic parenchymal echogenicity is noted. Intrahepatic biliary radicles are normal.

Spleen is enlarged measuring 127 mm in size. No focal lesion is seen within splenic parenchyma.

Pancreas appears normal in size and echopattern. 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 mildly dilated measuring 13 mm in caliber. IVC and aorta are unremarkable.

Right kidney measures 106 mm in size. Right kidney is normal in size, shape, position and echogenicity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Left kidney measures 119 mm in size. Left kidney is normal in size, shape, position and echogenicity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is collapsed. Prostate cannot be commented upon.

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

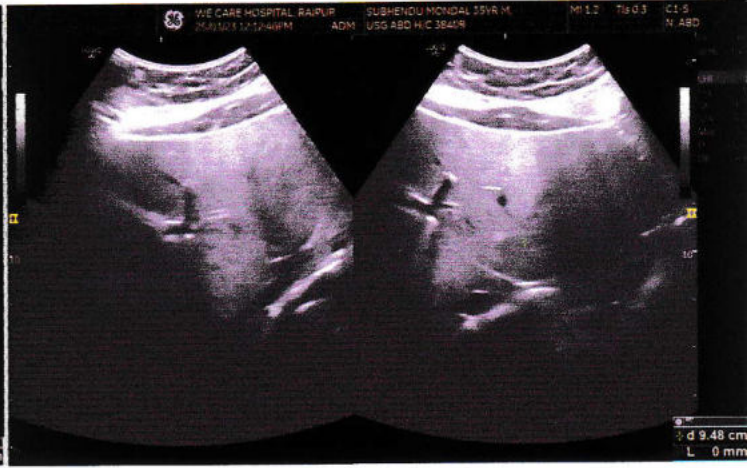
CONCLUSION:

Mild Hepatosplenomegaly with Grade 1 fatty Liver Changes.

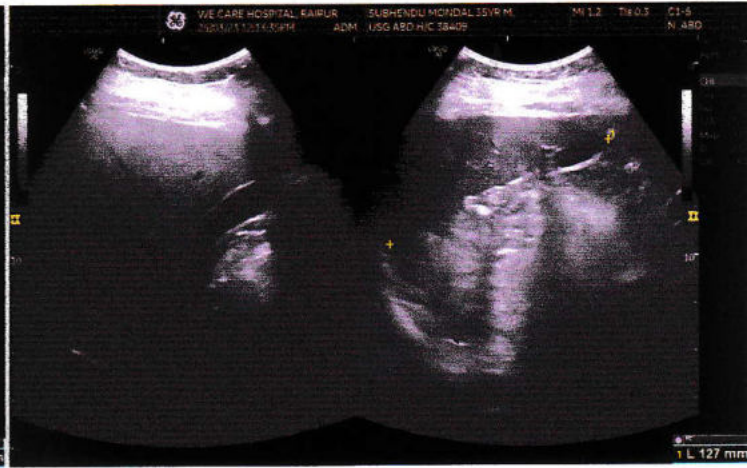
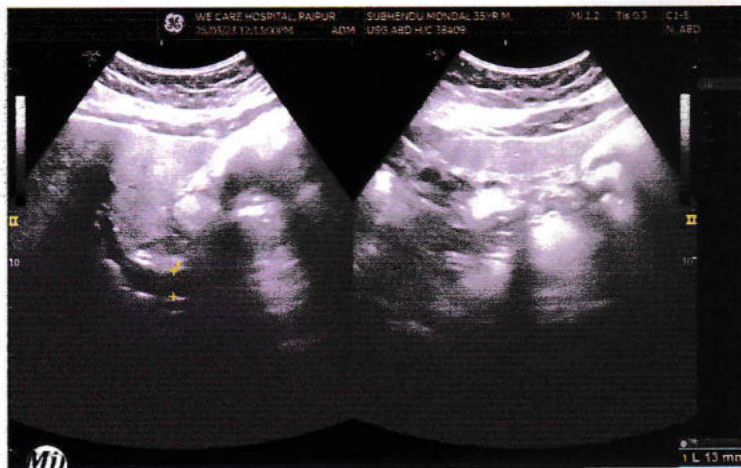
Mildly dilated portal vein.

DR NEERAJ GAUTAM
DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST

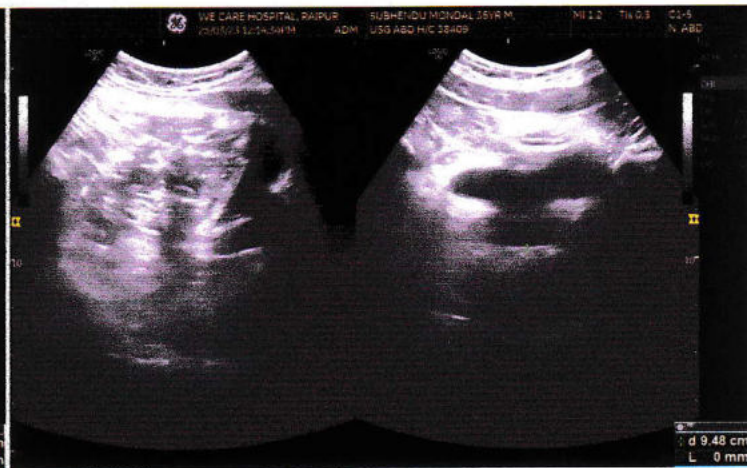
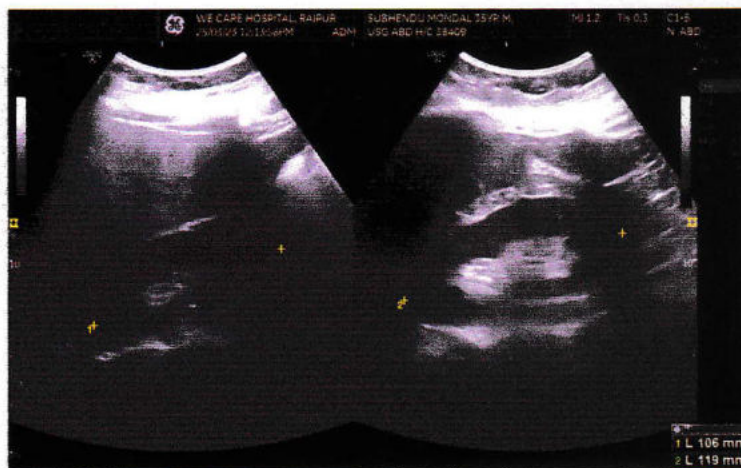




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NAME MR. SUBHENDU MONDAL

AGE 35 YR/M

REF BY: DR. A SIDDIQUI

DATE: 25/03/2023

ECHOCARDIOGRAPHY

M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	30.1 mm	20-37 mm
LA	37.8 mm	19-40 mm
IVS (d)	14.1 mm	6-11 mm
LVID (d)	47.3 mm	35-50 mm
LVPW (d)	13.5 mm	6-11 mm
LVID (S)	28.9 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 EFFUSION – NIL.

<u>VALVE</u> <u>(mmHg)</u>	<u>REGURGITATION</u>	<u>GRADIENT</u>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

PULSE WAVE DOPPLER

- Mitral Valve inflow shows E Wave < A Wave.

IMPRESSION.

- NO RWMA PRESENT AT REST.
- **PSEUDONORMALISED MITRAL INFLOW PATTERN.**
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60%. **CONCENTRIC LVH.**
- NO AS/MS/TR/NO AR/NO MR.
- NO INTRACARDIAC CLOT, VEGETATION.

Anis Siddiqui
Dr. ANIS SIDDIQUI (MD, PGCCDM)

