



GTB PLAZA, Beside Airtel Office, Ring Road No.1, Telibandha, Raipur (C.G.) Ph.: 0771-4024901, Emergency No.: 09109178901

E-mail: Wecarehospitals@gmail.com

PATIENT'S NAME: AYUSH KUMAR THAKUR 28YR M

REFERRED BY: DR A SIDDIQUI

MRD NO: USG ABD 29236 HELTH CHECKUP

STUDY TIME: 14-08-21

REPORT TIME: 14/08/21 5:05 PM

PRINT TIME: 14/08/21 5:39 PM

#### **STUDY: USG OF THE ABDOMEN**

**INDICATION:** 

Routine Health check up. No complaints otherwise.

**COMPARISON:** 

None.

#### **OBSERVATIONS:**

Liver is normal in size and parenchymal echogenecity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal in size. No focal lesion is seen.

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 normal. IVC and aorta are unremarkable

Both kidneys are normal in size, shape, position and echogenecity. 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:**

No significant abnormality detected.

DR NEERAJ GAUTAM DNB RADIODIAGNOSIS CONSULTANT RADIOLOGIST







#### Dr. Anis Siddiqui

MD(Internal Medicine), PGCCDM Clinical Cardiologist & Diabetologist (P.G. Diploma in Clinical Endocrinology & Diabetes UK) Reg.no. CGMC 380 / 05 Mob.: 8839104525 / 9755891450

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BP: 110/40	Pln: non-one n-12	1
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### SUPER SPECIALITY HOSPITAL (A UNIT OF SYNERGY HEALTH TECH)

State of The Art Trauma Centre

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PATIENT NAME : Mr. MR.AYUSH KUMAR THAKUR

RECEIPT NO.

: PAC/15

UHID NO.

: 29236

SAMPLE RECEIVED ON / AT : 14/08/2021 11:11AM

AGE / SEX

: 28 Y Male

SAMPLE REPORTED ON / AT : 14/08/2021 04:52PM

CONSULTANT

: DR ANIS SIDDIQUI

COMPLETE BLOOD COUNT(CBC) RBC			
Haemoglobin (HB)	14.1	gm%	12 - 17mg/dl
Haematocrit (HCT)	42.7	%	40 - 55
RBC Count	6.43	millions/cumm	4.5 - 6
MCV	66.4	fL	78 - 92
MCH	21.9	pg	27 - 32
MCHC	33.0	g/dl	32 - 36
RDW-CV	15.3	%	11 - 16
WBC.			
Total Leucocyte Count (TLC)	6500		4000 -11000
<u> Differential Leucocyte Count (DLC</u>	<u>)</u>		
Neutrophils	66	%	40 - 75
Lymphocytes	26	%	20 - 40
Monocytes	06	%	0 - 8
Eosinophils	02	%	1 - 7%
Basophils	00	%	0 - 1
PLATELETS			
PLT Count	2.06	lakhs/cmm	1.0 - 4.0
MPV	8.8	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

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

Page 5 of 10



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	BIO CHEM	IISTRY	
TEST	RESULT	UNIT	REF. RANGE
BSPP	94		<140 mg/dl
Urine SUGAR(PP)	Nil		ABSENT
GGT(GAMMA GT)			
GGT(GAMMA GT)	17.3	U/L	<55
LFT(Liver Function Test )			
Bilirubin - Total	0.67	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.33	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.34	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	7.20	g/dl	6.4 - 8.3 g/dl
Albumin	4.52	g/dl	3.5 - 5.2 g/dl
Globulin	2.68	g/dl	2.3 - 3.6
A/G Ratio	1.69		1.10 - 2.20
Alkaline Phosphatase	63	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	26	Ü/L	upto 35 U/L
SGPT (ALT)	20	U/L	upto 45 U/L

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

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mg/dl

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20 - 50

0 - 5.1

2.5 - 3.5

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Lipid Profile	A STATE OF THE STA	5-24 (500 (500 t)	COLUMN STATEMENT AND BUSINESS CONTRACTOR AND ACCOUNT OF THE ACCOUN	Market and Artist Committee and Committee an
Total Cholesterol	140	<b>m</b> g/dl	Desirable : <200 Borderline : 200 - 23 High : >= 240	9
Triglycerides  Note: The National Cholestrol E Treatment Panel III ((NCEP-ATI		mg/dl	Normal:<161 161- 199 Hypertriglyceri <b>de</b> mic Very High : > 4 <b>9</b> 9	High : : 200 - 499
HDL Cholesterol	42	mg/dl	35.3 - 79.5	***************************************
LDL Cholesterol Note: The National Cholestrol E Treatment Panel III ((NCEP-ATE		mg/dl	60 - 165	er en

