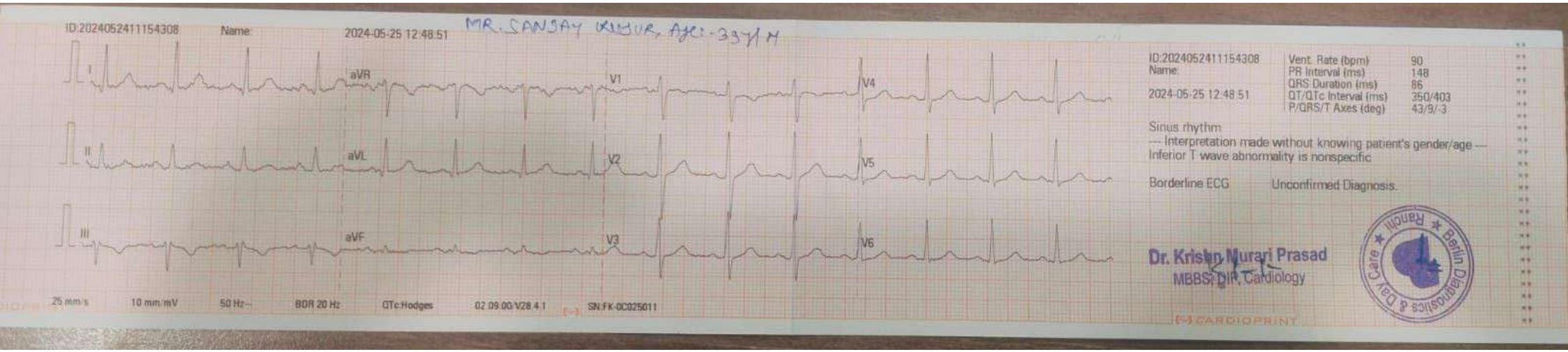
ID:2024052411154308
Name:
2024-05-25 12:48:51
MR. SANJAY KUMAR, Age:-33Y/M
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
25 mm/s
10 mm/mV
50 Hz
BDR 20 Hz
QTc:Hodges
02.09.00/V28.4.1
SN:FK-0C025011
ID:2024052411154308
Name:
2024-05-25 12:48:51
Vent. Rate (bpm) 90
PR Interval (ms) 148
QRS Duration (ms) 86
QT/QTc Interval (ms) 350/403
P/QRS/T Axes (deg) 43/9/-3
Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Inferior T wave abnormality is nonspecific
Borderline ECG
Unconfirmed Diagnosis.
Dr. Krishn Murari Prasad
MBBS, DM, Cardiology
Ranchi Berlin Diagnostics & Day Care
CARDIOPRINT

BERLIN DIAGNOSTICS & DAY CARE

Patient NAME	Mr. SANJAY KUJUR	Requested by	BMI:- 35.2 kg/m^2
Patient ID	BER/202422521	Procedure Date	25.05.2024
Age/Sex	39Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE
Hight:- 172cms	Wight:- 104kg	BP:- 160/120mmHg	Pulse:-96bpm

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR. SANJAY KUJUR
EXAMINED BY ME AND FOUND PHYSICALLY/MENTALLY FIT FOR ANY WORK/DUTTY.

THE INFORMATION GIVEN BY ME IS BEST OF MY KNOWLEDGE AND ARE TURE.

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Toll Free No :- 18008913990

ASG EYE HOSPITALS
meet the experts

NP

Date (OP NO) : 25-05-2024 (ORNC100)
Name : Mr SANJAY KUJUR
Age (Gender): 39Y | 00M | 00D (Male)
Consultant: Dr. Eye Specialist RNC
Add : LOHARDAGA
MRD : RNC16896
MOB : 9534144368

CONSULTATION FEE APPLICABLE ON NEXT VISIT

Patient Name

MRD No. Date Age Sex M F

IOP — Right Eye 14 — Left Eye 16.

VISION — Right Eye 6/9. — Left Eye C/9p.

