

7/10/23

Ashish K. Jha  
Age - 32

BP - 120/80

P - 86/nt

H - 164

wt - 80kg

Dt. Delhi → 8319148052

No 1716

om. HTN. cap

Rx

Tel - Benifacial < 30 at  
at Night

Ask  
Regular ask Kij



A

**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. Ashish Kerman Jha Date 7/10/23

Sex/Age 32/M MR No ..... Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT	<u>Irish Colobomas - No</u>			
NYSTAGMUS	<u>- No</u>			
COLOUR VISION	<u>passali</u>			
FUNDUS:(RE):-		(LE):-	<u>normal</u>	
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>				
DISTANT VISION:(RE):-	<u>No Vn P+R</u>	(LE):-	<u>6/6</u>	
NEAR VISION:(RE):-	<u>No Vn P+R</u>	(LE):-	<u>2/6</u>	
<b>NIGHT BLINDNESS</b>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :- <u>fundus - @ normal</u>				



**Dr. Vikas Mishra**  
MBBS, MS(Ophthalmologist)  
Reg. No. CGMC 621/2006

**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr Ashish kumar jha .

7/10/2023

32/m.

Chk. Pt came for routine dental check up

B/B- Stain ++ Cal +

Adv. oral prophylaxis



Apollo Clinic

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Apollo Clinic @ Tiara Complex A.T Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apoloclinic.com

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Patient Name : MR. ASHISH KUMAR JHA  
 UHID/ MR No : 7119  
 Visit Date : 07/10/2023  
 Sample Collected On : 07/10/2023 05:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 32 Y. Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 10/10/2023 10:55AM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	14.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.61	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	93.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.2	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	14.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.63	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
 Results are to be correlated clinically

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 path

Page 5 of 7

*Dhananjay*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

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Reported On : 10/10/2023 10:55AM


### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	146	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	08	mm /HR	0 - 10
<b>Blood Group (ABO Typing)</b>			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

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Page 6 of 7

  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	128.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen	09	mg/dl	7 - 20
METHOD: Spectrophotometric			
<b>Creatinine</b>	0.76	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
<b>Uric Acid</b>	3.52	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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Age/Gender : 32 Y Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 10/10/2023 11:06AM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.3	%	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

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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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Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Rajan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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+91 96918 26363

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	198.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	352.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	38.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	89.60	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	70.40	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	5.21		
Method: Spectrophotometric			

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Page 2 of 7

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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.70	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	34	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	40	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	70	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.9	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.0	%	1.1 - 2.2

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+91 96918 2  
 0771 402

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### IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>T3, T4, TSH</b>			
<b>T3 (Total) by CLIA,serum</b>	1.28	ng/mL	0.79-1.58
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
<b>T4(Total) by CLIA,serum</b>	9.80	mcg/dl	4.5-12.0
Clinical Use · Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
<b>TSH (Ultrasensitive) CLIA Serum</b>	6.14	mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction · Assess thyroid status in patients with abnormal total T4 concentrations · Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use · Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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Page 7 of 7

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.025		1.001 - 1.030
Reaction (pH)	7.0		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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