

Mr. Mahesh K. Karbam - 39/M

Health checkup

PR -

BP - 110/70

PRIC 47

Cur' 8.52 (R) HD

Ph: Blue (R) HD  
Meth

PR 107 (R)

ans

dentist with

- HD

Pln: non-AMH (HD) COPD

left

plnt succed. cell treat.

Int h

- CBC - WBC, RBC - 121

- LF 7 - (R) ECU - WBC

- TG - 231, Chol - 120

- Urea - 17, S.M. - 105

- Uric Acid - 9.5

- HBMC - 5.22 (R)

- FBS - 709 - VCM - HD

- T3/T4/TSH - WMC

P10.

Imp:

no significant  
noted clinically

medical comorbidity  
except hypertension

sp

① lb. Feb 1975

40 y b 100

61 mm

Odoligui

**PATIENT'S NAME: MITHLESH KUMAR KACHLAM 39YR M**  
**REFERRED BY: DR A SIDDIOQUI**  
**MRD NO: USG ABD 29238 HELTH CHECKUP**

**STUDY TIME: 14-08-21**  
**REPORT TIME: 14/08/21 5:16 PM**  
**PRINT TIME: 14/08/21 5:35 PM**

**STUDY: USG OF THE ABDOMEN**

**INDICATION:** Routine Health check up. No complaints otherwise.  
**COMPARISON:** None.

**OBSERVATIONS:**

Liver is normal in size and parenchymal echogenicity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal in size. No focal lesion is seen.

Pancreas appears normal in size and echopattern. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable

Both kidneys are normal in size, shape, position and echogenicity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is collapsed. Prostate cannot be commented upon.

No free fluid is seen. No significant lymphadenopathy is seen.

**CONCLUSION:**  
***No significant abnormality detected.***

**DR NEERAJ GAUTAM**  
**DNB RADIODIAGNOSIS**  
**CONSULTANT RADIOLOGIST**



PATIENT NAME : MR.MITHLESH KUMAR KACHLAM  
UHID NO. : 29238  
AGE / SEX : 39 Y Male  
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/17  
SAMPLE RECEIVED ON / AT : 14/08/2021 11:13AM  
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**COMPLETE BLOOD COUNT(CBC)**

**RBC**

Haemoglobin (HB)	14.9	gm%	12 - 17mg/dl
Haematocrit (HCT)	42.1	%	40 - 55
RBC Count	4.60	millions/cumm	4.5 - 6
MCV	91.5	fL	78 - 92
MCH	<b>32.4</b>	pg	27 - 32
MCHC	35.4	g/dl	32 - 36
RDW-CV	13.4	%	11 - 16

**WBC.**

Total Leucocyte Count (TLC) 4000 4000 -11000

**Differential Leucocyte Count (DLC)**

Neutrophils	60	%	40 - 75
Lymphocytes	34	%	20 - 40
Monocytes	05	%	0 - 8
Eosinophils	01	%	1 - 7%
Basophils	00	%	0 - 1

**PLATELETS**

PLT Count	1.36	lakhs/crmm	1.0 - 4.0
MPV	8.1	fl	8 - 11


**Advice**

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used fo medico-legal purposes. These reported results are for the information of referring clinical only.

*Test Done By MEDONIC M-SERIES Fully Automatic.*

  
**Test Done By**  
Senior Technologist  
SATYANARAYAN SINGH

  
**Report Checked By**  
Technician


  
**Pathologist**  
Dr. D. Prashant  
M.D. (Pathologist)

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BIO CHEMISTRY			
TEST	RESULT	UNIT	REF. RANGE
<b>BSPP</b>	121		<140 mg/dl
Urine SUGAR(PP)	Nil		ABSENT
<b>GGT(GAMMA GT)</b>			
GGT(GAMMA GT)	47.9	U/L	<55
<b>LFT(Liver Function Test )</b>			
Bilirubin - Total	1.14	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.51	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.63	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	7.33	g/dl	6.4 - 8.3 g/dl
Albumin	4.33	g/dl	3.5 - 5.2 g/dl
Globulin	3	g/dl	2.3 - 3.6
A/G Ratio	1.44		1.10 - 2.20
Alkaline Phosphatase	75	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	26	U/L	upto 35 U/L
SGPT (ALT)	20	U/L	upto 45 U/L
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Senior Technologist  
**SATYANARAYAN SINGH**

