

Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Nikhil Verma
32/M

28/4/23

Pt. has ~~complex~~ came for routine oral checkup.

O/E → Occlusal Caries c $\frac{8}{8}$

Adw → Restoration c $\frac{8}{8}$

Yeha



Apollo Clinic

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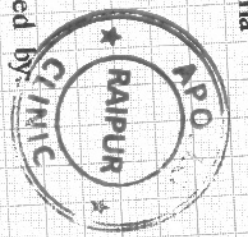
ID: 62
MR NIKHIL VERMA
Male 32Years

28-04-2023 09:32:21 AM

HR : 87 bpm
P : 116 ms
PR : 144 ms
QRS : 92 ms
QT/QTc : 372/448 ms
PQRS/T : 58/64/25
RV5/SV1 : 1.942/1.418 mV

Diagnosis Information:
Sinus arrhythmia
Normal ECG

Report Confirmed by:



Dr. Varsha Zanwar
D.N.B. (Medicine)
Reg. No. CG.M.C 2707/2009
Apollo Clinic, Raipur



0.05, 45Hz AC/50 25mm/s 10mm/mV 2*5.0s+1r 87 CARD 9108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Nikhil Verma

Date.....

Sex/Age 32y/16

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION	NORMAL			
FUNDUS:(RE):-	wnr	(LE):- wnr		
INDIVIDUAL COLOUR IDENTIFICATION	Good.			
DISTANT VISION:(RE):-	6/6	(LE):- 6/6		
NEAR VISION:(RE):-	N6	(LE):- N6		
NIGHT BLINDNESS	NAD			
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

REMARKS :-

[Handwritten Signature]



Dr. Vikas Mishra
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 621/2006

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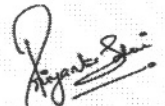
Patient Name : MR NIKHIL VERMA
UHID/ MR No : 4158
Visit Date : 28/04/2023
Sample Collected On : 28/04/2023 11:28AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-4
Reported On : 28/04/2023 02:05PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	15.4	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	5.24	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	46.20	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	88.2	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	29.4	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.7	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	6.28	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	58	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	34	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-6%
Method: CELL COUNTER			
Monocytes	07	%	4.0 - 12.0
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report
Results are to be correlated clinically



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MBBS MD
PATHOLOGIST

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Sponsor Name :

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OP Visit No : OPD-UNIT-II-2
Reported On : 28/04/2023 02:05PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	158	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
RhD factor (Rh Typing) : POSITIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	26	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	31	U/L	0 - 41
ALKALINE PHOSPHATASE Method: Spectrophotometric	88	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	94.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	88.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.87	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.0	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	132.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	69.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	18.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3		3.5-5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 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 dete

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IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum		ng/mL	0.79-1.58
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism , Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum		mCG/dl	4.5-12.0
Clinical Use · Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum		mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction · Assess thyroid status in patients with abnormal total T4 concentrations · Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use · Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.5		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

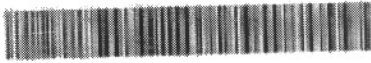
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PATIENT DETAILS

NAME:	NIKHIL VERMA	REFERENCE NO:	RWDTFSH010482
D / S / W O:		Age:	32 Yr
Address:	RAIPUR	Contact No:	Gender: MALE
Sample received on:	28/04/2023 @ 14:30	Reported on:	28/04/2023 @ 18:30
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.43	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	9.17	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	1.52	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

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Lab Incharge

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NOTE: Test results are as per the submitted sample & represent indicative values meant only to be clinically correlated and assist physicians to make medical decisions. Any discrepancy must be notified via email within 24hr of reporting time. This report is not valid for medico-legal purposes.

Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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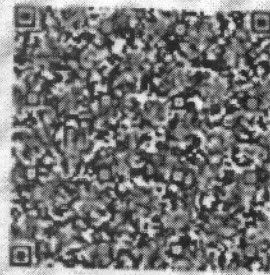
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भारत सरकार
Government of India



निखिल वर्मा
Nikhil Verma
जन्म तिथि/DOB: 12/10/1990
पुल्ल/ MALE



5657 7889 5601

VID: 9174 6510 6118 2663

मेरा आधार, मेरी पहचान