Diagnosis Refractive error

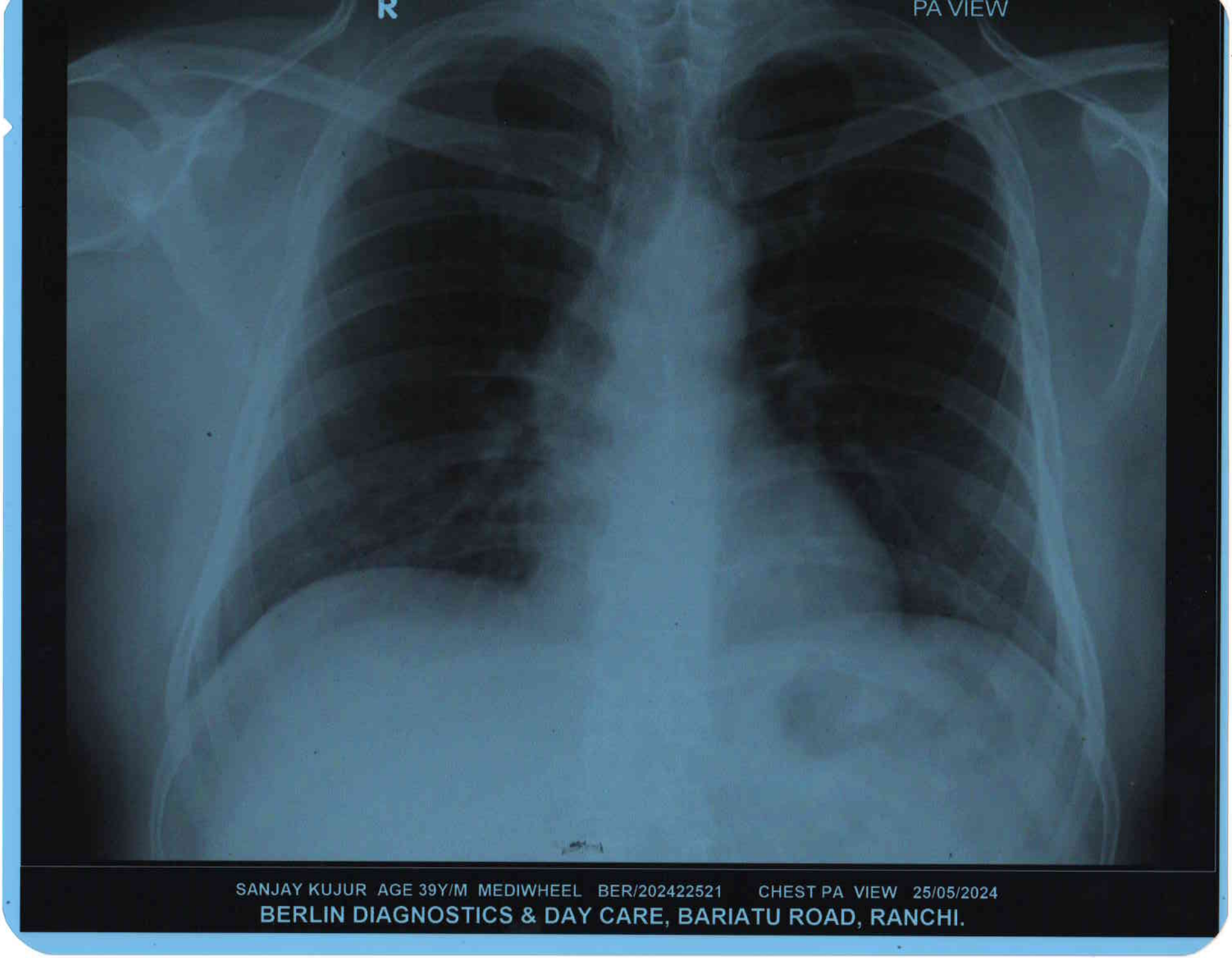
color vision: Normal

Adv
- glasses.
- R/Ax 6 monthly

DR. SAUMYA
MBBS, MD, (AIIMS, DELHI)
Reg. No.5130

Seal and Signature of the treating Doctor

NOT VALID FOR MEDICO-LEGAL PURPOSE


R
PA VIEW
SANJAY KUJUR AGE 39Y/M MEDIWHEEL BER/202422521 CHEST PA VIEW 25/05/2024
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.

Name	SANJAY KUJUR	**Patient Id**	BER/202422521
Age/Sex	39Y/M	**Study**	CHEST X-RAY PA VIEW
Referring Doctor	MEDIWHEEL	**Center**	Berlin diagnostic and day care
Study Date	2024-05-25 10:45 AM	**Report Date:**	2024-05-25 11:50 AM

CHEST X-RAY PA VIEW

FINDINGS:-

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Both lungs fields are clear.
- Mediastinum appears to be normal,
- Trachea is in midline.
- Bilateral hilar shadow appears to be normal.
- Cardiac shadow is normal
- Both domes of diaphragm appear normal.
- Both costo-phrenic and cardio-phrenic angles appear to be clear and sharp.

