

Ecu Number MC/22/001172 Ecu.Date 08/10/2022  
Pat.Number 21054277 PRAKASHKUMAR SAHOO Age 36  
Ctgy.Desc.  
Height 177 Cm. Weight 99 Kg. Ideal Weight 72 Kg. BMI : 32 Kg / Mtr2

Past H/O CLAVICLE POSTURE- 2018

Present H/O HEDACHE SOME TIME

Family H/O FATHER: DIABETES

Habits NO HABITS

Gen. Exam. G.C.GOOD B.P 130/100 mm Hg Pulse 78/MIN REG Other SPO2-97%

C.V.S. CLINICALLY NAD

R.S. CLINICALLY NAD

Abdomen : Liver : NP Spleen : NP

Skin NAD

C.N.S. NAD

Advice

OPHTHALMIC CHECK UP	RT	LT
Ext-Exam	NIL	NIL
Vision Without Glasses	6/6 N.5	6/6 N.5
Vision With Glasses	.	.
Final Correction	.	.
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL.	

Dr. Manish Mittal

0



Patient Name : Mr. PRAKASH KUMAR SAHOO  
 Gender / Age : Male / 36 Years 4 Months 19 Days  
 MR No / Bill No. : 21054277 / 231039138  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 78145  
 Request Date : 08/10/2022 08:24 AM  
 Collection Date : 08/10/2022 08:27 AM  
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**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	14.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	<b>6.90</b>	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	44.4	%	40 - 50
Mean Corpuscular Volume (MCV)	<b>64.3</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>20.6</b>	pg	27 - 32
MCH Concentration (MCHC)	32.0	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>17.7</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>36.4</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	4.84	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	45	%	40 - 80
Lymphocytes	<b>45</b>	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	2.18	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.19	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.17</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.4	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	170	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	8	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 requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. PRAKASH KUMAR SAHOO  
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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. Rakesh Vaidya  
MD (Path). DCP.

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**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	AB		
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 Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	94	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	98	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>	131	mg/dL	1 - 150
<i>&lt; 150 Normal 150-199 Borderline High 200-499 High &gt; 499 Very High)</i>			
Total Cholesterol <i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>	158	mg/dL	1 - 200
<i>&lt;200 mg/dL - Desirable 200-239 mg/dL - Borderline High &gt; 239 mg/dL - High)</i>			
HDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>	40	mg/dL	40 - 60
<i>&lt; 40 Low &gt; 60 High)</i>			
Non HDL Cholesterol (calculated) <i>(Non- HDL Cholesterol)</i>	118	mg/dL	1 - 130
<i>&lt; 130 Desirable 139-159 Borderline High 160-189 High &gt; 191 Very High)</i>			
LDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>	92	mg/dL	1 - 100
<i>&lt; 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High &gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	26.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.3		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	3.95		3.5 - 5

---- End of Report ----

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dada Dimension)	20	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.81	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (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)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	7.3	mg/dL	3.4 - 7.2

— End of Report —

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	1.16	mg/dL	0 - 1
Bilirubin - Direct	0.20	mg/dL	0 - 0.3
Bilirubin - Indirect	0.96	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	27	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	66	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	56	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	30	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.16	gm/dL	6.4 - 8.2
Albumin	4.28	gm/dL	3.4 - 5
Globulin	2.88	gm/dL	3 - 3.2
A : G Ratio	1.49		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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.

---- End of Report ----

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.23	ng/ml	
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(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)	8.08	mcg/dL	
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(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 (> 60 years) : 5.0 - 10.7

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

Thyroid Stimulating Hormone (US-TSH)	1.45	microIU/ml	
--------------------------------------	------	------------	--

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

Reference interval (microIU/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. Rakesh Vaidya  
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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
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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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	5.5		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
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
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0.0 - 1.0	/hpf	0 - 2
Leucocytes	0.0 - 1.0	/hpf	0 - 5
Epithelial Cells	0.0 - 1.0	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21054277      Report Date : 08/10/2022  
Request No. : 190037622      08/10/2022 8.24 AM  
Patient Name : **PRAKASH KUMAR SAHOO**  
Gender / Age : Male / 36 Years 4 Months 19 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





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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21054277      Report Date : 08/10/2022  
Request No. : 190037617      08/10/2022 8.24 AM  
Patient Name : **PRAKASH KUMAR SAHOO**  
Gender / Age : Male / 36 Years 4 Months 19 Days

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**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 and increased in 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 size and echopattern.

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

Prostate appears normal in size and volume is ~ 17 cc. Prostate measures 28mm x 37mm x 32mm.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**Fatty liver.**

*Kindly correlate clinically*

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

*Hasani*

**Dr.Pruna C Hasani, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

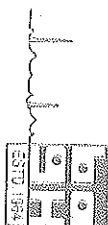
E-2021-0037

ECU/21054277  
36 Years

08-Oct-22

Male

8:59:35 AM MR. PRAKASH KUMAR SAHOO

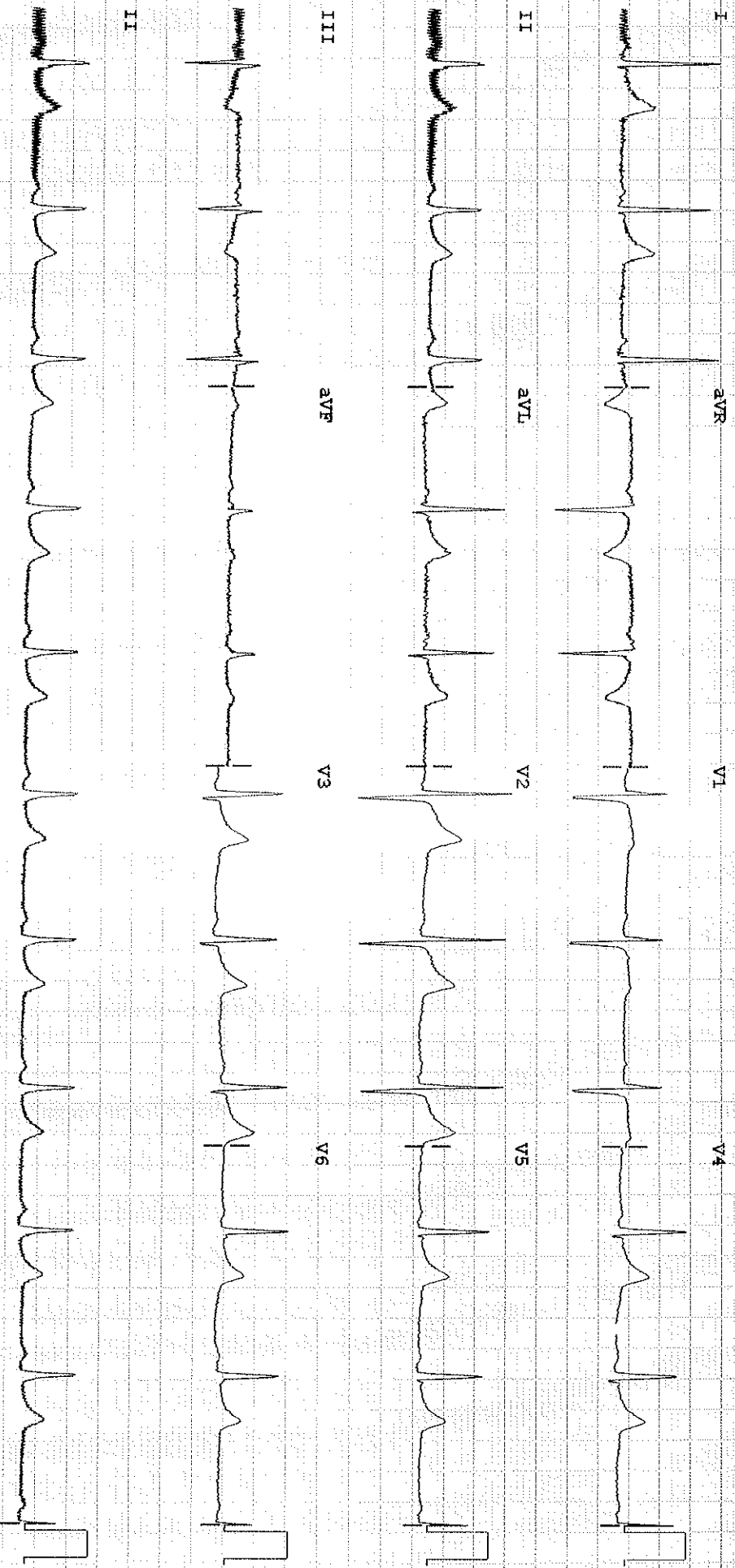


SHREE ANAND GENERAL HOSPITAL  
Anand, Vadodha, Gujarat

Doctor DR. MANISH MITTAL

Rate 62  
PR 168  
QRS 92  
QT 424  
QTc 431

--AXIS--  
P 32  
QRS 22  
m 8



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

50~ 0.15-150 Hz

PH08

P2

**Dr. Sonica Peshin**

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



**BHAILAL AMIN  
GENERAL HOSPITAL**

**Dental assessment form**

08/10/2022

Name: Prakash Kumar Sahoo

Age/ Sex: 36 years/Male

Patient has come for an oral hygiene check up

**On Examination:**

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession
- Initial caries with respect to 36

**Provisional diagnosis:**

- Chronic generalised gingivitis

**Treatment plan:**

- Scaling and polishing

**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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