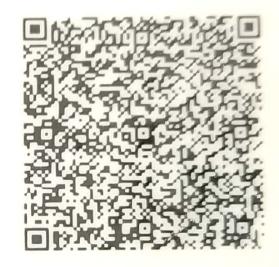




## भारत सरकार

# Government of India

मो शहीद अंसारी Mohd Shahid Ansari जन्म तिथि / DOB : 22/09/1985 पुरुष / Male



9022 6913 6838

मेरा आधार, मेरी पहचान



# भारतीय विशिष्ट पहचान प्राधिकरण

# Unique Identification Authority of India

पताः S/O एम एल रेहमान अंसारी, 52, सिद्धार्थ नगर, नरेला शंकरी, बरखेडा एच.ई, पिपलानी, भोपाल, इजुर, मध्य प्रदेश, 462021 Address: S/O M L Rehman Ansari, 52, Siddharth Nagar, Narela Shankari, Barkheda H.E, Piplani, Bhopal, Huzur, Madhya Pradesh, 462021

9022 6913 6838





help@uidai.gov.in







Center

# YOUR HEALTH IS OUR PRIORITY

### Laboratory Report

Patient Name: MR ANSARI MOHD SHAHID

: CMH OPD

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Registration Date : 24/08/2024 01:52 PM
Collection Date : 24/08/2024 01:54 PM
Report Date : 24/08/2024 07:31 PM



#### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.5	%	Non-diabetic: <= 6.0
			Pre-diabetic: 6.0-7.0
			Diabetic: >= 7.0
Estimated Average Glucose:	111	mg/dL	

#### Reference Range (Average Blood Sugar):

Excellent control : 90 - 120 mg/dl

Good control : 121 - 150 mg/dl

Average control : 151 - 180 mg/dl

Action suggested : 181 - 210 mg/dl

Panic value :> 211 mg/dl

#### Interpretation & Remark:

- 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 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 detected (D10/ turbo is corrected for HbS and HbC trait).
- 7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control
- 6 to 7 %, Fair to Good Control 7 to 8 %, Unsatisfactory Control 8 to 10 % and Poor Control More than 10 %.







### **Laboratory Report**

Patient Name: MR ANSARI MOHD SHAHID

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD Registration Date : 24/08/2024 01:52 PM
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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
------------------	--------	------	-----------------------------

### **BLOOD GROUP AND RH FACTOR**

ABO Type B

Rh Factor POSITIVE(+VE)

### **Peripheral Blood Smear**

RBC Morphology Normocytic Normochromic

WBC Morphology Within normal limits
Platelets Parasites Platelets are adequate.
No Parasite Seen.

**BIOCHEMISTRY REPORT** 

#### **Test Description Biological Reference Ranges** Result Unit RENAL FUNCTION TEST (RFT) 25.0 mg/dl 15 - 50 **Blood Urea** 1.12 mg/dl 0.7 - 1.5Serum Creatinine 83 ml/min eGFR 11.68 mg/dl 7 - 20 Blood Urea Nitrogen-BUN mmol/L 135 - 150 139.2 Serum Sodium 4.22 3.5 - 5.0mmol/L Serum Potassium 98.0 mmol/L 94.0 - 110.0 Chloride 1.14 mmol/L 1.10 - 1.35 Ionic Calcium mg/dl 3.2 - 7.0Uric Acid

NOTE: Please correlate with clinical conditions.







Ref. Dr.

