



GPS Map Camera

Dhamtari, Chhattisgarh, India
PG6Q+8J3, Subhash Nagar, Dhamtari, Chhattisgarh 493773, India
Lat 20.710934°
Long 81.539075°
13/04/24 02:15 PM GMT +05:30



Age = 37y 1m


भारत सरकार
Government of India



प्रवीण सुबास बागे
Pravin Subash Bage
जन्म तिथि/DOB: 08/10/1986
पुरुष/ MALE



6352 1074 2150
VID: 9161 7680 3246 5822

मेरा आधार, मेरी पहचान


आधार
भारतीय विधिद्वारा सहचालित प्राधिकरण
Unique Identification Authority of India

पता:
S/O Sebyan Bage, GHAGHIDIH, PO-
KARANDIH THANA-PARSUDI, H,
JAMSHEDPUR, Purbi Singhbhum,
Jharkhand - 831002

Address:
S/O Sebyan Bage, GHAGHIDIH, PO-
KARANDIH THANA-PARSUDI, H,
JAMSHEDPUR, Purbi Singhbhum,
Jharkhand - 831002



QR Code with Photograph

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Pravin Subash Bage



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मल्टी स्पेशियलिटी रिसर्च एंड मेटरनिटी सेन्टर
रत्नाबांधा रोड, धमतरी (छ.ग.)

फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-525660
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:35
Registration Date : 2024-04-13 12:35
Reported Date : 2024-04-13 14:02

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
GLYCOSYLATED HEMOGLOBIN (HbA1c) (Method: ion-exchange high-performance liquid chromatography(HPLC))			
HBA1c	5.84	%	4-6% : Non Diabetic 6-7 %: Excellent Control 7-8 % : Fair and Control 8-10%: Unsatisfactory Control Above 10% Poor Control
estimated Average Glucose (eAG)	120.91	mg/dL	70-160

Interpretation(s)

NOTE:

- Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
- A three monthly monitoring is recommended in clinical management of diabetes.
- It is not affected by daily glucose fluctuations, exercise and recent food intake.
- The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
- The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
- High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
- Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
- HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long-term glycemic control.
- Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cell.

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

Dilip Rathod

Dr Dilip Rathod Hrs. Service
Pathologist Reg.no.CGMC4327/201

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रत्नाबाधा रोड, धमतरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-525605
Client Code : RPL 2
Reffered By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:16
Registration Date : 2024-04-13 12:16
Reported Date : 2024-04-13 16:25

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Glucose- Random (Method: Hexokinase)	88	mg/dL	70 - 160
Serum Creatinine (Method: JAFFE-Kinetic)	1.1	mg/dl	0.55 - 1.40

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LFT ADVANCE			
Bilirubin (Total)	0.68	mg/dL	0.2 - 1.2
Bilirubin (Direct) (Method: Diazotised Sulphanilic Acid)	0.27	mg/dL	0.0 - 0.3
Bilirubin (Indirect) (Method: Calculation)	0.51	mg/dL	0.2 - 0.9
Aspartate amino transferase (SGOT) (Method: UV with Pyridoxal-5-phosphate)	27	U/L	05 - 40
Alanine amino transferase (SGPT) (Method: UV with pyridoxal - 5 - phosphate)	24	U/L	07 - 56
Alkaline phosphatase (ALP) (Method: AMP Buffer)	234	IU/L	80-306
Total protine	6.1	mg/dl	6.2 - 8.0
Albumin (Method: Bromocresol Purple)	4.0	g/dL	3.4 - 5.5
Globuline (Method: Calculated)	2.1	g/dL	2.0 - 3.5
Albumin: globuline (A/G) (Method: Calculated)	1.9		0.8 : 1 - 1.2:1.4
LDH (Method: KINETIC)	587	IU/LT	225-450
GAMMA GT (Method: KINETIC)	38	IU/LT	9-35
HBsAg (Card Method) (Method: Card Test)	NONREACTIVE		Non Reactive

Note :- Test done by HEPA CARD (J MITRA)

This test are screening test and there is always possibilities of false negative and false positive results .
They are
always need to be confirmed by confirmatory test like.....
1) Elisa.
2) HBV DNA RT PCR

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Age / Gender : 37 Year(s) / Male
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Client Code : RPL 2
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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
KIDNEY FUNCTION TESTS RFT 2			
Blood Urea (Method: UV-Kinetic)	18	mg/dL	15 - 45
Blood Urea Nitrogen (BUN) (Method: Calculation)	8.4	mg/dL	5 - 21
Serum Creatinine (Method: JAFFE-Kinetic)	1.1	mg/dl	0.55 - 1.40
Uric Acid* (Method: Uricase)	3.4	mg/dL	2.5 - 7.5
Total Protein (Method: BIURET)			
TOTAL PROTEIN	6.1	mg / dl	6.5 - 8.0
SERUM ALBUMIN	4.0	mg / dl	3.5 - 5.5
GLOBUMIN	2.1	mg / dl	2.0 - 3.5
Albumin/Globulins ratio	1.9	mg / dl	0.7:1 - 2.5:1
Calcium (Method: Spectrophotometry(Cresol Complex))	9.2	mg/dL	8.6 - 10.3