#### Correlates with Lipdi Profile:

Total Cholesterol/HDL Ratio

VLDL Cholesterol

LDLC/HDLC Ratio

- 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"

10.60

3.33

2.08

#### KFT(KIDNEY FUNCTION TEST)

23	mg/dL	15 - 45	
0.91	mg/dl	0.70 - 1.40 mg <b>/d</b> L	
6.7	mg/dL	3.5 - 7.2	
	0.91	0.91 mg/dl	0.91 mg/dl 0.70 - 1.40 mg/dL

Test Done By MICRO LAB 300 Fully Automatic.

Louden

Test Done By
Senior Technologist
SATYANARAYAN SINGH

Report Guecked By



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



## (A UNIT OF SYNERGY HEALTH TECH) State of The Art Trauma Centre

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CLINICAL PATHOLOGY					
TEST	RESULT	UNIT	REF. RANGE		
URINE SUGAR(F)					
Urine Sugar (Fasting)	Nil		ABSENT		





**Test Done By** Senior Technologist SATYANARAYAN SINGH

Report Checked By



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



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CONSULTANT

: DR ANIS SIDDIQUI

HA	E	MA	TO	DL	0	GY
2 22	British (I	HE HOT I	111 114	ALC: UNKNOWN		•

**TEST** 

RESULT

UNIT

REF. RANGE

HbA1c (Glycosalated Haemoglobin)

**HbA1C-Glycosalated Haemoglobin** 

6.07

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** 

09

mm at 1hr

up to 15 mm (1 hr)

**Blood Group** 

ABO Group SLIDE METHOD. A Rh Positive

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.

Machine Footer

**Test Done By** Senior Technologist SATYANARAYAN SINGH

**Pathologist** 

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



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CONSULTANT

: DR ANIS SIDDIQUI

PATHOLOGY						
TEST	RESULT	UNIT	REF. RANGE			
BSF (Fasting Sample Required)	87	<110 mg/dl				





**Test Done By** Senior Technologist SATYANARAYAN SINGH

Report Checked By Technicia



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



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CONSULTANT

: DR ANIS SIDDIQUI

ROUTINE URINE ANALYSIS TEST					
TEST	RESULT	UNIT	REF. RANGE		
Urine Routine ANALYSIS T	EST				
Volume	20	ml	10 - 50		
Colour	Pale Yellow		Pale Yellow		
Appearance	Clear		Clear		
pH	5.0		5.5 - 8.0		
Chemical Examination					
Urine Protein(Albumin)	Absent	g/L	Absent		
Urine Glucose(Sugar)	Absent	mmol/L	Absent		
Urine Ketons(Acetone)	Absent	mmol/L	Absent		
Specific Gravity	1.030		annen mana sa mana mana mana mana mana mana		
Microscopic Examination					
Pus cells	<b>2</b> -3	/hpf	<5		
RBC (Urine)	Nil	/hpf	Nil		
Epithelial cell	1-2		0-4		
Casts	Absent		Absent		
Crystals	Absent		Absent		

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** Senior Technologist SATYANARAYAN SINGH

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



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	THYROID HO	RMONES	
TEST	RESULT	UNIT	REF. RANGE
THYROID HORMONES		OCCUPANT AND A CONTRACT OF THE PARTY OF THE	
T3 (Triiodothyronine) Remarks:1.Decreased values of T3 normal) have minimal clinical signit recommended for diagnosis of hyp 2.Total T3 and T4 values may also conditions due to changes in serun sites, pregnancy,Drugs(Androgens Phenytoin),Nephrosis etc.	icance and not othyroidism be altered in other n proteins or binding	ng/ml	0.5 - 2.0
T4 (Thyroxine) Remark:1. Total T3 and T4 values in other conditions due to changes binding sites, pregnency, Drugs (Androgens, Estro Phenytoin), Nephrosis etc.	in serum proteins or	µg/dl	4.4 - 10.8
TSH  Remarks:1. 4.51 to 15 µIU/ml - Sug co-relation or repeat the test with m physiological factors can give false 2. TSH values may be transiently a non thyroidal illness like severe infedisease, renal and heart failure, severand surgery etc.  3. Drugs that decreases TSH value L-dopa, Glucocorticois Druges that values e.g. lodine, Lithium, Amiodan	ew sample as ly high TSH. Itered because of ection,liver ere burns,trauma es e.g. increases TSH	μIU/mI	0.39- 6.16 μIU/mI
METHOD - ELISA ACCUBIND		***************************************	and the second s

