

ID: 20240224124230 Name: Rajendra Kum 25mm/s 0.5-39Hz AC: 50Hz 10mm/mv  
I  
II  
III  
x1mv

AVR  
AVL  
AVF  
x1mv

V1  
V2  
V3  
x1mv

V4  
V5  
V6  
x1mv

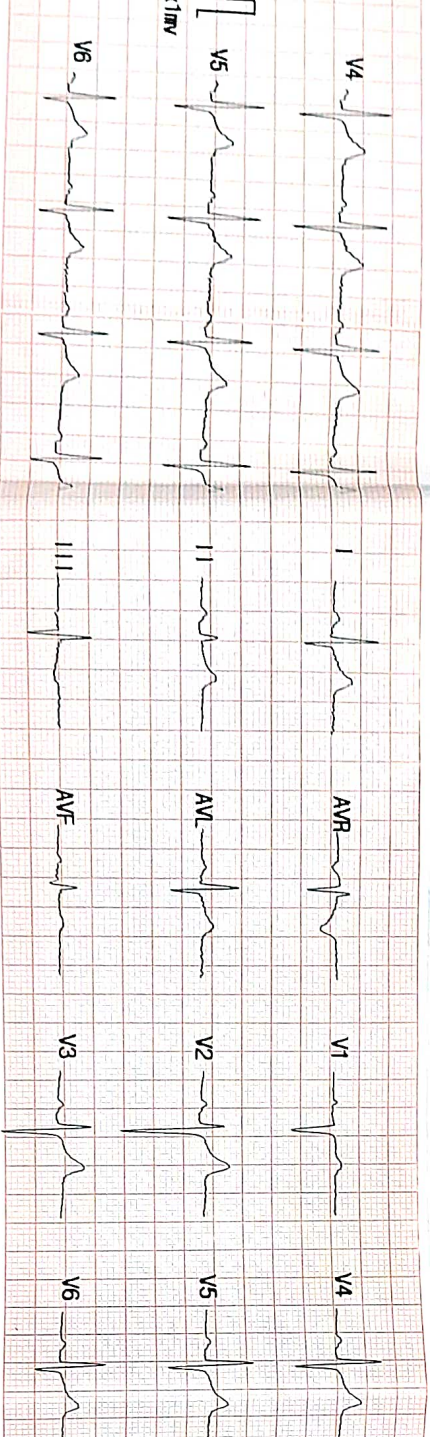
I  
II  
III  
AVR  
AVL  
AVF  
V1  
V2  
V3  
x1mv

V4  
V5  
V6  
I  
II  
III  
AVR  
AVL  
AVF  
V1  
V2  
V3  
x1mv

ID : 20240  
Name : Rajendra Kum  
Sex : Male  
Age : 47  
HR : 69  
P-R : 88  
P-R : 16  
QRS : 80  
QT/QTc : 34  
P/RS/T : 0  
RS/S1 : 0  
RS/S1 : 0  
QTc : 34

Organization: \_\_\_\_\_

Doctor: Sachin



ID : 20240224124230  
 Name : rajendra kum  
 Sex : Male  
 Age : 47  
 HR : 68  
 R-R : 881  
 P-R : 167  
 QRS : 80  
 QT/QTc : 377/403  
 P/QRS/T : 18/ 30/ 25  
 RV5/SV1 : 0.751 / -0.662 mV  
 RV5+SV1 : 0.089  
 QTcF : 0.427

001 : Sinus Rhythm  
 175 : Maybe Abnormal ECG  
 Reference Report Confirmed by :  
 02-24-2024 12:42:49



भारत सरकार  
Government of India



Download Date: 20/08/2018



राजेंद्र कुमार उइके  
Rajendra Kumar Uikey  
जन्म तिथि/DOB: 16/08/1976  
पुरुष/ MALE

Issue Date: 29/09/2018

**9712 0972 9320**

VID : 9171 1702 0540 3990

मेरा **आधार**, मेरी पहचान







भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

कानहिया राम उइके, 134, वेदवाटी बस्ती, बी.डी.ए.,  
अम्रवर्ड खुर्द, हुजुर, भोपाल,  
मध्य प्रदेश - 462022