Center

### YOUR HEALTH IS OUR PRIORITY

## **Laboratory Report**

Patient Name: MR ANSARI MOHD SHAHID

Age/Gender : 38 Yrs/Male : Dr. BOB : CMH OPD

Registration Date : 24/08/2024 01:52 PM Collection Date : 24/08/2024 01:54 PM

Report Date : 24/08/2024 07:31 PM



### **BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.61	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.48	mg/dl	0.1 - 0.8
SGOT (AST)	16.6	U/L	0 - 35
SGPT (ALT)	21.5	U/L	0 - 45
ALKALINE PHOSPHATASE	66.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	21.6	IU/L	15 - 45
TOTAL PROTEIN	7.14	g/dl	6. <mark>4 - 8.3</mark>
SERUM ALBUMIN	4.25	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.89	g/dl	1.8 - 3.6
A/G RATIO	1.47		1.2 - 2.2
NOTE - Please correlate with clinic	cal conditions		

**NOTE**: Please correlate with clinical conditions.







## **Laboratory Report**

Patient Name: MR ANSARI MOHD SHAHID

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD



Registration Date : 24/08/2024 01:52 PM
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Report Date : 24/08/2024 07:31 PM



### **BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	170.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	81.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	40.2	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	113.60	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	16.20	mg/dL	6 - 38
CHOL/HDL RATIO	4.23		3.5 - 5.0
LDL/HDL RATIO <b>NOTE</b> 8-10 hours fasting sample is re	2.83 equired		2.5 - 3.5





### Laboratory Report

Patient Name : MR ANSARI MOHD SHAHID

##### CPL24/21744

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD Registration Date : 24/08/2024 01:52 PM Collection Date : 24/08/2024 01:54 PM

Report Date : 24/08/2024 07:31 PM



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	103.0	mg/dl	70 - 140
Method : Hexokinase			
Interpretation:- Normal: 70-140 Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion)			

Gamma Glutamyl Transferase (GGT)-Serum

21.6

### CLINICAL BIOCHEMISTRY REPORT

IU/L

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	97.0	mg/dl	Normal: 70-110
Method: GOD-POD			Impaired Fasting Glucose(IFG):
			100-125

Diabetes mellitus: >= 126

15 - 45

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.





## Laboratory Report

Patient Name: MR ANSARI MOHD SHAHID

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD Registration Date : 24/08/2024 01:52 PM Collection Date : 24/08/2024 01:54 PM

Report Date : 24/08/2024 07:31 PM



### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.13	ng/mL	0.69 - 2.15
THYROXIN, (T4)	61.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-	4.90	μIU/mL	0.3-4.5
Serum			Pregnancy (As per American
			Thyroid Association)

First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method: CLIA

#### **INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism Non-Thyroidal illness Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness









### Laboratory Report

Patient Name: MR ANSARI MOHD SHAHID

CPL24/21744

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD Registration Date : 24/08/2024 01:52 PM Collection Date : 24/08/2024 01:54 PM

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#### URINE EXAMINATION REPORT

Test Description	Result	Unit	<b>Biological Reference Ranges</b>
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	Occasional	/hpf	0-4/hpf
Crystals	Absent	•	Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen
	ugh Dinstick includes test m	ethods as Protein (	Protein Error Principle), Glucose (Glucose

Note: 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,









Ref. Dr.

Center

## YOUR HEALTH IS OUR PRIORITY

## **Laboratory Report**

Patient Name: MR ANSARI MOHD SHAHID

Age/Gender : 38 Yrs/Male : Dr. BOB

: CMH OPD

Registration Date : 24/08/2024 01:52 PM Collection Date : 24/08/2024 01:54 PM

Report Date : 24/08/2024 07:31 PM



Test Description	Result	Unit	<b>Biological Reference Ranges</b>
COMPLETE BLOOD COUNT		-	
Haemoglobin	14.7	gm/dL	12.0 - 16.0
RBC Count	4.88	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	41.5	%	40.0 - 54.0
Mean Corp Volume MCV	85.0	fL	80.0 - 100.0
Mean Corp Hb MCH	30.1	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	35.4	gm/dL	32.0 - 36.0
Platelet Count	1.87	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.4	10^3/cu.mm	4.0 - <mark>11.0</mark>
DIFFERENTIAL LEUCOCYTE CO	UNT		
Neutrophils	57	%	40 - 70
Lymphocytes	36	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	4.2	thou/mm3	2.00 - 7.00
Absolute Lymphocyte Count	2.7	thou/mm3	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm3	0.20 - 1.00
Absolute Eosinophils Count	0.2	thou/mm3	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.