**Test Done By** Senior Technologist SATYANARAYAN SINGH Report 6

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



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TUMOR MARKERS

**TEST** 

RESULT

UNIT

REF. RANGE

**PSA** (Total)

1.02

ng/mL

> 4.00

The instrument for ichroma test calculate the test result autumatically and displays PSA concentration of the test sample in terms of ng/mL

Test done by ichroma

**Test Done By** Senior Technologist SATYANARAYAN SINGH Report Checked By Technician



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

Page 10 of 10







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PATIENT'S NAME: AYUSH KUMAR THAKUR 28YR M

REFERRED BY: DR A SIDDIQUI

MRD NO: XR CHEST 29236 DI 15 H-C

STUDY TIME: 14-08-21

REPORT TIME: 14/08/21 4:25 PM

PRINT TIME: 14/08/21 4:37 PM

#### STUDY: XRAY OF THE CHEST PA VIEW

**INDICATION:** 

Routine Health check up. No complaints otherwise.

**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







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#### **EYE EXAMINATION**

NAME: - Mr. Ayush Kumar thakur AGE/SEX

DATE:- 14/08(2)

2841M

1. EXAMINATION OF EYES: (BY OPHTALMOLOGIST)

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DR. P. NANWANI

MBBS, MS(ENT) Reg.No-CGMC-4179/2012

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Ph.: 9827881201