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PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-525605
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
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Registration Date : 2024-04-13 12:16
Reported Date : 2024-04-13 16:25

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LIPID PROFILE NEW			
Total Cholesterol (Method: CHOD/PAP)	121	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Triglycerides (Method: Lipase / Glycerol Kinase)	128	ng/ml	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
Cholesterol - HDL (Method: Direct)	29	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol VLDL (Method: Calculation)	25.6	ng/ml	7-40
Cholesterol - LDL (Method: Calculated)	71	ng/ml	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
Total cholesterol/HDL ratio (Method: Calculation)	4.2	Ratio	0 - 5.0

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फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-525605
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:16
Registration Date : 2024-04-13 12:16
Reported Date : 2024-04-13 16:25

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION

RESULT

UNITS

BIOLOGICAL REFERENCE RANGE

Non HDL Cholesterol

(Method: Calculation)

92

Desirable: <130, Above desirable
130-150, Borderline high:160-180,
High:190-219, Very High:>220

Lipid profile or lipid panel is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

This test is used to identify dyslipidemia (various disturbances of cholesterol and triglyceride levels), many forms of which are recognized risk factors for cardiovascular disease and rarely pancreatitis.

A total cholesterol reading can be used to assess an individual's risk for heart disease, however, it should not be relied upon as the only indicator. The individual components that make up total cholesterol reading—LDL, HDL, and VLDL—are also important in measuring risk.[citation needed]

For instance, someone's total cholesterol may be high, but this may be due to very high HDL ("good cholesterol") cholesterol levels,—which can actually help prevent heart disease (the test is mainly concerned with high LDL, or "bad cholesterol" levels). So, while a high total cholesterol level may help give an indication that there is a problem with cholesterol levels, the components that make up total cholesterol should also be measured.

Recently, non-HDL cholesterol (non-HDL-C) has become a commonly used marker for a blood lipid pattern associated with increased risk of heart disease.

Non-HDL cholesterol is total cholesterol minus HDL (good) cholesterol. So if total cholesterol is 190 and HDL cholesterol is 40, non-HDL cholesterol is 150.

Measuring total cholesterol provides limited information about risk because the number includes both HDL-C and LDL-C.

If we, however, subtract HDL-C from the total cholesterol we will have a measure of the amount of cholesterol carried by all lipoproteins except HDL. Doing this simple math will give us the amount of cholesterol carried within all lipoproteins that are atherogenic. In other words; a measure of cholesterol carried within all the "bad" lipoproteins but not the "good" ones (which is only HDL). This measure is termed non-HDL cholesterol (non-HDL-C). Non-HDL-C has been shown to be a better marker of risk in both primary and secondary prevention studies.

LDL / HDL Ratio

(Method: Calculation)

2.4

Ratio

2.0 - 3.5

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फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr PRAVIN SUBASH BAGE
Age / Gender : 37 Year(s) / Male
Sample Type : SERUM IMMUNO-525614
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:16
Registration Date : 2024-04-13 12:16
Reported Date : 2024-04-13 16:45

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
THYROID PROFILE TOTAL			
T3 (triiodothyronine) (Method: Chemiluminescence)	1.23	ng/dl	0.6-1.81
T4 (Tetraiodothyronine) (Method: Chemiluminescence)	10.9	ug/dL	3.2-12.6
TSH (Method: Chemiluminescence)	4.60	mIU/L	0.35-5.50
Comments : NORMAL			

Interpretation(s)

TSH levels in Pregnancy (μ IU/mL)

FT4 in Preganacy (ng/dL)

1st Trimester - 0.6 - 3.40

1st Trimester - 0.70 - 2.00

2nd Trimester - 0.37 - 3.60

2nd Trimester - 0.50 - 1.60

3rd Trimester - 0.38 - 4.04

3rd Trimester - 0.50 - 1.60

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 A.M. and at a minimum between

6 - 10 P . M . The variation is of the order of 50 % , hence time of day has influence on the measured serum TSH concentrations.

active.

