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Patient Name	: MR AJAY KUMAR DHURWE	**Age/Gender**	: 33 Y . Male
UHID/ MR No	: 7551	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 11/11/2023	**Reported On**	: 11/11/2023 03:21PM
Sample Collected On	: 11/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.34	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	**38.40**	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**71.9**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**24.0**	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.23	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	53	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	06	%	1-6%
Monocytes	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	190	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)	AB
RhD factor (Rh Typing)	POSITIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	**132.0**	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.72	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	3.6	mg/dL	2.6 - 7.2

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Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	156.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	**211.0**	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	71.80	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	**42.20**	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.71		3.5-5
Methode: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	25	U/L	0 - 41
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.87	%	1.1 - 2.2

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Visit Date	: 11/11/2023	**Reported On**	: 11/11/2023 03:21PM
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Ref. Doctor	: SELF		
Sponsor Name	:		

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)	6.0		
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	

End of Report

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Patient Name	: Mr.AJAY KUMAR	Collected	: 11/Nov/2023 12:17PM
Age/Gender	: 33 Y 0 M 0 D /M	Received	: 11/Nov/2023 01:20PM
UHID/MR No	: DSUS.0000005523	Reported	: 11/Nov/2023 03:33PM
Visit ID	: DSUSOPV6375	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Patient Name	: Mr.AJAY KUMAR	Collected	: 11/Nov/2023 12:17PM
Age/Gender	: 33 Y 0 M 0 D /M	Received	: 11/Nov/2023 01:07PM
UHID/MR No	: DSUS.0000005523	Reported	: 11/Nov/2023 03:51PM
Visit ID	: DSUSOPV6375	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.36	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.820	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Ajay Ku. Dhurve Date 11/11/23

Sex/Age 33/M MR No ..... Employee Id .....

EXTERNAL EXAMINATION			
SQUINT		NO	
NYSTAGMUS			
COLOUR VISION		NORMAL	
FUNDUS:(RE):-	WNL	(LE):-	WNL
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 :-

APOLLO RAIPUR CLINIC

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

ID: 118

AJAY KUMAR DHURWE

Male 33Years

Pacemaker : Yes

11-11-2023 10:00:26 AM

HR	: 84	bpm
P	: 102	ms
PR	: 148	ms
QRS	: 76	ms
QT/QTc	: 332/393	ms
P/QRS/T	: 64/64/48	°
RV5/SV1	: 1.869/0.946	mV

Diagnosis Information:

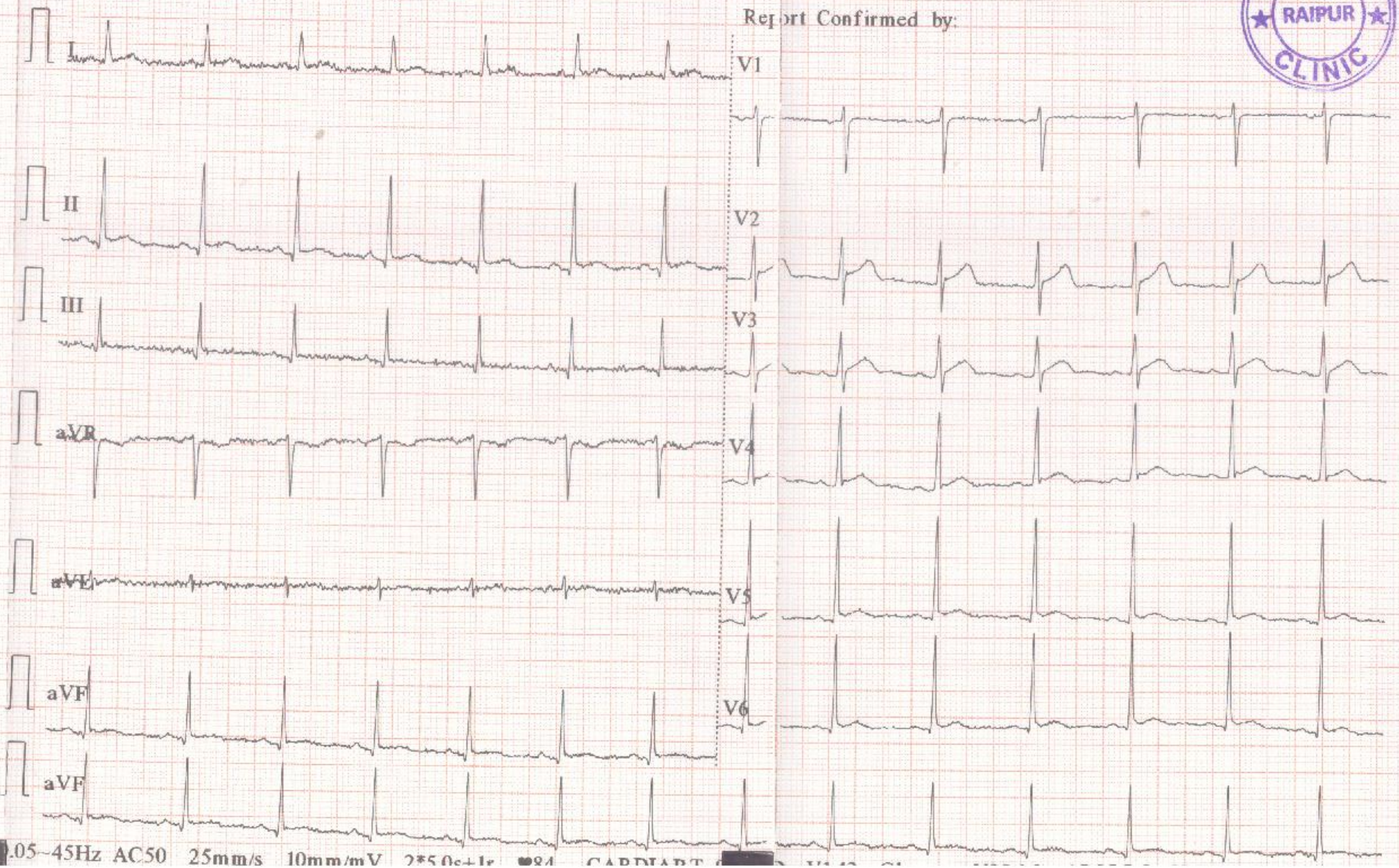
Sinus rhythm

Normal ECG

Report Confirmed by:

Dr. Ankit Sharma
MD Medicine
Reg. No.- CGMC 7971/2018
Apollo Clinic, Raipur

APOLLO RAIPUR CLINIC



.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥84 CARDIART