### **Laboratory Report**

Patient Name: MR ANSARI MOHD SHAHID

CPL24/21744

Age/Gender : 38 Yrs/Male Ref. Dr. : Dr. BOB Center : CMH OPD Registration Date : 24/08/2024 01:52 PM
Collection Date : 24/08/2024 01:54 PM
Report Date : 24/08/2024 07:31 PM



Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	07	mm/hr	0 - 09

Method: Wintrobes

#### **INTERPRETATION:**

- 1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- 2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- 3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

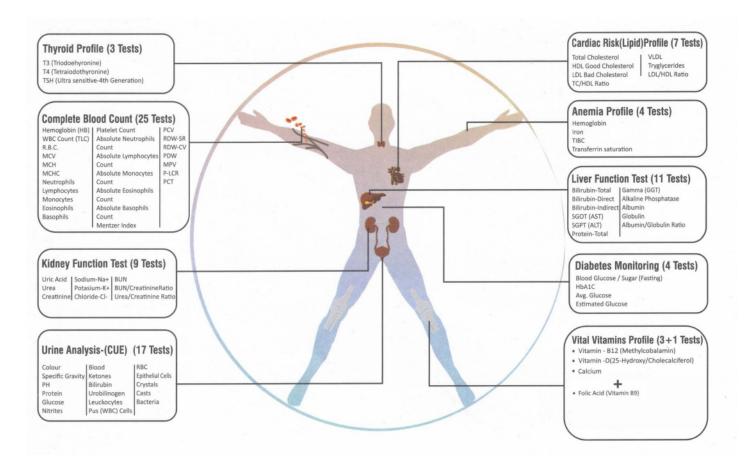
This report is not valid for medico legal aspects. This is just a professional opinion not the fin<mark>al. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.</mark>

# PATHLABS





# BODY CARE



## **CONDITIONS OF REPORTING**

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- 2. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- 3. Electronic images in the report are created by electronic processing. Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity, quality and size of the image, affected possibly due to a computer virus or other contamination
- 4. Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity A. However due to certain factors such as reagent inconsistency, machine breakdown etc. beyond its control which could affect the testing, it does not make any representation or give any warranty about the accuracy of the reported results B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico legal purposes
- 5. Partial representation of report is not allowed.
- 6. All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

#### For Any Enquiry

Citi Pathlabs Flat No. 004, Shivaay South City Complex, Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.) citipathlabs@gmailcom 9454786340, 9407658222

## MER- MEDICAL EXAMINATION REPORT

Date of Examination	24-08-2024
NAME	ANSARI MOHD SHAHID
AGE	38 Gender M 171 WEIGHT (kg) 84
HEIGHT(cm)	
B.P.	120/70
ECG	WNL
X Ray	NORMAL
	Color Vision: NORMAL
Vision Checkup	Far Vision Ratio : No
	Near Vision Ratio: No
Present Ailments	No. Any present allhors
Details of Past ailments (If Any)	No. Any present ailments.
Comments / Advice : She /He is Physically Fit	He is physically fit.

Dr. SABYASACDI GUPTA MBBS (Gold Medalist), (Med.), RCGP (U.K.) Reg. No.11671

Signature with Stamp of Medical Examiner

## **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

ne/she is	linical examination it has been found
Medically Fit	
Fit with restrictions/recommendation	S
Though following restrictions have be not impediments to the job.	een revealed, in my opinion, these are
1	
2	
3	
However the employee should follow been communicated to him/her.	v the advice/medication that has
Review after	
Currently Unfit. Review after	recommended
Unfit	Dr. SABYASACHI GUPTA

This certificate is not meant for medico-legal purposes



Phone No. : 0755 - 4250134 Mobile No. : 7771008660,8319214664, 9303135719



NAME – MR. MOHD. SHAHID ANSARI

AGE /SEX- 38Y/M

**REF:BY- HEALTH ASSURE** 

DATE- 24/08/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- Normal great vessel relationship
- ALL cardiac valve are Normal
- Normal Four chambered heart
- ❖ Normal LV Size with normal LV function LVEF- 61%
- No intracardiac shunt.
- No Pericardium effusion.
- **\* FINAL IMPRESSION**
- Normal LV Size with Normal LV function LVEF- 61%

Dr. SABYASACHI GUPTA MBBS (Gold Medalist MD (Med.), RCGP (U.K.)