2 . Recommended test for T 3 and T 4 is unbound fraction or free levels (FT 3 and FT 4) , as it is metabolically

3. T3T4 NORMAL AND TSH IS HIGH

POSSIBILITIES ARE----

A.UNDERDOSAGE IF KNOWN HYPOTHYROID

B.INTERMITTENT T4 THERAPY

C.SUBCLINICAL HYPOTHYROIDISM

D.RECOVERY PHASE AFTER NONTHYROIDAL ILLNESS.

****Advice -----> ANTITPO AB IF NEEDED OR SERIAL ESTIMATION OF TSH .

4. Decreased TSH , raised or wnl T3/T4 , raised or wnl FT3/FT4

INFERENCE :

A. ISOLATED LOW TSH -- ESPECIALLY IN THE RANGE OF 0.1 TO 0.4 OFTEN SEEN IN ELDERLY & ASSOCIATED WITH NON THYROIDAL ILLNESS.

B.SUBCLINICAL HYPERTHYROIDISM.

C.THYROXINE INGESTION.

** End of Report **

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फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : Urine s-525675
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:35
Registration Date : 2024-04-13 12:35
Reported Date : 2024-04-13 14:05

CLINICAL PATHOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
URINE R/M (ROUTINE & MICROSCOPIC) (Method: Strip/Microscopy)			
PHYSICAL EXAMINATION (Method: Strip/Microscopy)			
Quantity	25 ML	ml	0-30
Colour	STRAW	/HPF	Pale yellow
Appearance	CLEAR	/HPF	Clear
CHEMICAL EXAMINATION (Method: Strip/Microscopy)			
Proteins*	NIL		NIL
Glucose*	NIL	/	NIL
MICROSCOPIC EXAMINATION (Method: Strip/Microscopy)			
PUS(WBC) Cells	NIL	/HPF	0-5
RBC	NIL	/HPF	NIL
Epithelial Cells	0-2	/HPF	2-5
Casts & Crystals	NIL	/	Absent
Others	NIL		

** End of Report **

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PATHOLOGY

Patient Name : **Mr PRAVIN SUBASH BAGE**
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-525660
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1453578
Sample Drawn Date : 2024-04-13 12:35
Registration Date : 2024-04-13 12:35
Reported Date : 2024-04-13 13:36

HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
CBC (Method: Cell Counter)			
Hemoglobin	13.8	gm/dL	13.0-17.5
Erythrocyte Count (RBC Count)	4.71	mill/uL	4.5 - 5.5
Hematocrit (HCT)	40.5	%	40.0 - 54.0
Red Cell Indices (Method: Cell Counter)			
MCV	85.9	fL	80 - 96
MCH	27.1	pg	27 - 35
MCHC	31.5	g/dL	32 - 36
RDW-SD	45.5	fL	37-54
RDW -CV	12.6	%	11.5-14.5
Total WBC Count	6.76	10 ³ /uL	4.0-11.0
Differential Leukocyte Count (Method: Cell Counter)			
Neutrophils	64.3	%	40 - 75
Lymphocytes	23	%	20 - 45
Monocytes	9.3	%	00 - 08
Eosinophils	2.8	%	00 - 06
Basophils	0.6	%	00 - 02
Absolute Neutrophil count	4.35	10 ³ /uL	2.0-7.5
Absolute Lymphocyte count	1.56	10 ³ /uL	1.0-3.5
Absolute Eosinophil count	0.19	10 ³ /uL	
Absolute Monocyte count	0.62	10 ³ /uL	
Absolute Basophil count	0.04	10 ³ /uL	0.0-0.1
Platelet	358	10 ³ /uL	150-400
MPV	9.0	fL.	7.5-11.5

TEST RANGES FROM BIRTH TO 2 YRS AGE ARE DIFFERENT FROM ABOVE.

** End of Report **

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HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Erythrocyte Sedimentation Rate (ESR)* (Method: Westergren's method)	08	mm/Hour	00 - 15

** End of Report **

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GUPTA HOSPITAL

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Ratna Bandha Road, DHAMTARI (C.G.)

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Website : www.guptahospitalcg.com
Email : gupta.hospitaldmt@gmail.com, guptahospitaldhamtari@gmail.com

NAME : PRAVIN SUBASH BAGE

AGE/SEX:-37Y/M

REF BY: OPD

DATE: 13/04/24

ECHOCARDIOGRAPHY

M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	21mm	15-25 mm
LA	34mm	19-40 mm
IVS (d)	11mm	6-11 mm
LVID (d)	48mm	35-50 mm
LVPW (d)	10mm	6-11 mm
LVID (S)	37mm	23-39 mm
EF	62%	

2 D ECHO & CFI

CHAMBERS - Normal
VALVES - Normal
SEPTAE - IVS / IAS Intact
RWMA - NO RWMA AT REST
EF - 62%
CLOT / VEGETATION / EFFUSION - NIL