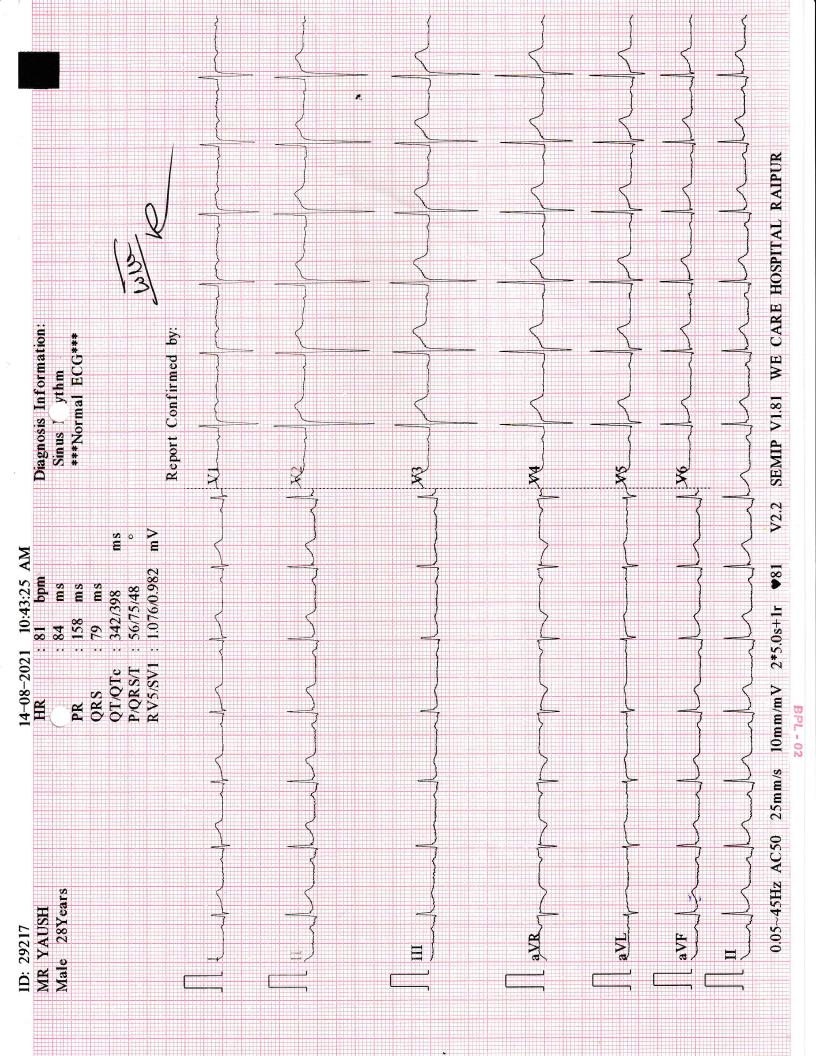
Email-prashantnanwani@yahoo.com

MPLET

Ayush Sumer, afylm

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# Care Today... Tomorrous... Tor Life NAME Care Care Super speciality Hospital (A UNIT OF SYNERGY HEALTH TECH) State of The Art Trauma Centre MR. AYUSH KUMAR THAKUR



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AGE 28 YR/M

DATE: 14/08/2021

REF BY: DR. A SIDDIQUI

### ECHOCARDIOGRAPHY

#### **M-MODE**

MEASUREMENT	PT'S VALUE	NORMAL VALUE
AO	25.2 mm	20-37 mm
LA	25.7 mm	19-40 mm
IVS (d)	8.7 mm	6-11 mm
LVID (d)	37.2 mm	35-50 mm
LVPW (d)	6.9 mm	6-11 mm
LVID (S)	25.7 mm	23-39 mm
EF	60%	23 37 IIIII
1 D ECHO O CET		

#### 2 D ECHO & CFI

**CHAMBERS** 

NORMAL

**VALVES** 

NORMAL

**SEPTAE** 

- IVS / IAS Intact

RWMA

- NO RWMA PRESENT AT REST.

**EF** 

60%

CLOT / VEGETATION/ PERICARDIAL EFFUSSION - NILL.







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VALVE (mmHg)	REGURG	ITATION GRADIENT
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

#### PULSE WAVE DOPPLER

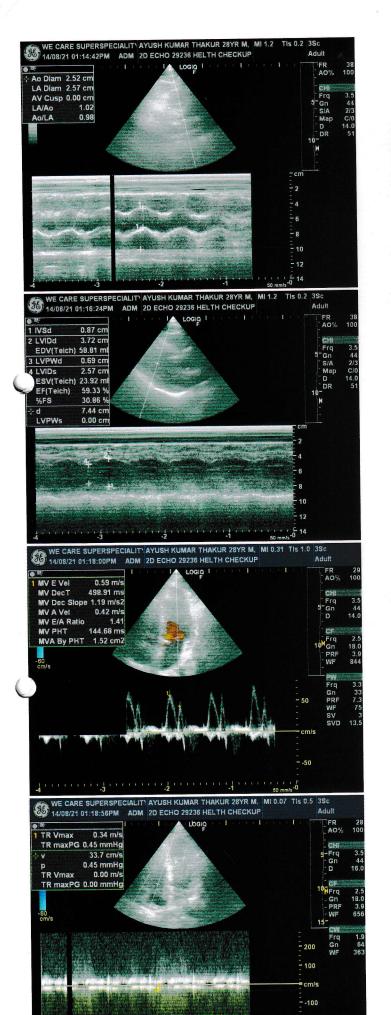
O Mitral Valve inflow shows E Wave<AWave.

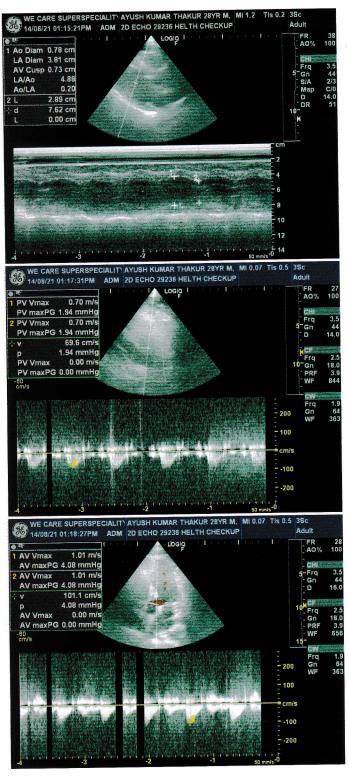
#### IMPRESSION.

- NO RWMA PRESENT AT REST,
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60%.
- NO AS/MS/TR/AR/NO MR.

NO INTRACARDIAC CLOT, VEGETATION.

Dr.ANIS SIDDÎQUI (MD,PGCCDM)





4 1