PT. NAME	**:- MR. ARGHA HALDAR**	**Sample Collected On**	:- 24/08/2024
PT. AGE/SEX	:- 38 Y / M	**Report Released On**	:- 25/08/2024
MOBILE NO	:-	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	**:- 10180**
Company	**:- ARCOFEMI HEALTH CARE LTD.**	**TPA**	**:- MEDIWHEEL**

HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping spcimen should Be Further Tested by Tube Method For Confirmation.

CBC WITH ESR

W.B.C. Indices			
TOTAL WBC COUNT	5400	/cumm	4000 - 11000
NEUTROPHILS	62	%	40 - 70
LYMPHOCYTES	32	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1
R.B.C. Indices			
HAEMOGLOBIN	14.8	gm/dL	12.5 - 16.5
RBC COUNT	4.3	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	41.7	%	37.5 - 49.5
MCV	**96.1**	fL	80 - 95
MCH	**34.1**	pg	26 - 32
MCHC	35.49	g/dl	32 - 36
RDW-CV	12.8	%	11.5 - 16.5
Platelet Indices			
PLATELET COUNT	202000	/µL	150000-400000
MPV	**12.8**	fl	7.0 - 11.0
PDW	16.6	%	12 - 18
P-LCR	**46.8**	%	13 - 43
ESR	**20**	after 1 hr	0 - 15

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Advice — Correlate Clinically

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycosylated Haemoglobin	**7.22**	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatistactory Control : 8 -10% Poor Control : >10%

Clinical Significance :
Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	**143.0**	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	**233.0**	mg/dl	70 - 140
KFT - KIDNEY FUNCTION TEST			
Urea	36.2	mg/dL	15 - 45
Serum Creatinine	1.0	mg/dl	0.66 - 1.25
Uric Acid	5.0	mg/dL	3.5 - 8.5
Serum Sodium	139.6	mmol/L	135 - 155
Serum Potassium	4.3	mmol/L	3.5 - 5.3

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Lipid Profile

Cholesterol	**210.3**	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	140.0	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	42.3	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	**140**	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	28	mg/dl	7 - 40
Cholesterol/HDL Ratio	4.97		0 - 5.0
LDL/HDL Ratio	3.3	ratio	0 - 3.5

Clinical Significance :
Total Cholesterol
Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.
Triglycerides
Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure,certain metabolic disorders or drug induced.
LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia,and Reye's syndrome. Undetectable LDL levels indicate abetalipoproteinemia
HDL Cholestero - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease.Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy..Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

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LIVER FUNCTION TEST

Bilirubin - Total	0.91	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.25	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.66	mg/dl	0 - 1.1
SGOT (AST)	36.0	U/L	17 - 59
SGPT (ALT)	40.1	U/L	21 - 72
Alkaline phosphatase (ALP)	99.0	U/L	38 - 126
Total Proteins	6.5	g/dl	6.3 - 8.2
Albumin	3.6	g/dl	3.5 - 5.0
Globulin	**2.90**	g/dl	2.3 - 3.6
A/G Ratio	1.24		1.1 - 2.0
Gamma GT	31.2	U/L	<55

Clinical Significance :
Alanine transaminase (ALT)
ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.
Aspartate transaminase (AST)
AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.
Alkaline phosphatase (ALP)
ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.
Albumin and total protein
Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.
Bilirubin.
Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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THYROID (T3, T4, TSH)

T3 (Triiodothyronine)	**98.6**	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	6.8	ug/dl	4.6 - 12.5
TSH	3.02	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.005		1.003 - 1.030
Urine Glucose(Sugar)	**Present 2 +**		Not Detected
Microscopic Examination			
Epithelial cells	03-04	/HPF	0 - 5
PUS CELLS	05-06	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	**Absent**		Not Detected
Crystals	**Absent**		Not Detected
Bacteria	**Nil**		Not Detected
Reaction (pH)	**Acidic**		
Chemical Examination			
Others	**Not detected**		
Physical Examination			
Colour	**Yellow**		Pale Yellow
Urine Protein(Albumin)	**Nil**		Not Detected

--- End Of Report ---

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A Unit of Diagnostic Care with Trust

रामकथा

ऑख, कान, नाक, गला एवं मल्टीस्पेशियालिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

OPD	:		
UH-ID	::	PT. TYPE	: NEWREGISTRATION
PATIENT NAME	: MR.HAL DAS	PRINT DATE	24-08-2024-2:30PM
AGE/SEX	: 38Y/M	DEPARTMENT	: ENT
DOB	:	CONSULTANT	: DR.SANTOSH JAISWAL
MOB-NO.	: 9454935953	CONSULTANT-DATE	: 24-08-2024-2:30PM
COMPLAINT	ENT	COMPANY NAME	: RAMKATHA HOSPITAL
ADDRESS	: JANJGIR CHAMPA	TOKAN NO.	:

3

WEIGHT - KG TEMP- BP- PULSE - SPO2-

C/O Rt Ear Nose Throat Checkup

Ear - Both NAD

Nose Both NAD

Throat - NAD

Neck NAD

Clinically Ear Nose & Throat - found Nothing Abnormal Detected

DIVYA JYOTI
Eye & Dental Hospital
Superspeciality Eye Care Center

Dr. Dinesh Shrey
MD (AIIMS) New Delhi
Consultant Eye Surgeon
Reg. No.- CGMC/862/2007

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EYE HOSPITAL
"Think Eye -Think Us"
An AIIMS (Delhi) Alumni Network
www.cometeyehospitals.com

MRD No: DJE10600

Date : 24-08-2024 03:34 PM

Patient : MR.HALDAS ARGHA / male / 38Yr(s)
Address: JANJGIR CHAPA
Contact Number : 9454935953

Presenting Complaint: ROUTINE CHECKUP

Medical History: THYROID 7 YRS

Current Spectacle Prescription:

	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
D.V	-1.75	-0.75	90		-1.75	-0.75	70	
N.V		-0.75	90			-0.75	70	

Vision:

	Distance vision			Near vision	
Eye	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/18P				
Left	6/18				

Examination:

Eye Parts	Right Eye	Left Eye
ANTERIOR SEGMENT	NORMAL	NORMAL
POSTERIOR SEGMENT	NORMAL	NORMAL

Diagnosis: BothEyes-REFRACTIVE ERROR

Adv
- Cartine Sun glass
- Fit

DR DINESH (CGMC/862/2007

Dr. DINESH SHREY
MD (Opthalmology) AIIMS
Regd.No.-CGMC/862/2007
Divya Jyoti Eye & Dental Hospital,
Santoshi Nagar, Raipur (C.G.)

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श्री साईं एडवांस इमेजिंग एंड डायग्नोस्टिक सेंटर PVT.LTD.
हर जीवन अमूल्य है
पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) 0771-4023900
MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

Mr. ARCHA HALDAR 28 yr/M

ECG - N

CBC - N

BS - F - 143
PP - 233

KFT - N

LFT - N

USG: fatty liver Grade 1

- Rest no significant abnormality seen.

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic...