



LABORATORY REPORT

Name	: Mr. Capt Ajay Pratap Singh	Reg. No	: 210100922
Sex/Age	: Male/44 Years	Reg. Date	: 22-Oct-2022 10:34 AM
Ref. By	:	Collected On	: 22-Oct-2022 10:34 AM
Client Name	: Mediwheel	Report Date	: 22-Oct-2022 02:15 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :164

Weight (kgs) :79.4

Blood Pressure :120/80 mmHg

Pulse :61 /Min

No Clubbing/Cynosis/Pallor/Pedal Oedem

Systemic Examination:

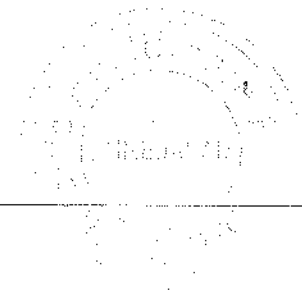
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

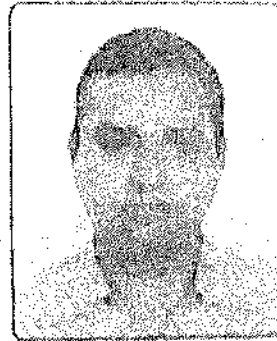


This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE



भारत सरकार
State of Himachal Pradesh



नाम कैप्टन अजय प्रताप सिंग
Name CAPT AJAY PRATAP SINGH

कर्मचारी कूट क्र. 77181
Employee Code No.

जारीकर्ता अधिकारी
Issuing Authority

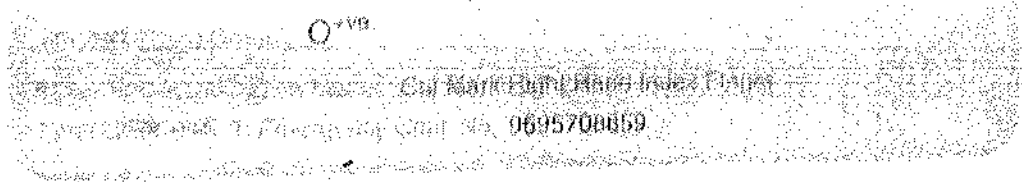
धारक के हस्ताक्षर
Signature of Holder



Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899

भारत का निर्देश-संकेत का प्रयोग
करने पर कृपया ध्यान दें।
यदि आप इसका उपयोग करना चाहते हैं तो आपको
अपने डॉक्टर को इसके उपयोग के लिए
अनुमति देनी चाहिए।
यदि आप इसे अपने डॉक्टर से
प्राप्त नहीं कर सकते हैं तो
आप इसे अपने डॉक्टर से
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प्राप्त कर सकते हैं।

दिनांक: _____
स्थान: _____





भारत सरकार
GOVERNMENT OF INDIA



डॉ. जय प्रसाद सोनी
Dr. Jay Prasad Soni
आज से Year of Birth 1978
वर्तमान

3359 2614 0039

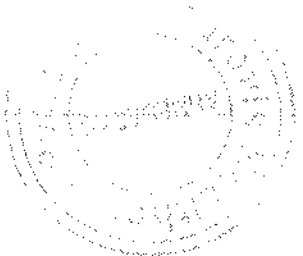
भारत - आज आदर्श का अधिकार



Handwritten signature

Dr. Jay Soni
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9695708059
29/08/1978





TEST REPORT

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Name : Mr. Capt Ajay Pratap Singh		Reg. Date : 22-Oct-2022 10:34 AM
Age/Sex : 44 Years / Male	Pass. No. :	Tele No. : 9695708859
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	7.08	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.73	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN <i>UV Method</i>	13.40	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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Approved By : Dr.Dhwani Bhatt
MD (Pathology)

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	6.2	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	131.24	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area

EXPLANATION :-

*Total haemoglobin A1c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Ref. By :		Dispatch At :
Location : CHPI.		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	Nil	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	
Remarks	-	

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IMMUNOLOGY

THYROID FUNCTION TEST

*T3 (Triiodothyronine)	0.96	ng/mL	0.6 - 1.81
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

*T4 (Thyroxine)	6.70	ng/mL	3.2 - 12.6
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3)

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Location : CHPL		Sample Type : Serum

***TSH** 3.365 μ U/ml 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ U/mL


Second Trimester : 0.2 to 3.0 μ U/mL

Third trimester : 0.3 to 3.0 μ U/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders,2012:2170

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Ref. By	:	Sample Type	: Serum		
Location	: CHPL				

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.59	ng/mL	0 - 4
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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Location : CHPL	Sample Type : EDTA Whole Blood	