IMPRESSION:-

- No Obvious Abnormality noted

V. S. Sai Naren

DR SAI NAREN V S
MD RADIODIAGNOSIS
Consultant Radiologist

MBBS, MD, Registration no- 118013
Consultant Radiologist

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INV. No.	QLSR-INV-E-02782/(2024-2025)(2760)	Patient ID	2782
Patient Name	**SANJAY KUJUR**	Invoice Generated	25/05/2024 02:07 PM
Age/Gen	39 Years | Male	Sample Received	25/05/2024 02:07 PM
Referred By	**Dr. Self**	Report Generated	25/05/2024 04:01 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	81.7	mg/dL	65 - 110

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

GLUCOSE, POST PRANDIAL 2 HOURS			
Plasma Glucose(PP) Method (GOD-POD Method)	113	mg/dL	75 - 140

Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Lipid Profile			
Serum Triglyceride Method (Enzymatic,end point)	134	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	196	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	49	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	120	mg/dL	85 - 150
Serum VLDL-Chol	27	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.45		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

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Referred By	**Dr. Self**	Report Generated	25/05/2024 04:01 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Liver Function Test (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.72	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.33	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.39	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	21.1	U/L	17 - 59

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Referred By	**Dr. Self**	Report Generated	25/05/2024 04:01 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum SGPT Method (IFCC)	23.4	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	107.3	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	7.3	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG)	4.3	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	3.00	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method (BCG)	1.43		1.0 - 2.3

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	34.2	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	1.1	mg/dL	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs} : (0.15- 0.37) Children { 3 yrs - less than 15 yrs} : (0.24 -0.73)
Serum Uric Acid Method (uricase-Colorimetric)	7.1	mg/dL	3.5 - 8.5

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Referred By	**Dr. Self**	Report Generated	25/05/2024 04:01 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum Sodium Method (By Indirect ISE)	140.0	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	4.5	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	103.6	mmol/L	98 - 107

~~~~~~ End of report ~~~~~~

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Referred By	**Dr. Self**	Report Generated	25/05/2024 04:06 PM
Source	BERLIN DIAG CGHS - (4)		

6 8 4 4

Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
BLOOD GROUP			
Whole blood Blood Group	"O"		
Whole blood Rh Type	Positive		

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	27	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	14.6	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	43.4	%	35 - 45
Total Platelets Count (PC)	2.7	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	4.8	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	9,200	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	89.0	fL	76 - 96
MCH	26.6	pg	22 - 32
MCHC	30.0	g/dL	30 - 35

Differential count of Leucocytes

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Age/Gen	39 Years | Male	Sample Received	25/05/2024 02:07 PM
Referred By	**Dr. Self**	Report Generated	25/05/2024 04:06 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
Neutrophils	69	%	40 - 70
Lymphocytes	25	%	15 - 40
Monocytes	01	%	00 - 6
Eosinophils	05	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

~~~~~~ End of report ~~~~~~

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Age/Gen	39 Years | Male	Sample Received	25/05/2024 02:07 PM
Referred By	**Dr. Self**	Report Generated	25/05/2024 04:37 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Clini Patho Examination

Investigation	Result	Unit(s)	Reference Range
Urine Routine and Microscopic Examination (R/M)			
Physical Examination			
Colour	Yellowish		Pale Yellow
Urine Appearance	Transparent		
Urine Deposit	Absent		
Urine Specific Gravity	1.025		1.010 - 1.030
Urine Reaction	Acidic		
Chemical Examination			
Urine Glucose (Sugar)	Absent		
Urine Protein (Albumin)	Absent		
Urine pH	6.0		6.0
Urine Ketone Body	Absent		
Urine Blood	Negative		
Urine Phosphate (Amorphous deposits)	Absent		
Microscopic Examination			
Urine Red blood cells	0-1	/HPF	0-2
Urine Pus Cells	2-4	/HPF	0-5
Urine Epithelial cells	1-2	/HPF	0-4
Urine Bacteria	Absent		
Urine Cast	Absent	/HPF	
Urine Crystals	Absent	/HPF	
Urine Yeast cells	Absent		
Urine Spermatozoa	Absent	/HPF	

~~~~~~ End of report ~~~~~~

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Age/Gen	39 Years | Male	Sample Received	25/05/2024 02:07 PM
Referred By	**Dr. Self**	Report Generated	26/05/2024 01:22 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLYCOSYLATED HAEMOGLOBIN			
Whole blood HbA1c Method (HPLC)	5.6	%	Non diabetic level(< 6.0) Goal(< 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	114	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_1C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_1C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_1C estimation. The target goal is <7%.

Besides HbA_1C serum fructosamine can be measured.

American diabetes association guideline

	Reference range
Non diabetic adult > 18 years	: < 5.7%
Pediabetes	: 5.7% - 6.4%
Diagnosing diabetes	: > 6.5%

~~~~~~ End of report ~~~~~~

Dr. Debasish Sahoo
MD (Microbiologist)

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Age/Gen	39 Years | Male	Sample Received	25/05/2024 02:07 PM
Referred By	**Dr. Self**	Report Generated	26/05/2024 12:44 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	1.29	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	13.14	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Serum TSH Method (ECLIA)	2.03	µIU/mL	Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~~ End of report ~~~~~~

Dr. Debasish Sahoo
MD (Microbiologist)

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