  
**Report Checked By**  
Technician

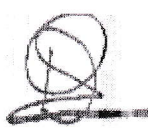
  
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<b>Lipid Profile</b>			
Total Cholesterol	<b>120</b>	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >= 240
Triglycerides	<b>231</b>	mg/dl	Normal:<161 High : 161 - 199 Hypertriglyceridemic : 200 - 499 Very High : > 499
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
HDL Cholesterol	<b>31</b>	mg/dl	35.3 - 79.5
LDL Cholesterol	<b>42.80</b>	mg/dl	60 - 165
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	46.20	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	3.87		0 - 5.1
LDLC/HDLC Ratio	1.38		2.5 - 3.5
Correlates with Lipid Profile:			
1. Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages, although water is permitted. No alcohol should be taken 24 before sample collection.			
2. Drugs: Cholesterol and Triglyceride lowering agents. Please repeat with fresh sample if clinically indicated.			
<u>The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"</u>			
<b>KFT(KIDNEY FUNCTION TEST)</b>			
Urea	17	mg/dL	15 - 45
Serum Creatinine	1.05	mg/dl	0.70 - 1.40 mg/dL
Uric Acid	<b>9.5</b>	mg/dL	3.5 - 7.2
<u>Test Done By MICRO LAB 300 Fully Automatic.</u>			

  
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**SATYANARAYAN SINGH**

  
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Technician


  
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Dr. D. Prashant  
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**CLINICAL PATHOLOGY**

TEST	RESULT	UNIT	REF. RANGE
<b>URINE SUGAR(F)</b>			
Urine Sugar (Fasting)	Nil		ABSENT

**Test Done By**  
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**SATYANARAYAN SINGH**

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Technician



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**HAEMATOLOGY**

TEST	RESULT	UNIT	REF. RANGE
<b>HbA1c (Glycosalated Haemoglobin)</b>			
HbA1C-Glycosalated Haemoglobin	5.22	%	4 to 6% Non-diabetic 6 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control Above 10% poor Control

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*The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"*


ESR	08	mm at 1hr	up to 15 mm (1 hr)
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**Blood Group**

ABO Group	A Rh Positive
SLIDE METHOD.	


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Machine Footer



**Test Done By**  
Senior Technologist  
**SATYANARAYAN SINGH**

**Report Checked By**  
Technician



**Pathologist**  
**Dr. D. Prashant**  
M.D. (Pathologist)






**WE CARE**  
**SUPER SPECIALITY HOSPITAL**  
(A UNIT OF SYNERGY HEALTH TECH)  
**State of The Art Trauma Centre**

GTB PLAZA, Beside Airtel Office,  
Ring Road No.1, Telibandha, Raipur (C.G.)  
Ph.: 0771-4024901, Emergency No.: 09109178901  
E-mail : Wecarehospitals@gmail.com


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PATHOLOGY			
TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	109		<110 mg/dl



  
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**SATYANARAYAN SINGH**

  
**Report Checked By**  
Technician

  
**Pathologist**  
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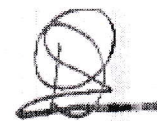
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ROUTINE URINE ANALYSIS TEST			
TEST	RESULT	UNIT	REF. RANGE
<b>Urine Routine ANALYSIS TEST</b>			
<b><u>General Examination</u></b>			
Volume	20	ml	10 - 50
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
pH	<b>5.0</b>		5.5 - 8.0
<b><u>Chemical Examination</u></b>			
Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Absent	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.020		
<b><u>Microscopic Examination</u></b>			
Pus cells	1-2	/hpf	<5
RBC (Urine)	Nil	/hpf	Nil
Epithelial cell	0-1		0-4
Casts	Absent		Absent
Crystals	Absent		Absent
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Test Done By  
Senior Technologist  
SATYANARAYAN SINGH

