



MEDICAL CERTIFICATE

Date :- 06.04.2023

NAME

Mr. SHAKTI PRASAD NANDA

MEDICAL INFORMATION

Height:- 172cm	Age:-34yrs
Weight:- 80kg	Sex:- MALE
Blood Pressure:- 137/66mmhg	Pulse:-76/min

Body Mass Index(BMI)

27.0

Physical Fitness certificate

This is to certify that Mr. SHAKTI PRASAD NANDA, aged 34 yrs, reports is Normal and I have found him FIT.

Dr.M.K.HOTA
M.B.S.
REGD No.6996

Signature _____

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Zena Healthcare Services

Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07
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Website : www.zenacare.in

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EYE REPORT

NAME : SHAKTI PRASAD NANDA

DATE : 06.04.2023

AGE : 34YRS

SEX : MALE

WITHOUT GLASSES

	RT EYE	LT EYE
COLOUR	NORMAL	NORMAL
NEAR	6/6	6/6
FAR	6/6	6/6

Dr. M.K. HOTA
M.B.B.S.
REGD No. 699

SIGNATURE

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ZENA HEALTHCARE SERVICES
(A Unit of Zena Enterprises)

Patient Name : MR. SHAKTI PRASAD NANDA

Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:30 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total Method : CLIA	1.46	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	9.18	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.04	0.45 - 4.50	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Interim 14 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)Interim 14 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 & Range Range 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 Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
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%.

END OF REPORT

Lab technician



Dr. Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
MICROBIOLOGIST



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Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 02:00 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
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HbA1c, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.33		%
Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	106.27	-	mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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Patient Name : MR. SHAKTI PRASAD NANDA

Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 02:00 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
10	240		
11	269		
12	298		

END OF REPORT

Lab technician

Wah
Dr.Kundan Kumar Sahoo
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MICROBIOLOGIST

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Regd. No. : 1834

ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

NAME:- SHAKTI PRASAD NANDA
AGE:-34YRS
Patient ID:-1

REFERRAL:-MEDI-WHEEL
DATE:-06.04.2023
SEX:-MALE

CHEST X-RAY PA VIEW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

B. Pradhan

**Dr. Bhagaban Pradhan
M.D. (Radio diagnosis)
Consultant Radiologist**

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Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:33 PM

Sample ID :



18253

Test Description	Value(s)	Reference Range	Unit
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Urine(R/M) Routine Examination of Urine

General Examination

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.5	4.5 - 7.0	
Specific gravity	1.015	1.005 - 1.030	

Chemical Examination

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

Microscopic Examination

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	1 - 2 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

END OF REPORT

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Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:30 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
<u>Lipid Profile</u>			
Cholesterol-Total Method : Spectrophotometry	169.43	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	100.27	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	42.35	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	107.03	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	20.05	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.53	2.5 - 3.5	

Note:

8-10 hours fasting sample is required.

END OF REPORT

Lab technician

Dr. Kundan Kumar Sahoo
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MICROBIOLOGIST

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Patient Name : MR. SHAKTI PRASAD NANDA
Age / Gender : 34 years / Male
Patient ID : 15872

Referral : MEDI WHEEL
Collection Time : 06/04/2023, 10:09 AM
Reporting Time : 06/04/2023, 01:31 PM
Sample ID : 
18253

Test Description	Value(s)	Reference Range	Unit
<u>LFT, Liver Function Test</u>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.68	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.14	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.54	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	19.15	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	26.81	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	7.66	< 55	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	87.46	53-128	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.67	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.25	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	2.42	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.76	1.2 - 2.2	

END OF REPORT

Lab technician


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Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:32 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
Complete Blood Count			
Hemoglobin (Hb)	15.8	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.50	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	49.5	42 - 52	%
Mean Cell Volume (MCV)	90	78 - 100	fL
Mean Cell Haemoglobin (MCH)	28.73	27 - 31	PG
Mean Corpuscular Hb Concn. (MCHC)	31.92	32 - 36	g/dL
Red Cell Distribution Width (RDW)	12.3	11.5 - 14.0	%
Total Leucocytes (WBC) Count	6500	4000-10000	cell/cu.mm
Neutrophils	62	40 - 80	%
Lymphocytes	34	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	01	1 - 6	%
Basophils	00	1-2	%
Platelet Count	213	150 - 450	10 ³ /ul
Mean Platelet Volume (MPV)	12.2	7.2 - 11.7	fL
PCT	0.26	0.2 - 0.5	%
PDW	17.6	9.0 - 17.0	%

END OF REPORT

Lab technician

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Age / Gender : 34 years / Male

Patient ID : 15872

Referral : MEDI WHEEL

Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:29 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
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ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate	15	0 - 15	mm/hr
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Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- 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 and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing)	"O"
Method : Manual-Hemagglutination	
RhD Factor (Rh Typing)	Positive
Method : Manual hemagglutination	

END OF REPORT

Lab technician

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MICROBIOLOGIST

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Collection Time : 06/04/2023, 10:09 AM

Reporting Time : 06/04/2023, 01:29 PM

Sample ID :



18253

Test Description	Value(s)	Reference Range	Unit
<u>Glucose, Fasting (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	104.60	75 - 115	mg/dL
<u>Glucose, Post Prandial (PP)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	112.16	70 - 140	mg/dL
<u>BUN, Serum</u>			
BUN-Blood Urea Nitroge Method : Serum, Urease	12.88	10 - 50	mg/dL
<u>Creatinine</u>			
Creatinine Method : Serum, Jaffe	0.76	0.60 - 1.30	mg/dL
<u>Uric acid, Serum</u>			
Uric Acid Method : Uricase, Colorimetric	4.16	3.4 - 7.0	mg/dL

END OF REPORT

Lab technician

K. Sahoo
Dr. Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
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ID: 278 CASE: SHAKTI PRASAD NANDA 06/04/2023 12:00:07
 AGE: 34Y M D MALE ZENA HEALTHCARE
 Cms Kg PLOT -119, SAHIDNAGAR, BHUBANESWAR

RATE : 68 bpm SINUS ARRHYTHMIA
 R-R : 874 ms
 P-R : 140 ms
 QRS : 90 ms
 QT : 374 ms
 QTc : 388 ms

--AXIS--
 P : 44°
 QRS : 07° NORMAL ECG
 T : 12°

12 SL: REPORT FORMAT: 3x4+1L SQ REF. Dr.