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Hemoglobin	14.3	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 42.60	%	47 - 52
RBC Count	4.76	million/cmm	4.7 - 6.0
MCV	89.6	fL	78 - 110
MCH (Calculated)	30.0	Pg	27 - 31
MCHC (Calculated)	33.5	%	31 - 35
RDW (Calculated)	12.3	%	11.5 - 14.0
WBC Count	7910	/cmm	4000 - 10500
MPV (Calculated)	H 10.5	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	51.60	%	42.0 - 75.2	4082 /cmm	2000 - 7000
Lymphocytes (%)	32.20	%	20 - 45	2547 /cmm	1000 - 3000
Eosinophils (%)	5.40	%	0 - 6	823 /cmm	200 - 1000
Monocytes (%)	H 10.40	%	2 - 10	427 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	32 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : L 121000 /cmm 150000 - 450000
 Platelets : Platelets are decreased on smear.
 Parasites : Malarial parasite is not detected.(Rechecked)
 Comment : -

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMATOLOGY
BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR (After 1 hour) <i>Intra red measurement</i>	05	mm/hr	ESR AT 1 hour : 1-7 ESR AT 2 hour : 8-15
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 44 Years Male	Pass. No. :	Tele No. : 9695708859
Ref. By :	Dispatch At :	
Location : CHPL.	Sample Type : Flouride F, Flouride PP	

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	113.80	mg/dL	70 - 110
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GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 %
Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	118.4	mg/dL	70 - 140
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GOD-POD Method

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Lipid Profile

Cholesterol	240.00	mg/dL	Desirable < 200 Boderline High: 200 - 239 High > 240
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Enzymatic, colorimetric method

Triglyceride	122.10	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
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Enzymatic, colorimetric method

HDL Cholesterol	53.50	mg/dL	High Risk : < 40 Low Risk : = 60
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Accelerator selective detergent method

LDL	162.08	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Boderline High : 130-159 High : 160-189 Very High : > 190.0
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Calculated

VLDL	24.42	mg/dL	15 - 35
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Calculated

LDL / HDL RATIO	3.03		0 - 3.5
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
Calculated

Cholesterol /HDL . Ratio	4.49		0 - 5.0
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Calculated

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Age/Sex : 44 Years / Male	Pass. No. :	Tele No. : 9695708850
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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BIO - CHEMISTRY

LET WITH GGT

Total Protein <i>Biuret Reaction</i>	6.50	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.38	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.12	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.07		0.8 - 2.0
SGOT <i>UV without PSP</i>	50.80	U/L	0 - 40
SGPT <i>UV without PSP</i>	62.40	U/L	0 - 40
Alkaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	350.0	U/L	25 - 270
Total Bilirubin <i>Vanadate Oxidation</i>	0.85	mg/dL	0 - 1.2
Conjugated Bilirubin	0.25	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.60	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	30.90	mg/dL	15 - 73

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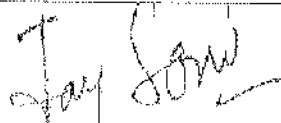
Electrocardiogram

Findings

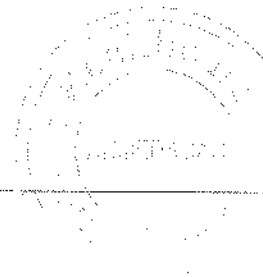
Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



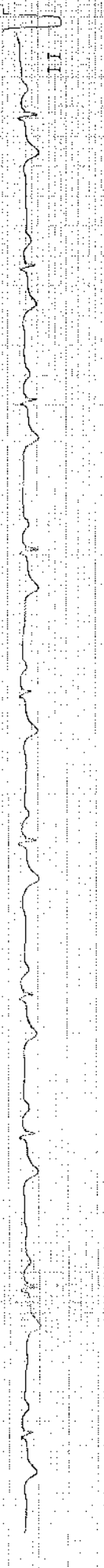
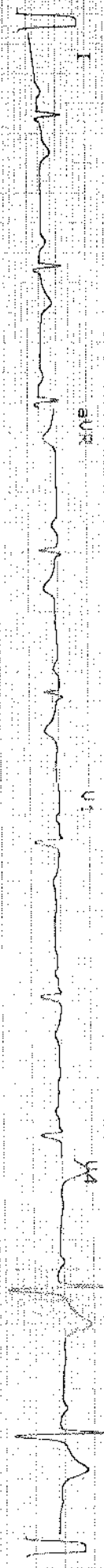
Dr. Jay Soni
M.D, GENERAL MEDICINE



Ray Singh
14
Male
44 years
164 cm / 79 kg

HR 61/min
RR 976 ms
PR 180 ms
QR5 88 ms
QT 370 ms
QTc 378 ms
(Bazett)
10 mm/mV

P axis: 42°
QRS 6°
T 34°
P (II) 0.11 mV
S (V1) -0.40 mV
R (V5) 1.21 mV
Sokol. 2.89 mV