### CONSULTANT ECHOCARDIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph; 0755-4877 Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

### CITI MULTI SPECIALITY HOSPITAL MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL MOB-7987913713

Name: SHAHID ANSARI 38Y

Birthdate:

Perf.Physician:

Patient Id: 240824-125425

Sex: Male

Ref.Physician:

Date: 24/08/2024

Accession #:

Operator: ADM

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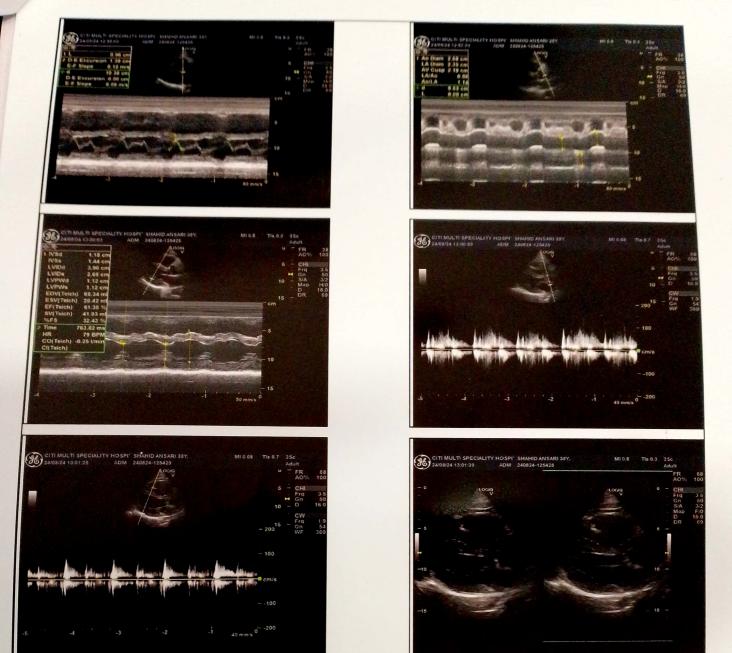
D-E Excursion E-F Slope Ao Diam LA Diam

AV Cusp LA/Ao Ao/LA **IVSd** LVIDd LVPWd **IVSs LVIDs LVPWs** EDV(Teich) ESV(Teich) EF(Teich) %FS SV(Teich) Time HR CO(Teich)

1.39 cm  $0.12 \, \text{m/s}$ 2.68 cm 2.35 cm 2.19 cm 0.88 1.14 1.20 cm 3.48 cm 1.07 cm 1.23 cm 2.89 cm 1.07 cm 50.11 ml 31.93 ml 6128% 16.92% 18.18 ml 763.82 ms **79 BPM** 

0.00 l/min

Print Date: 8/24/2024





MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No.: 0755 - 4250134 Mobile No.: 7771008600,8319214664, 9303135719



Patient Name: MR. SHAHID Age /sex: 38 Y/M Referred .By: INS Date 24.08.2024

# X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angels Appear Clear. Petient direct
  - Both The Domes of Diaphragm Appear normal in Shape and position
  - Visualized bony cage and soft tissue appear normal.

### **IMPRESSION**

NO Significant Abnormality Seen.

