

Mr. Ishhaque - 4114

25/02/22

Health checkup

PR - 70/10

Kno: H70/ T2DM - 1-16-22

↓ irregular HL

BP: - 150/100

PMI +1-1-

No NO: Aortic Aneurysm

COPD / CVD / DM

Chey 40+

Wt: 83 (R) MO

DW: Gen: LVH

HR: 80/100 & 80

2D Echo: Gen: LVH (F 60%)

COPD: n.f. @

HbA1c - 10.43, FPG - 369 mg/dl

PP - 435, Wt - 80 kg

ENT - WNL

VCR - 100 - 1000 - 1000

Sinusal: WNL

P 10

24

① 2b. Telmoking - Am (4015) (-9 Am)  
→ \*

② 2b: Glycomet - GP (2850) - 18A  
BBF → B.oney

③ 2b. Zometid 500 (10/100/500) - 105  
und R. ~~1000~~  
→ \*

④ 2b. Cessprin - AV (75/110) - 115  
→ \*

↓ 1000  
Adelgini

Imp: no significant  
noted when  
1250 and Hypertension  
Causality uncontrolled

AD  
- review abli one  
- PDR / PDR  
not complete

Address

**EYE EXAMINATION**

NAME:- Mohd. Jshhaque  
AGE/SEX 44 Y/M

DATE:- 25/02/23

**1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)**

EXTRENAL, EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUDUS				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION				
NEAR VISION				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

REMARK :-

*(Signature)*  
(SIGN)

PATIENT NAME : MR.MOHD ISHHAQUE  
UHID NO. : 37965  
AGE / SEX : 41 Y Male  
CONSULTANT : DR ANIS SIDDIQI

RECEIPT NO. : PAC/49  
SAMPLE RECEIVED ON / AT : 25/02/2023 10:38AM  
SAMPLE REPORTED ON / AT : 25/02/2023 02:57PM

**COMPLETE BLOOD COUNT(CBC)**

**RBC**

Haemoglobin (HB)	13.8	gm%	12 - 17mg/dl
Haematocrit (HCT)	36.7	%	40 - 55
RBC Count	5.15	millions/cumm	4.5 - 6
MCV	71.3	fL	78 - 92
MCH	26.8	pg	27 - 32
MCHC	37.6	g/dl	32 - 36
RDW-CV	15.9	%	11 - 16

**WBC.**

Total Leucocyte Count (TLC) 7000 4000 - 11000

**Differential Leucocyte Count (DLC)**

Neutrophils	64	%	40 - 75
Lymphocytes	29	%	20 - 40
Monocytes	05	%	0 - 8
Eosinophils	02	%	1 - 7%
Basophils	00	%	0 - 1

**PLATELETS**

PLT Count	2.84	lakhs/cmm	1.0 - 4.0
MPV	8.6	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 for 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

Report Checked By  
Technician



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

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HAEMATOLOGY			
TEST	RESULT	UNIT	REF. RANGE
<b>HbA1c (Glycosalated Haemoglobin)</b>			
HbA1C-Glycosalated Haemoglobin	10.43 ✓	%	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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<i>The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"</i>			
ESR	03	mm at 1hr	up to 15 mm (1 hr)
<b>Blood Group</b>			
ABO Group	A Rh Positive		
SLIDE METHOD.			
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<u>Machine Footer</u>			



**Test Done By**  
Senior Technologist  
SATYANARAYAN SINGH

**Report Checked By**  
Technician



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

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PATHOLOGY			
TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	369 ✓		<110 mg/dl




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BIO CHEMISTRY			
TEST	RESULT	UNIT	REF. RANGE
<b>BSPP</b>	435		<140 mg/dl
Urine SUGAR(PP)	Present 3+		ABSENT
<b>GGT(GAMMA GT)</b>			
GGT(GAMMA GT)	37.8	U/L	<55
<b>LFT(Liver Function Test )</b>			
Bilirubin - Total	0.38	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.23	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	6.40	g/dl	6.4 - 8.3 g/dl
Albumin	4.49	g/dl	3.5 - 5.2 g/dl
Globulin	1.91	g/dl	2.3 - 3.6
A/G Ratio	2.35		1.10 - 2.20
Alkaline Phosphatase	110	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	23	U/L	upto 35 U/L
SGPT (ALT)	43	U/L	upto 45 U/L