Report Checked By  
Technician



Pathologist  
Dr. D. Prashant  
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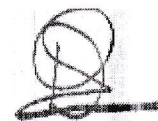
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THYROID HORMONES			
TEST	RESULT	UNIT	REF. RANGE
<b>THYROID HORMONES</b>			
T3 ( Triiodothyronine )	0.83	ng/ml	0.5 - 2.0
<i>Remarks:1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.</i>			
T4 (Thyroxine)	11.26	µg/dl	4.4 - 10.8
<i>Remark:1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.</i>			
TSH	3.52	µIU/ml	0.39- 6.16 µIU/ml
<i>Remarks:1. 4.51 to 15 µIU/ml - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH. 2. TSH values may be transiently altered because of non thyroidal illness like severe infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc. 3. Drugs that decreases TSH values e.g. L-dopa, Glucocorticoids Drugs that increases TSH values e.g. Iodine, Lithium, Amiodarone.</i>			
METHOD - ELISA ACCUBIND			



**Test Done By**  
Senior Technologist  
SATYANARAYAN SINGH

**Report Checked By**  
Technician




**Pathologist**  
Dr. D. Prashant  
M.D. (Pathologist)


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TUMOR MARKERS			
TEST	RESULT	UNIT	REF. RANGE
<b>PSA (Total)</b>	0.41	ng/mL	> 4.00
<i>The instrument for ichroma test calculate the test result automatically and displays PSA concentration of the test sample in terms of ng/mL.</i>			
<u>Test done by ichroma</u>			



  
**Test Done By**  
**Senior Technologist**  
**SATYANARAYAN SINGH**

  
**Report Checked By**  
**Technician**

  
**Pathologist**  
**Dr. D. Prashant**  
**M.D. (Pathologist)**

**PATIENT'S NAME: MITHLESH KUMAR KACHLAM 39YR M**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: XR CHEST 29238 DI 17 H-C**

**STUDY TIME: 14-08-21**  
**REPORT TIME: 14/08/21 4:25 PM**  
**PRINT TIME: 14/08/21 4:25 PM**

**STUDY: XRAY OF THE CHEST PA VIEW**

**INDICATION:** Routine Health check up. No complaints otherwise.

**COMPARISON:** None.

**OBSERVATIONS & CONCLUSION:**

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLAPSE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

**DR NEERAJ GAUTAM**  
**DNB RADIODIAGNOSIS**  
**CONSULTANT RADIOLOGIST**



**EYE EXAMINATION**

**NAME:-** Mr. Mithlesh Kumar Kochlem  
**AGE/SEX** 39Y1M

**DATE:-** 14/08/21

**1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)**

EXTRENAL, EXAMINATION				
NAD				
SQUINT				
NAD				
NYSTAGMUS				
NAD				
COLOUR VISION				
NORMAL				
FUDUS				
WNL				
INDIVIDUAL COLOUR IDENTIFICATION				
NORMAL				
DISTANT VISION				
← 6/6 ← 6/6				
NEAR VISION				
NIB Add +1.00 DS IN NIGBB				
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT				+1.00
LEFT		Plano		+1.00

**REMARK :-**

  
(SIGN.)



**WE CARE**  
**SUPER SPECIALITY HOSPITAL**  
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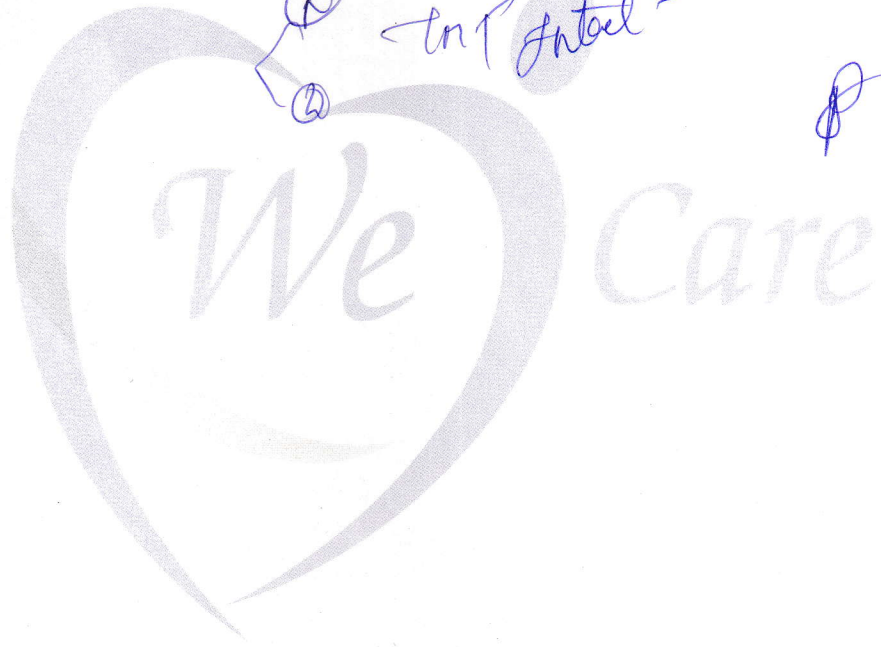
**DR. P. NANWANI**  
 MBBS, MS(ENT)  
 Reg.No-CGMC-4179/2012  
 Ph. : 9827881201  
 Email-prashantnanwani@yahoo.com

14/12/21

right leg, 3gym

- also  
 - came for complaint -  
 Medical checkup

ORB :- SPK  
 Intact -  
 Intact -



NAME MR. MITHLESH KUMAR KACHLAM

AGE 39 YR/M

REF BY: DR. A SIDDIQUI

DATE: 14/08/2021

## ECHOCARDIOGRAPHY

### M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	31.7 mm	20-37 mm
LA	31.7 mm	19-40 mm
IVS (d)	7.3 mm	6-11 mm
LVID (d)	43.1 mm	35-50 mm
LVPW (d)	9.6 mm	6-11 mm
LVID (S)	20.7 mm	23-39 mm
EF	60%	

### 2 D ECHO & CFI

CHAMBERS	-	NORMAL
VALVES	-	NORMAL
SEPTAE	-	IVS / IAS Intact
RWMA	-	NO RWMA PRESENT AT REST.
EF	-	60%

CLOT / VEGETATION/ PERICARDIAL EFFUSSION – NIL.





<u>VALVE</u> <u>(mmHg)</u>	<u>REGURGITATION</u>	<u>GRADIENT</u>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