Dr. DADHANIA PRINALBEN MD RADIODIAGNOSIS CONSULTANT RADIOLOGIST, 1 2 50

INTERIOS COMO

Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat





MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

Phone No.: 0755 - 4250134

Mobile No.: 7771008660,8319214664, 9303135719



DIET CHART FOR PA	ATIENTS/ आहार तालिका	Date: 8.4.7.8.724
Dietician Name: SDR. Patient Name: Sha hìd		citimultispecialityhospital@gmail. com Age/Sex: 23 M
	Height (cm): 172 Weight (Kg) 84	BMI
Type of Diet: High protein, L		/1
Total Keal:		~ .
Total Fat:	g/day Total Fluids:	
	Tea चाय/ Milk दूध / cotfee काफी / Biscuit विस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूं वाली)	7.30 An
	Milk दूध/ Soup सूप/ Poha पोहा/ Daliya दिलया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / आलू पराठा/ पनीर	9',00AM
2	Roti रोटी / Rice चावल (माड रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	11.30-12.00 Am
2	Fruit फल / अंकुरित अनाज (मूंग/चना/मोढ) / Sattu सत्तू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छांछ	4.00 PM
Tea चाय/ Milk दूध / coffee काफी / Chana +Puffed Rice चना + मुरमुरा / Dhokla ढोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मखाने Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया		6:00Pm
		3:00 Pm
	Milk दूध/ Butter Milk छांछ / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट	Bed time.
	gm/day Salt नमक: 2-3 gm/day	Ghee : gm/day
Only Oil:	gm/day 5 gm = 1 चम्मच (छोटा)	
	Cl	TI MULTISPECIALITY HOSPITAL

MIG-215, 216, Gautam Nagar, Govindpura, Bhopal (M.P.) Ph.: 0755-4272669



Phone No.: 0755-4272669, 4250134

Mobile No.: 7222909795, 7222909796, 7222909800, 9303135719



Dr. Sabyasachi Gupta M.B.B.S., M.D. Reg. No. 11671

Shahiel Angari Reg. No. MP-23369

Dr. Oujwal Gupta

381/m 24/08/2024.

with glasses normal. Both Eye no lears Both Eye Norman

Sister Concern: Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopal-462011, Ph.: 7771008660

MIG 216. Gautam Nagar

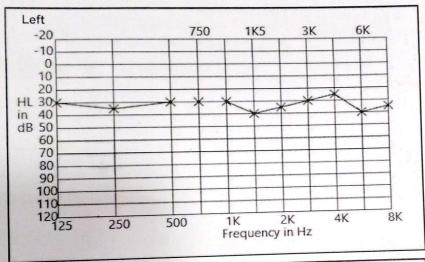
BHOPAL

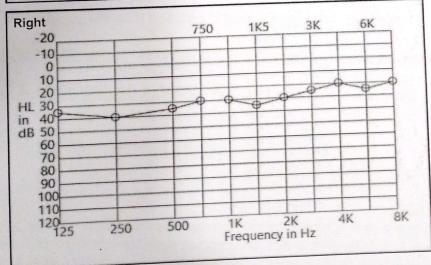
462023

Name Case No. Age Sex Phone No.
MR. MD SHAHID ANSARI 24/8 38 Male 8319699729

Address Referred By Date & Time

NIZZAMUDDIN COLONY PIPLANI BHEL BHOPAL HEALTH ASSURE 24/08/2024





Interpretation

NORMAL HEARING STUDY

Doctor/Audiologist

MBBS (Gold Dedalist), MD (Med.), RCGP (U.K.)

DR. S. GUPTA [MD] Reg. No.11671



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Name of Patient

:MR. MOHD. SHAHID ANSARI

Age/SeX

: 38Y/M

Date

; 24/08/2024

### **USG ABDOMEN & PELVIS**

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenour in echotexture. ntra and extra hepatic billiary and vascular channels are normal No gross or diffuse mass lesions seen.

Gall Bladder : : Gall bladder Normal in size, shape and echotexture.

**Spleen**: Normal in size, shape and echotexture.

Pancreas: Normal in size, shape and echotexture.

Kidneys: Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal. No caliceal dilatation seen on either side

Urinary bladder: Urinary bladder is normal in size, shape, weight and echotexture.

Prostate: : Normal in size, shape and echotexture .[11.05CC]

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

IMPRESSION ; Normal study.

CONSULTANT SONOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any dis

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph. 0755-487772-73

Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat