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*The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"*

  
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### Lipid Profile

Total Cholesterol	229	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >= 240
Triglycerides	404	mg/dl	Normal:<161 High : 161 - 199 Hypertriglyceridemic : 200 - 499 Very High : > 499
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
HDL Cholesterol	45	mg/dl	35.3 - 79.5
LDL Cholesterol	146	mg/dl	Less than 100 mg/dl - Optimal 100-129 mg/dl - Near/above optimal 130-159 mg/dl - Borderline high 160-189 mg/dl - High >190 mg/dl - Very high
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	80.80	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	5.09		0 - 5.1
LDLC/HDL Ratio	3.24		2.5 - 3.5

#### Correlates with Lipid Profile:

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: Cholesterol 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"*

### KFT(KIDNEY FUNCTION TEST)

Urea	16	mg/dL	15 - 45
Serum Creatinine	0.57	mg/dl	0.70 - 1.40 mg/dL
Uric Acid	4.6	mg/dL	3.5 - 7.2

*Test Done By MICRO LAB 300 Fully Automatic.*



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### TUMOR MARKERS

TEST	RESULT	UNIT	REF. RANGE
PSA (Total)	0.37	ng/mL	CUT-OFF 4.00


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

Test done by ichroma



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THYROID HORMONES			
TEST	RESULT	UNIT	REF. RANGE
<b>THYROID HORMONES</b>			
T3 ( Triiodothyronine )	0.84	ng/ml	0.5 - 2.0
<i>Remarks:1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.</i>			
T4 (Thyroxine)	6.2	µg/dl	4.4 - 10.8
<i>Remark:1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.</i>			
TSH	0.61	µIU/ml	0.39- 6.16 µIU/ml
<i>Remarks:1. 4.51 to 15 µIU/ml - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH. 2. TSH values may be transiently altered because of non thyroidal illness like severe infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc. 3. Drugs that decreases TSH values e.g. L-dopa, Glucocorticoids Drugs that increases TSH values e.g. Iodine, Lithium, Amiodarone.</i>			
METHOD - ELISA ACCUBIND			



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**ROUTINE URINE ANALYSIS TEST**

TEST	RESULT	UNIT	REF. RANGE
<b>Urine Routine ANALYSIS TEST</b>			
<b>General Examination</b>			
Volume	20	ml	>2
Colour	Straw		Pale Yellow
Appearance	Clear		Clear
pH	5.0		5.5 - 8.0
<b>Chemical Examination</b>			
Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Present 3 +	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.000		
<b>Microscopic Examination</b>			
Pus cells	1-2/hpf	/hpf	<5
RBC (Urine)	Nil	/hpf	Nil
Epithelial cell	0-1/hpf		0-4
Casts	Absent		Absent
Crystals	Absent		Absent

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SATYANARAYAN SINGH

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Technician



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



PATIENT'S NAME: MOHD ISHHAQUE 41YR M  
REFERRED BY: DR A SIDDIQUI  
MRD NO: XR CHEST 37965 KH 49 OPD'HC

STUDY TIME: 25-02-23  
PRINT TIME: 25/02/23 4:18 PM  
PAGE 1 OF 1

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

**INDICATION:** Routine health check up.

**COMPARISON:** None.

**OBSERVATIONS & CONCLUSION:**

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLAPSE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO SIGNIFICANT CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

DR NEERAJ GAUTAM DNB RADIODIAGNOSIS CONSULTANT RADIOLOGIST	DR GAGANDEEP SINGH SALUJA MD RADIODIAGNOSIS CONSULTANT RADIOLOGIST



NAME MOHD ISHHAQUE

AGE 41YR/M

REF BY: DR. ANIS SIDDIQUI

DATE: 25/02/2023

## ECHOCARDIOGRAPHY

### M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	30.9 mm	20-37 mm
LA	28.5 mm	19-40 mm
IVS (d)	12.9 mm	6-11 mm
LVID (d)	49.8 mm	35-50 mm
LVPW (d)	12.1 mm	6-11 mm
LVID (S)	26.5 mm	23-39 mm
EF	60%	

### 2 D ECHO & CFI

CHAMBERS	-	NORMAL.
VALVES	-	NORMAL.
SEPTAE	-	IVS / IAS Intact
RWMA	-	NO RWMA PRESENT AT REST.
EF	-	60%

CLOT / VEGETATION/ PERICARDIAL EFFUSION - NULL.

<u>VALVE</u>	<u>REGURGITATION</u>	<u>GRADIENT (mmHg)</u>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

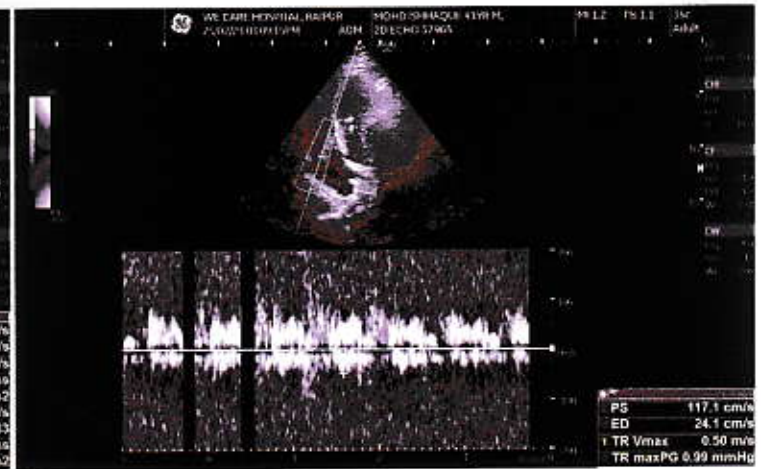
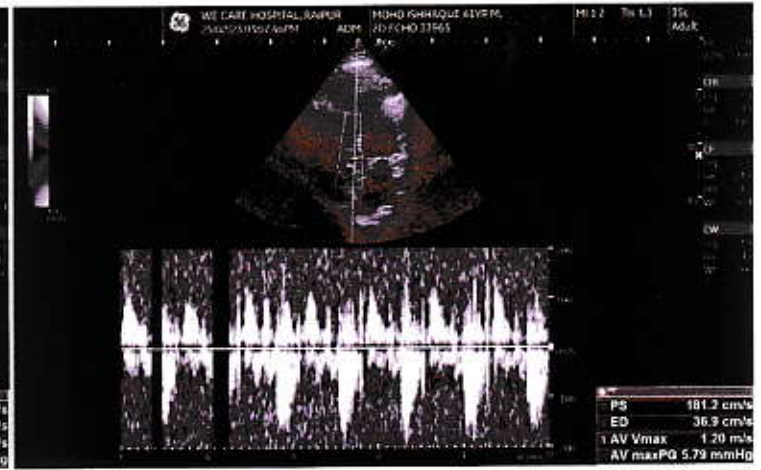
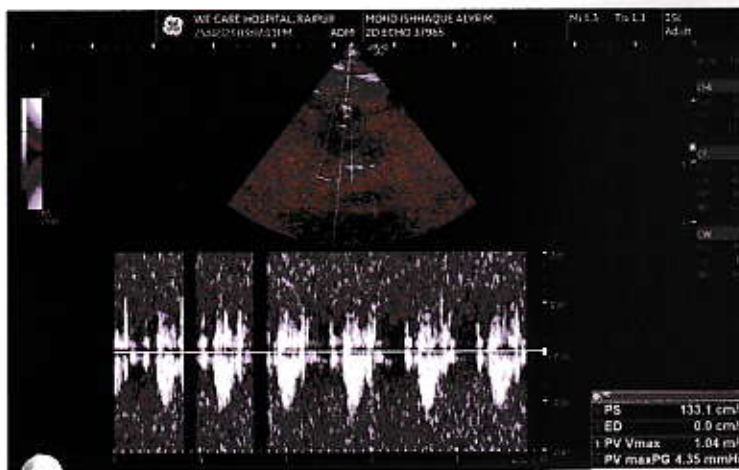
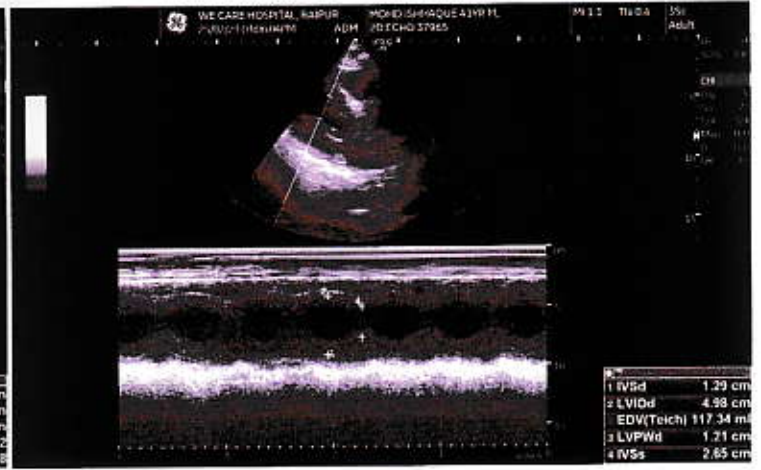
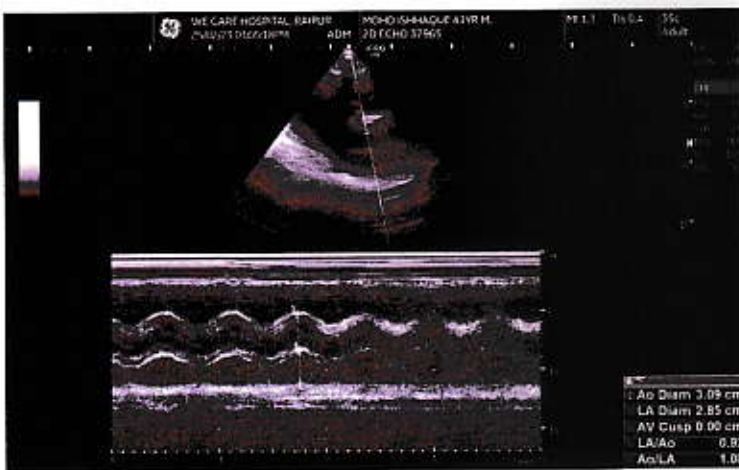
**PULSE WAVE DOPPLER**

- Mitral Valve inflow shows E Wave < A Wave.

**IMPRESSION.**

- NO RWMA PRESENT AT REST. **DRA-I.**
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60%. **CONCENTRIC LVH.**
- NO AS/MS/TR/NO AR/NO MR.  
NO INTRACARDIAC CLOT, VEGETATION.

  
Dr. ANIS SIDDIQUI (MD, PGCCDM)



