

Ecu Number MC/22/000364 Ecu.Date 11/06/2022
Pat.Number 21044773 SUMER SINGH Age 31
Ctgry.Desc.
Height 170 Cm. Weight 73 Kg. Ideal Weight 66 Kg. BMI : 25 Kg / Mtr²

Past H/O K/C/O HYPERTENSION - 3 YRS -- ON MEDICATION.

Present H/O NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O MOTHER : HYPERTENSION.

Habits VEG DIET.

Gen. Exam. G.C. GOOD B.P 130/80 mm Hg Pulse 80/MIN REG. Other -

C.V.S. CLINICALLY NAD

R.S. CLINICALLY NAD

Abdomen : Liver : NP Spleen : NP

Skin NAD

C.N.S. NAD

| OPHTHALMIC CHECK UP | RT | LT |
|------------------------|--------|--------|
| Ext-Exam | NORMAL | NORMAL |
| Vision Without Glasses | 6/9 | 6/9 |
| Vision With Glasses | 6/6 | 6/6 |
| Final Correction | - | - |
| Fundus | NORMAL | |
| Colour Vision | NORMAL | |
| Advice | NIL | |

Dr. Manish Mittal

0



Patient Name : Mr. SUMER SINGH
 Gender / Age : Male / 31 Years 10 Months 31 Days
 MR No / Bill No. : 21044773 / 231012026
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 48891
 Request Date : 11/06/2022 08:51 AM
 Collection Date : 11/06/2022 09:02 AM
 Approval Date : 11/06/2022 11:47 AM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|-------------|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 15.4 | gm/dL | 13 - 17 |
| Red Blood Cell Count (T-RBC) | 5.94 | mill/cmm | 4.5 - 5.5 |
| Hematocrit (HCT) | 46.0 | % | 40 - 50 |
| Mean Corpuscular Volume (MCV) | 77.4 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 25.9 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 33.5 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 12.9 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 36.1 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 7.52 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 60 | % | 40 - 80 |
| Lymphocytes | 34 | % | 20 - 40 |
| Eosinophils | 03 | % | 1 - 6 |
| Monocytes | 03 | % | 2 - 10 |
| Basophils | 00 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 4.50 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 2.55 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | 0.17 | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.28 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.02 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.3 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 211 | thou/cmm | 150 - 410 |
| Smear evaluation | Adequate | | |
| ESR | 3 | mm/1 hr | 0 - 10 |

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be required.



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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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ESTD. 1944

DEPARTMENT OF LABORATORY MEDICINE

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Consultant : Dr. Manish Mittal
Location : OPD

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Request No. : 48891
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Collection Date : 11/06/2022 09:02 AM
Approval Date : 11/06/2022 01:23 PM

Haematology

| Test | Result | Units | Biological Ref. Range |
|-------------|----------|-------|-----------------------|
| Blood Group | | | |
| ABO system | O | | |
| Rh system. | Positive | | |

By Gel Technology / Tube Agglutination Method

Note :

This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol. This method check's group both on Red blood cells and in Serum for "ABO" group.

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on a number of variables & technical considerations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Feedback / report may be requested.

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Clinical Biochemistry

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| Fasting Plasma Glucose | 121 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr. Plasma Glucose | 119 | mg/dL | 70 - 140 |

By Hexokinase method on RXL Dade Dimesion

— End of Report —

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M.D.Pathology

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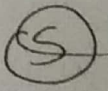
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Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|--|------------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Hazy | | |
| Triglycerides | 411 | mg/dL | 1 - 150 |
| <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i> | | | |
| Total Cholesterol | 133 | mg/dL | 1 - 200 |
| <i>(By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i> | | | |
| HDL Cholesterol | 27 | mg/dL | 40 - 60 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)</i> | | | |
| Non HDL Cholesterol (calculated) | 106 | mg/dL | 1 - 130 |
| <i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i> | | | |
| LDL Cholesterol | 53 | mg/dL | 1 - 100 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)</i> | | | |
| VLDL Cholesterol (calculated) | 82.2 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 1.96 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio | 4.93 | | 3.5 - 5 |
| <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i> | | | |

— End of Report —


 Dr. Sejal Odedra
 M.D.Pathology



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Renal Function Test (RFT)

| Test | Result | Units | Biological Ref. Range |
|--|--------------|-------|-----------------------|
| Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i> | 23 | mg/dL | 10 - 45 |
| Creatinine <i>(By Modified Kinetic Jaffe Technique)</i> | 1.17 | mg/dL | 0.9 - 1.3 |
| Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i> | More than 60 | | |
| Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i> | 6.9 | mg/dL | 3.4 - 7.2 |

— End of Report —

Dr. Sejal Odedra
M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Feedback / request may be requested.



