

MR. SHOBHARAM YADAV
BOB

59 YEARS /MALE

22-07-2023

Height: 167 Cms

Weight: 64 Kg

BP: - 120/70 mmhg

Pulse: - 82/- Regular

BMI: - 22.9 kg/m²

EYE: - NORMAL

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

1. FIT
2. UNFIT on account of



[Signature]
DR. D.S. CHHABRA
MBBS. MD.

MR. SHOBHARAM YADAV

59 Years /M

BANK OF BARODA

22-07-2023

HEAMOGRAM

Test Name	Results	Normal Range
Haemoglobin (HB)	11.4	13 - 18 gm%
R.B.C. Count	5.49	4.5 - 5.5 milli./cu.mm
PCV	37.0	40 - 50 %
MCV	67.40	80 - 95 fl
MCH	20.77	27 - 32 pg
MCHC	30.81	31.5 - 34.5 %
TOTAL WBC COUNT	7,100	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	73	40 - 75 %
Lymphocytes	23	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.28	1.5 - 4 Lacs/cu.mm.
E.S.R	16	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

DR. POOJA PRAPANNADR. POOJA PRAPANNA
M.D.

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BANK OF BARODA59 Years /M
22-07-2023

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

BLOOD GROUP	: -
"ABO " GROUP	"A"
Rh (D) Factor	Positive

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

BIOCHEMISTRY

FASTING BLOOD SUGAR	93.0	70 - 110 mg/dl
P.P. BLOOD SUGAR	110.0	upto 140 mg/dl
CREATININE	0.99	0.6 - 1.4 mg\dl
BUN	17.0	5 - 21 Mg/dl
URIC ACID	5.11	3.5 - 7 mg\dl

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BIOCHEMISTRY

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.99	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.78	< 1.0 mg/dl
S.G.O.T	28.0	0 - 45 IU/L
S.G.P.T	34.0	0 - 45 IU/L
ALKALINE PHOSPHATE	102.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.10	6.0 to 8.0 g/dl
ALBUMIN	4.62	3.2 to 5.0 g/dl
GLOBULIN	1.48	1.9 to 3.5
A:G RATIO	3.12	1.2 TO 2.3
GAMA GT	32.0	5 - 43 Iu/l

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M.D.

MR. SHOBHARAM YADAV
BANK OF BARODA59 Years /M
22-07-2023**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	418	400 - 700 mg/dl
CHOLESTROL	132.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	38.0	35- 60 mg/dl
TRIGLYCERIDE	104.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	73.2	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	20.8	<40 mg/dl
RISK RATIO	3.47	3 - 6


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MD.

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URINE EXAMINATION

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

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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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22nd July, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.

M.D.

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ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 11.5 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is on **towards higher** side of normal in size (around **21 gms.**) & is normal in echostructure.

There is small (about **20 cc.**) vesical **residue** on post-mic exam.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Early fatty changes in liver.

DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



Name : Mr. SHOBHARAM YADAV	Sex/Age : Male / 59 Years	Case ID : 30701605502
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 10:25	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 22-Jul-2023 10:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 12:45	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C (I7)	L 4.50		% of total Hb 4.80 - 6.00	
Estimated Avg Glucose (3 Mths) Calculated	82.45	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.

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

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 22-Jul-2023 13:36



LABORATORY REPORT



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Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 10:25	Sample Type : Serum	Mobile No. :
Sample Date and Time : 22-Jul-2023 10:25	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
Thyroid Function Test				
Triiodothyronine (T3) CMIA	158.64	ng/dL	58 - 159	
Thyroxine (T4) CMIA	5.6	µg/dL	4.6 - 10.5	
TSH CMIA	1.525	µIU/mL	0.5 - 8.9	

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), PPTH 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 (microu/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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

Prostate Specific Antigen H **7.0380** ng/mL 0.00 - 4.00
CMIA

	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 -----

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Soma

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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CONSULTANT CARDIOLOGIST

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Opp. M.Y.Hospital, M.Y.H. Road,
INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228

ECHOCARDIOGRAPHY REPORT

NAME : MR. SHOBHARAM YADAV Age : 59 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
M.B.B.S., M.D., D.M.
Reg. No. 19547

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

TWO DIMENSIONAL ECHOCARDIOGRAPHY

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	: 2.1 cms.	2.0-3.7 cm < 2.2 cm / M ²
2. Aortic Valve Opening	: 1.5 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.5 cms.	1.9-4.0 cm < 2.2 cm / M ²
5. Left Ventricular ED Dimension	: 4.1 cms.	3.7-5.6 cm < 3.2 cm / M ²
6. Left Ventricular ES Dimension	: 1.2 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.2 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

[E] INDICES OF LEFT VENTRICULAR FUNCTION

1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

DOPPLER

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

PASP : Normal



D. S. CEH
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