VALVE REGURGITATION

Mitral Valve NIL
Aortic Valve NIL
Tricuspid Valve NIL
Pulmonary Valve NIL

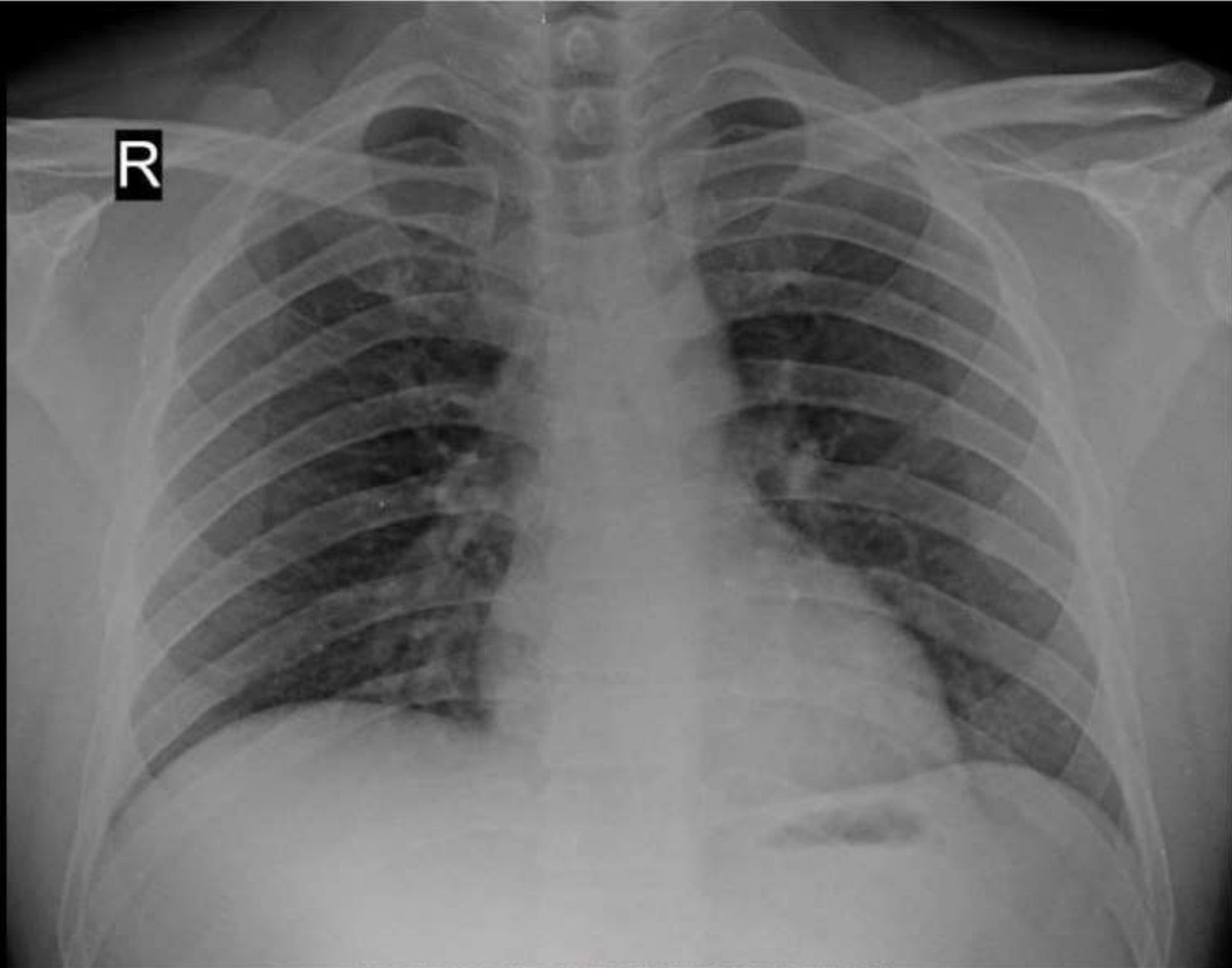
PULSE WAVE DOPPLER

- Mitral Valve inflow shows E wave >A wave.

IMPRESSION:-

- NORMAL SIZED CARDIAC CHAMBERS
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION (LVEF-62%), NO RWMA AT REST
- NORMAL DIASTOLIC FUNCTION (E>A)
- NO MR, NO TR
- NO INTRACARDIAC CLOT, VEGETATION


Dr. VIVEK TIGGA
MD (Internal Medicine)



GUPTA HOSPITAL, RATNA BANDHA ROAD, DHAMTARI
MR PRAVIN SUBASH BAGE 37Y M 13-Apr-24 CHEST PA 000613424