**Address:**

S/O, Kanahiya Ram Uikey, 134, Vedwati  
Colony, B.d.a., Amravard Khurd, Huzur,  
Bhopal,  
Madhya Pradesh - 462022



**9712 0972 9320**

**VID : 9171 1702 0540 3990**

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

Rajendra Wikey

Age - 47 y/M

Date - 24-02-2024


BP - 130/80 mm/Hg<sup>w</sup>

Height - 167 cm

Weight - 72 kg

BMI = 25.8 kg/m<sup>2</sup>

## Laboratory Report

**Patient Name** : MR UIKEY RAJENDRA KUMAR  **CPL24/4572**  
**Age/Gender** : 47 Yrs/Male **Registration Date** : 24/02/2024 01:56 PM  
**Ref. Dr.** : SELF **Collection Date** : 24/02/2024 01:57 PM  
**Center** : AP98 **Report Date** : 24/02/2024 07:12 PM




### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>COMPLETE BLOOD COUNT</b>			
Haemoglobin	12.3	gm/dL	12.0 - 16.0
RBC Count	4.62	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	<b>35.4</b>	%	40.0 - 54.0
Mean Corp Volume MCV	<b>76.6</b>	fL	80.0 - 100.0
Mean Corp Hb MCH	<b>26.6</b>	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	34.7	gm/dL	32.0 - 36.0
Platelet Count	1.52	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	6.6	10 <sup>3</sup> /cu.mm	4.0 - 11.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
Neutrophils	63	%	40 - 70
Lymphocytes	28	%	20 - 40
Monocytes	07	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
<b>Absolute Differential Count</b>			
Absolute Neutrophils Count	4.2	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	1.8	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.5	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	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

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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	08	mm/hr	0 - 09


*Method: Wintrob's*

#### 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.



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### HAEMATOTOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.6	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	114	mg/dL	
<b>Reference Range (Average Blood Sugar):</b>			
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:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 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 % .

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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>BLOOD GROUP AND RH FACTOR</b>			
ABO Type	A		
Rh Factor	POSITIVE(+VE)		




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## Laboratory Report

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	22.0	mg/dl	15 - 50
Serum Creatinine	0.76	mg/dl	0.7 - 1.5
eGFR	109	ml/min	
Blood Urea Nitrogen-BUN	10.28	mg/dl	7 - 20
Serum Sodium	142.7	mmol/L	135 - 150
Serum Potassium	4.66	mmol/L	3.5 - 5.0
Chloride	103.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.12	mmol/L	1.10 - 1.35
Uric Acid	4.8	mg/dl	3.2 - 7.0

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




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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN	0.71	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.59	mg/dl	0.1 - 0.8
SGOT (AST)	31.0	U/L	0 - 35
SGPT (ALT)	24.0	U/L	0 - 45
ALKALINE PHOSPHATASE	54.0	U/L	40 - 140
TOTAL PROTEIN	7.23	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.34	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.89	g/dl	1.8 - 3.6
A/G RATIO	1.50		1.2 - 2.2

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




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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b><u>LIPID PROFILE</u></b>			
Cholesterol-Total	152.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	102.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	61.0	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	70.60	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	20.40	mg/dL	6 - 38
CHOL/HDL RATIO	<b>2.49</b>		3.5 - 5.0
LDL/HDL RATIO	<b>1.16</b>		2.5 - 3.5

**NOTE**

8-10 hours fasting sample is required




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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>Fasting Blood Sugar</b>	102.0	mg/dl	Normal: 70-110  Impaired Fasting Glucose(IFG): 100-125  Diabetes mellitus: $\geq 126$

*Method: Hexokinase*

**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.




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### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.66	ng/mL	0.69 - 2.15
Thyroxin, (T4)	79.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.74	μIU/mL	0.3-4.5 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 TSH especially 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




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**PSA Total-Serum** 0.962 ng/mL Conventional for all ages:  $\leq 4$   
 Above 79 yrs: 0 - 7.2

Method: CLIA

Remark:-Kindly correlate clinically

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.