ID: 15

MR -> MOHD ISHHAQUE

Male Years

Age -> 41 y 1m

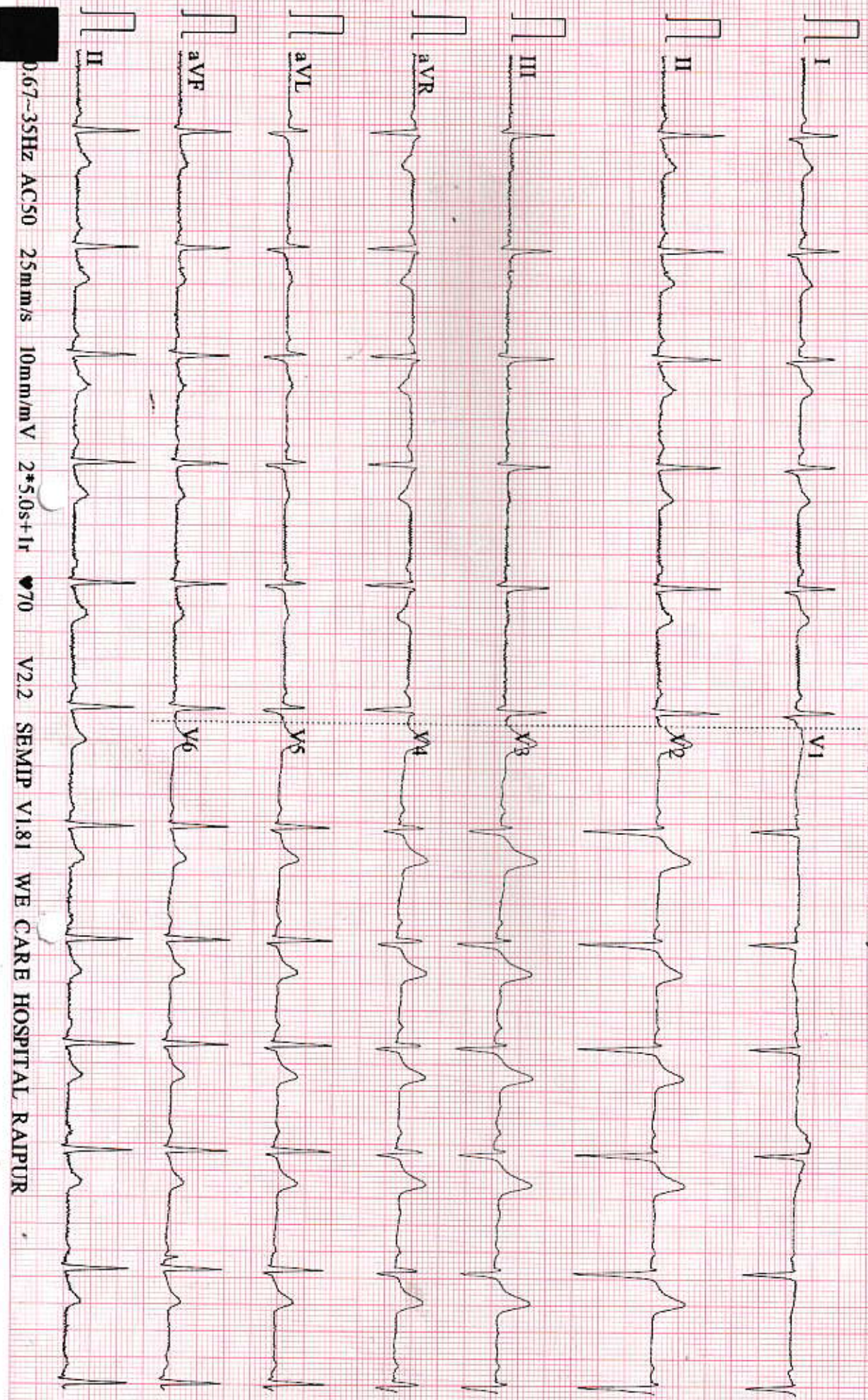
25-02-2023 11:17:16 AM

BPL-02

Diagnosis Information:  
Sinus Arrhythmia

HR	: 70	bpm
P	: 102	ms
PR	: 156	ms
QRS	: 89	ms
QT/QTc	: 368/399	ms
P/QRS/T	: 33/68/39	°
RV5/SV1	: 0.982/0.904	mV

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 70 V2.2 SEMIP V1.81 WE CARE HOSPITAL RAIPUR