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Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|--|--------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 0.28 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.07 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 0.21 | mg/dL | 0 - 0.7 |
| <i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i> | | | |
| Aspartate Aminotransferase (SGOT/AST) | 22 | U/L | 15 - 40 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alanine Aminotransferase (SGPT/ALT) | 43 | U/L | 10 - 40 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alkaline Phosphatase | 94 | U/L | 53 - 128 |
| <i>(BY PNPP AMP method on RXL Dade Dimension.)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 24 | U/L | 15 - 85 |
| <i>(By IFCC method on RXL Dade Dimension.)</i> | | | |
| Total Protein | | | |
| Total Proteins | 7.70 | gm/dL | 6.4 - 8.2 |
| Albumin | 4.00 | gm/dL | 3.4 - 5 |
| Globulin | 3.7 | gm/dL | 3 - 3.2 |
| A : G Ratio | 1.08 | | 1.1 - 1.6 |
| <i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i> | | | |

— End of Report —

Dr. Sejal Odedra
M.D.Pathology



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Clinical Biochemistry

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| Glycosylated Heamoglobin (HbA1c) | 5.9 | % | |
| estimated Average Glucose (e AG) * | 122.63 | mg/dL | |

(Method:
By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:
Indicated Glycemic control of previous 2-3 months

| HbA1c% | e AG (mg/dl) | Glycemic control |
|--------|--------------|--|
| > 8 | > 183 | Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances |
| 7 - 8 | 154 - 183 | Good |
| < 7 | < 154 | Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area. |
| 6 - 7 | 126 - 154 | Near Normal |
| < 6 | < 126 | Nondiabetic level) |

— End of Report —

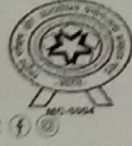
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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SUMER SINGH
Gender / Age : Male / 31 Years 10 Months 31 Days
MR No / Bill No. : 21044773 / 231012028
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 48891
Request Date : 11/06/2022 08:51 AM
Collection Date : 11/06/2022 09:02 AM
Approval Date : 11/06/2022 11:36 AM

Thyroid Hormone Study

| Test | Result | Units | Biological Ref. Range |
|------|--------|-------|-----------------------|
|------|--------|-------|-----------------------|

| | | | |
|-----------------------|------|-------|--|
| Triiodothyronine (T3) | 1.37 | ng/ml | |
|-----------------------|------|-------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

| | | | |
|----------------|------|--------|--|
| Thyroxine (T4) | 8.31 | mcg/dL | |
|----------------|------|--------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1- 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 50 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

| | | | |
|--------------------------------------|------|-----------|--|
| Thyroid Stimulating Hormone (US-TSH) | 1.79 | microu/ml | |
|--------------------------------------|------|-----------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microu/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

— End of Report —

Dr. Sejal Odedra
M.D.Pathology



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Type : OPD
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 Approval Date : 11/06/2022 01:35 PM

Urine Routine

| Test | Result | Units | Biological Ref. Range |
|--|---------------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 30 | mL | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| pH | 6.0 | | |
| Specific Gravity | 1.015 | | |
| Protein | Negative | gm/dL | Negative |
| Glucose | Negative | mg/dL | Negative |
| Ketones | Negative | | Negative |
| Bilirubin | Negative | | Negative |
| Urobilinogen | Negative | | Negative (upto 1) |
| Blood | Negative | | Negative |
| Bile Salt | Absent | | Absent |
| Leucocytes | Negative | | Negative |
| Bile Pigments | Absent | | Absent |
| Nitrite | Negative | | Negative |
| Microscopic Examination (After Centrifugation at 2000 rpm for 10 min) | | | |
| Red Blood Cells | Nil | /hpf | 0 - 2 |
| Leucocytes | Present (0-2) | /hpf | 0 - 5 |
| Epithelial Cells | Present (0-2) | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | | Nil |
| Mucus | Absent | | Absent |
| Organism | Absent | | Absent |

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044773 Report Date : 11/06/2022

Request No. : 190023008 11/06/2022 8.51 AM

Patient Name : SUMER SINGH

Gender / Age : Male / 31 Years 10 Months 31 Days

ADVANCED DIGITAL SOLUTIONS

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography


Foetal Echocardiography

Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED


Dr. Priyanka Patel, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044773 Report Date : 11/06/2022
 Request No. : 190023004 11/06/2022 8.51 AM
 Patient Name : **SUMER SINGH**
 Gender / Age : Male / 31 Years 10 Months 31 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 9 cc.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

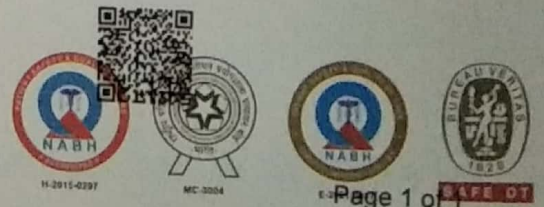
No obvious abnormality seen.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr. Prerna C Hasani, MD
 Consultant Radiologist



Patient No. : 21044773 Report Date : 11/06/2022

Request No. : 190023039 11/06/2022 8.51 AM

Patient Name : SUMER SINGH

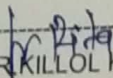
Gender / Age : Male / 31 Years 10 Months 31 Days

Echo Color Doppler

MITRAL VALVE : FLAIL AML, MILD RESTRICTED MOBILITY OF PML, GRADE I ECCENTRIC JET MR, NO MS
AORTIC VALVE : TRILEAFLET, NO AS, TRIVIAL AR
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : GRADE I ECCENTRIC JET MR, TRIVIAL AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. FLAIL AML, MILD RESTRICTED MOBILITY OF PML, GRADE I ECCENTRIC JET MR, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLOL KANERIA, M.D., D.M., CARD.

ECU/21/044773
31 Years

11-Jun-22

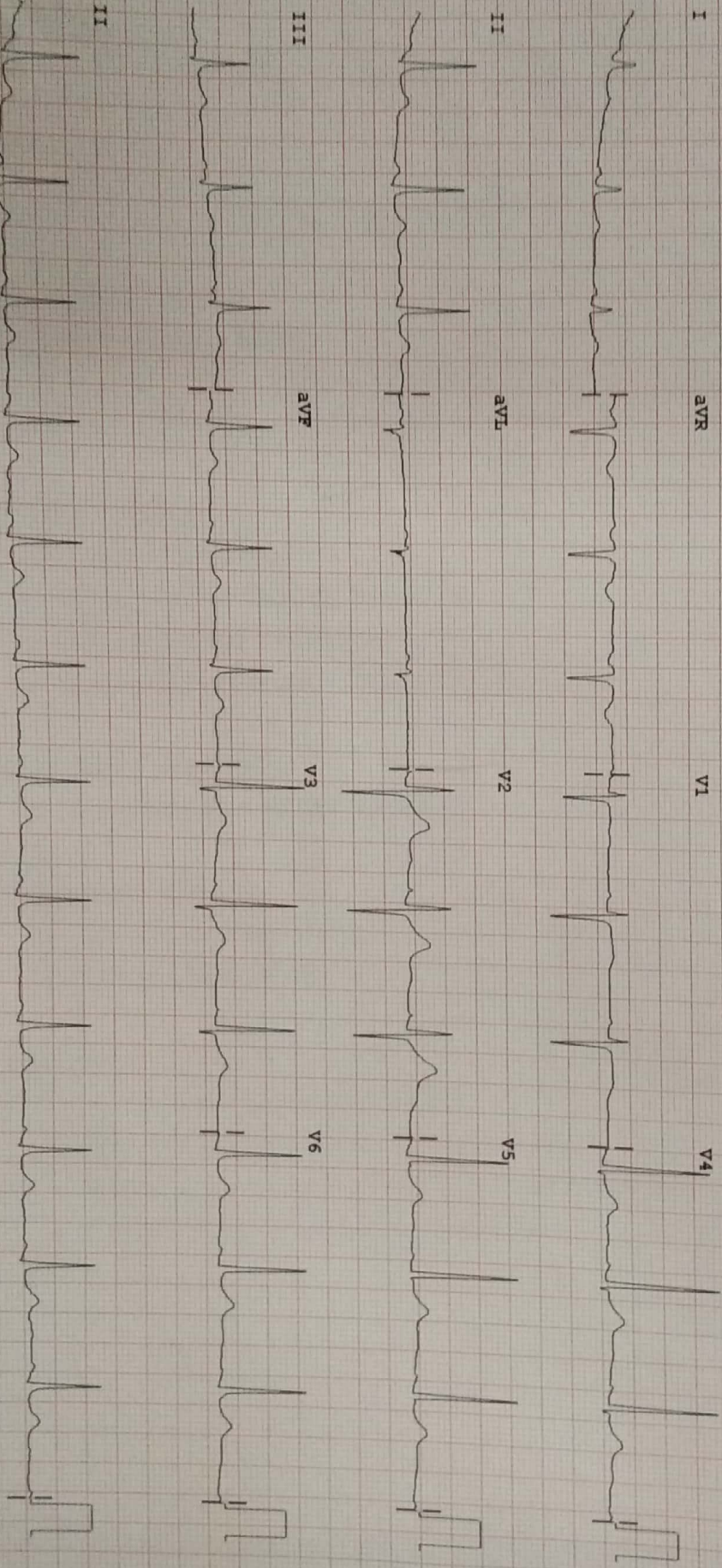
9:39:22 AM
Male
MR SUNER SINGH



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AN NABH, NABL & ISO Accredited Institute

Doctor **MANISH MITTAL**

Rate 74
PR 144
QRSD 76
QT 368
QTc 408
--AXIS--
P 19
QRS 64
T 62



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV
F 50~0.5-150 Hz W PH08 P?

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



**BHAILAL AMIN
GENERAL HOSPITAL**

11/06/2022

Dental assessment form

Name: Sumer Singh

Age/ Sex: 31 years/Male

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession
- Decayed tooth with respect to 48

Provisional diagnosis:

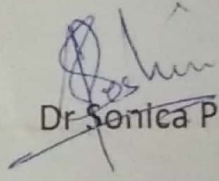
- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- Restoration of 48

Advised:



- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.



Dr Sonica Peshin

ITEM CODE:SMD066

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