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### URINE EXAMINATION REPORT


Test Description	Result	Unit	Biological Reference Ranges
<b>URINE ROUTINE</b>			
<b>General Examination</b>			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/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

**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




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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,

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

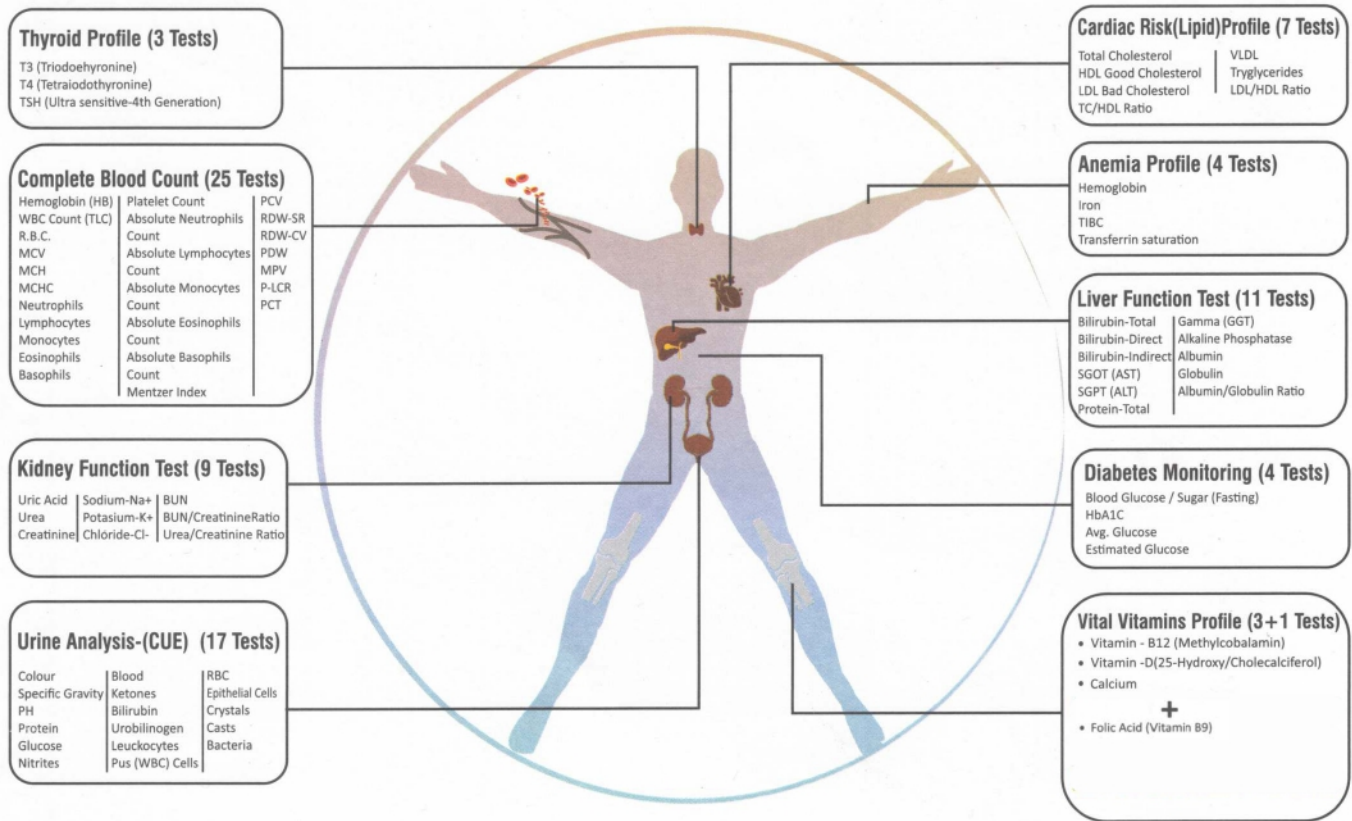
*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*

**Citi**  
PATHLABS



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# 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
- 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
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- 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
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

### For Any Enquiry

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