10 mm/mV
25 m/s
2.05-25 Hz F50 55F 525 22.10.2022 11:24:53
CURIOUS HEALTHCARE
AT-102plus 1.24.C



LABORATORY REPORT

Name :	Mr. Capt Ajay Pratap Singh	Reg. No :	210100922
Sex/Age :	Male/44 Years	Reg. Date :	22-Oct-2022 10:34 AM
Ref. By :		Collected On :	22-Oct-2022 10:34 AM
Client Name :	Mediwheel	Report Date :	22-Oct-2022 12:41 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 38 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

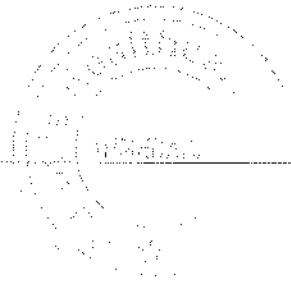
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE





LABORATORY REPORT

Name	: Mr. Capt Ajay Pratap Singh	Reg. No	: 210100922
Sex/Age	: Male/44 Years	Reg. Date	: 22-Oct-2022 10:34 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 22-Oct-2022 04:52 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

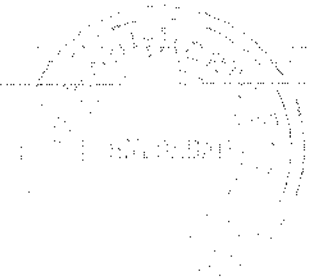
Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

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

This is an electronically authenticated report

DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



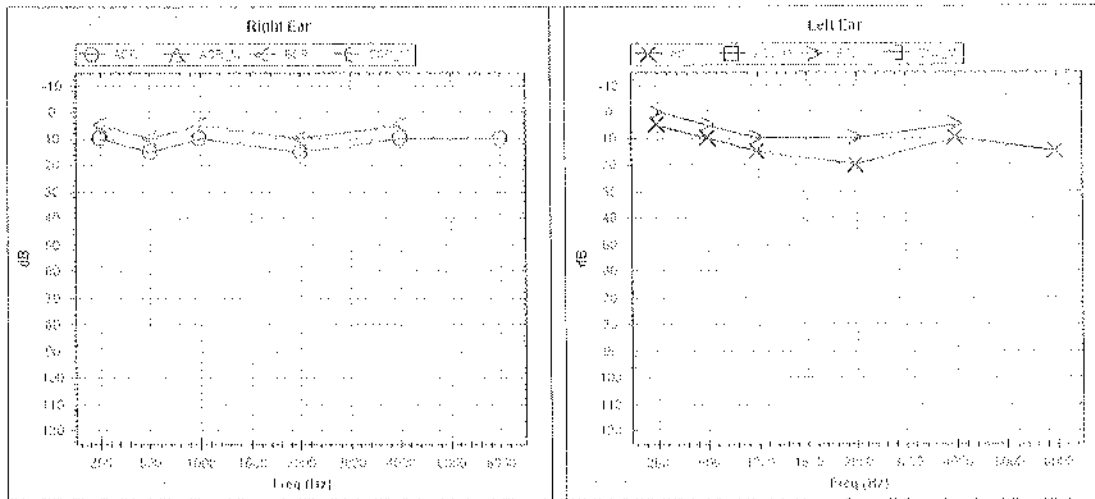
NAME: - AJAY SINGH.

ID NO :-

AGE:- 44Y / M

Date:- 22/10/2022

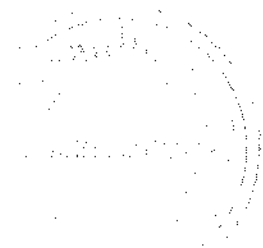
AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Citation Code	Threshold In dB			
		Masked	Unmasked	Masked	Unmasked		RIGHT	LEFT		
RIGHT	□	□	X	□	>	FLN	AIR CONDUCTION	11.5	11.5	
LEFT	△	△	O	△	<	FLN	BONE CONDUCTION			
NO RESPONSE : Add ↓ below the respective symbols								SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.




LABORATORY REPORT

Name :	Mr. Capt Ajay Pratap Singh	Reg. No :	210100922
Sex/Age :	Male/44 Years	Reg. Date :	22-Oct-2022 10:34 AM
Ref. By :		Collected On :	22-Oct-2022 10:34 AM
Client Name :	Mediwheel	Report Date :	22-Oct-2022 02:00 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:+0.25

CY: -0.50

AX: 80

LEFT EYE

SP : +0.50

CY : +0.25

AX :101

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report


Dr Kejal Patel
 MB,DO(Ophth)