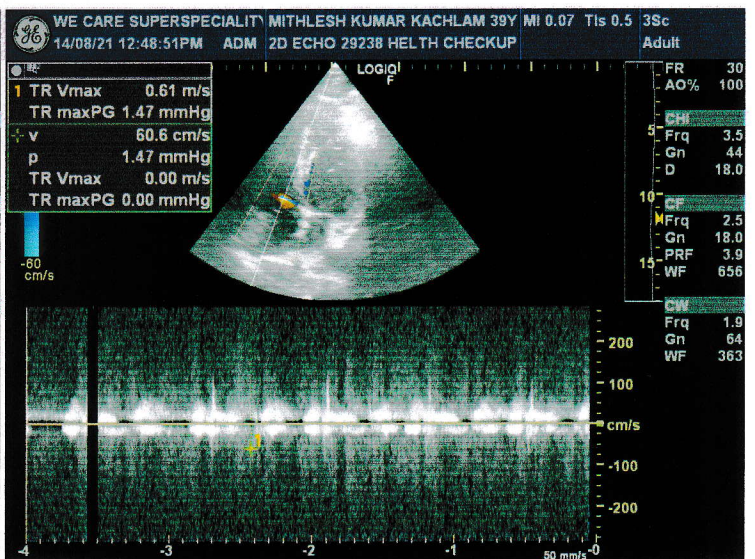
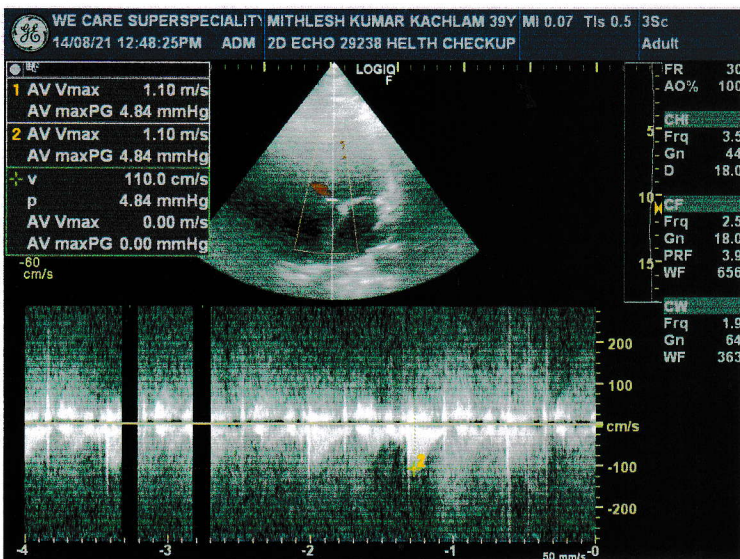
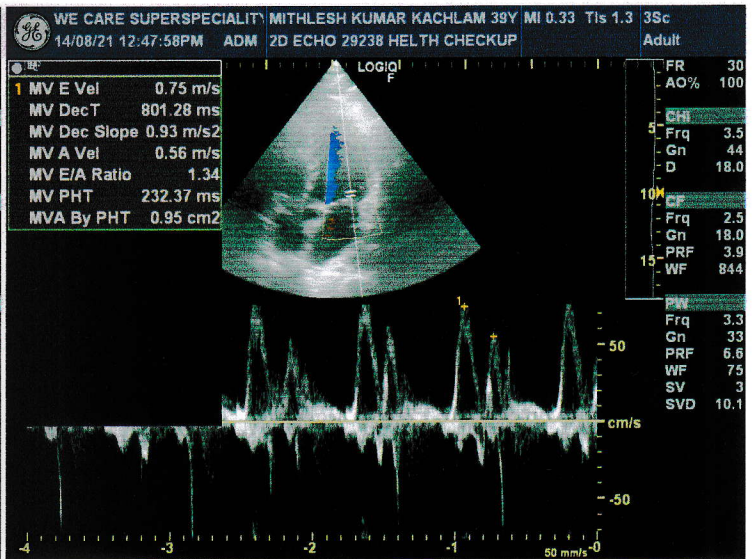
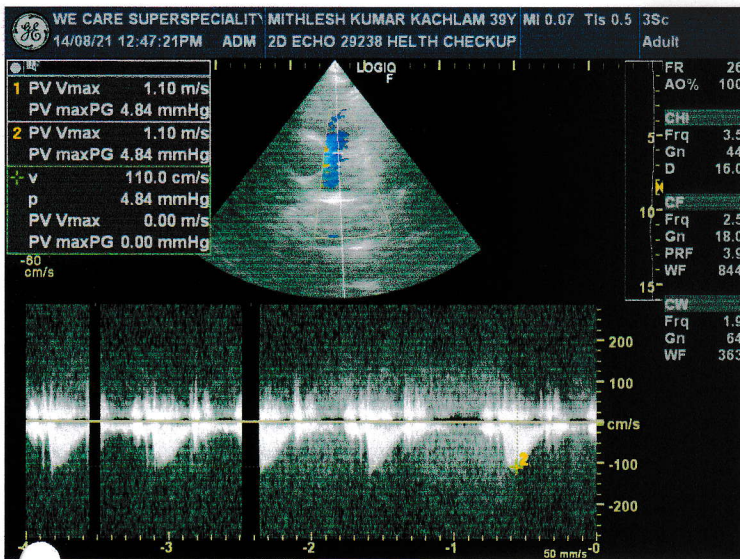
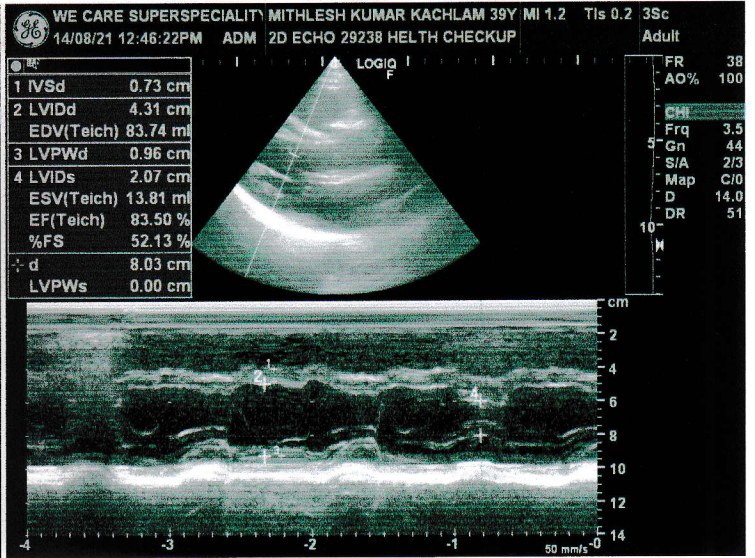
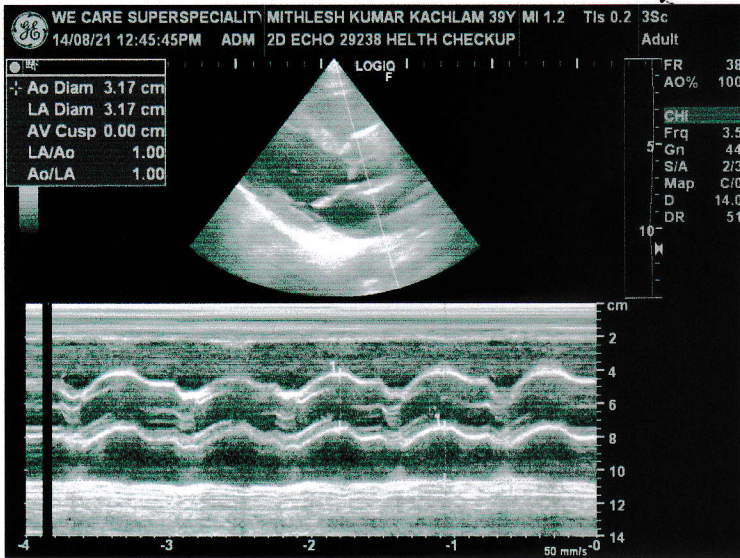
**PULSE WAVE DOPPLER**

- Mitral Valve inflow shows E Wave < A Wave .

**IMPRESSION.**

- NO RWMA PRESENT AT REST,
  - NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
  - GLOBAL LVEF 60%.
  - NO AS/MS/TR/AR/NO MR.
- NO INTRACARDIAC CLOT, VEGETATION.

  
**Dr. ANIS SIDDIQUI (MD, PGCCDM)**



14-08-2021 11:08:49 AM

ID: 29220

MR MITHLESH KUMAR  
Male 39Years

Diagnosis Information:

Normal Sinus Rhythm  
Premature Atrial Contraction

WNL

Report Confirmed by: \_\_\_\_\_

HR : 61 bpm  
P : 105 ms  
PR : 141 ms  
QRS : 75 ms  
QT/QTc : 402/406 ms  
P/QRS/T : 43/30/27 °  
RV5/SV1 : 1.161/0.892 mV

