

<i>Patient Name</i>	MANOJ KUMAR 38Y/M	<i>Patient ID</i>	36171
<i>Age/D.O.B</i>	38	<i>Gender</i>	M
<i>Ref Doctor</i>	SELF	<i>Date</i>	9 Nov 24

XRAY RADIOGRAPH CHEST - PA

Observations

Bones and soft tissue shadows:- Appear normal.
Domes of Diaphragm:- Are smooth.
Hilar Shadows:- Are within normal limits.
Both Costophrenic Recesses:- Are clear.
Visualised lung fields:- Appear normal.
Pulmonary vasculature:- Appears normal.
Cardia:- Is normal in size.

Impression

Essentially normal study.

Reported By,

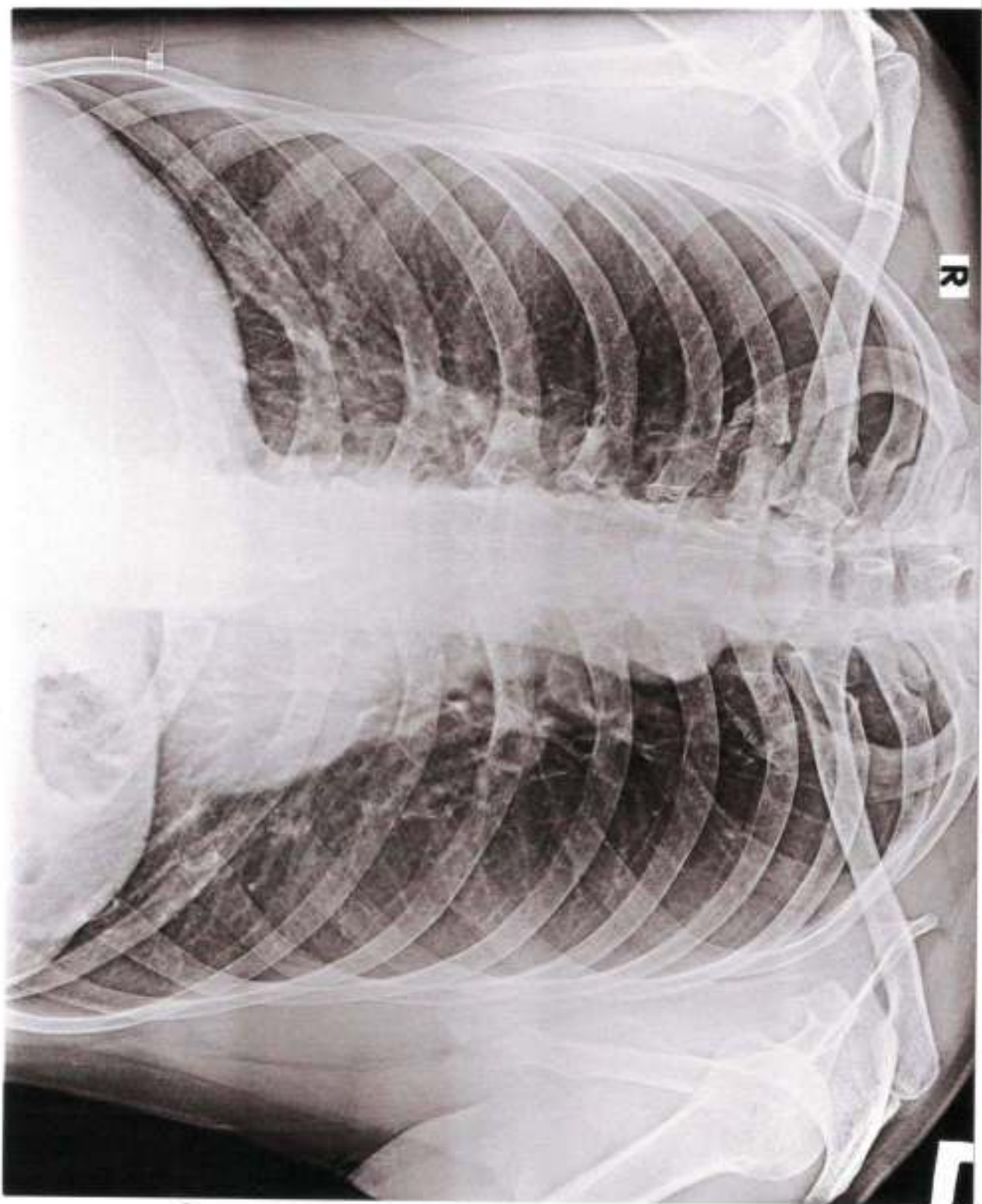


Dr. Kale Balaji Baliram

MBBS, DMRD, DNB

Consultant Radiologist

MMC - 2015063398



OPD ASSESSMENT
Department of Ophthalmology

Mr Manoj Kumar

Pulse: BPM BP: / mmHg Temp: Fo Resp Rate: /min HT. & Weight:

Allergies to drugs or food:

Presenting Complaint :

Past History:
Diabetes: Y/N
Hypertension: Y/N
TB: Y/N
CAD: Y/N
Stroke: Y/N
Major Sx Illness: Y/N
Major Mx Illness: Y/N

Pain Score VAS 1-10:

VA (Ri dex) $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$
NIU (Ri dex) $\left\{ \begin{array}{l} N/6 \\ N/6 \end{array} \right.$
Color $\left\{ \begin{array}{l} WNL \\ WNL \end{array} \right.$
VA $\left\{ \begin{array}{l} WNL \\ WNL \end{array} \right.$

POG -1.25 DS 6/6 B/E.

for regular check up

Adv. Continue same glasses

No medication required

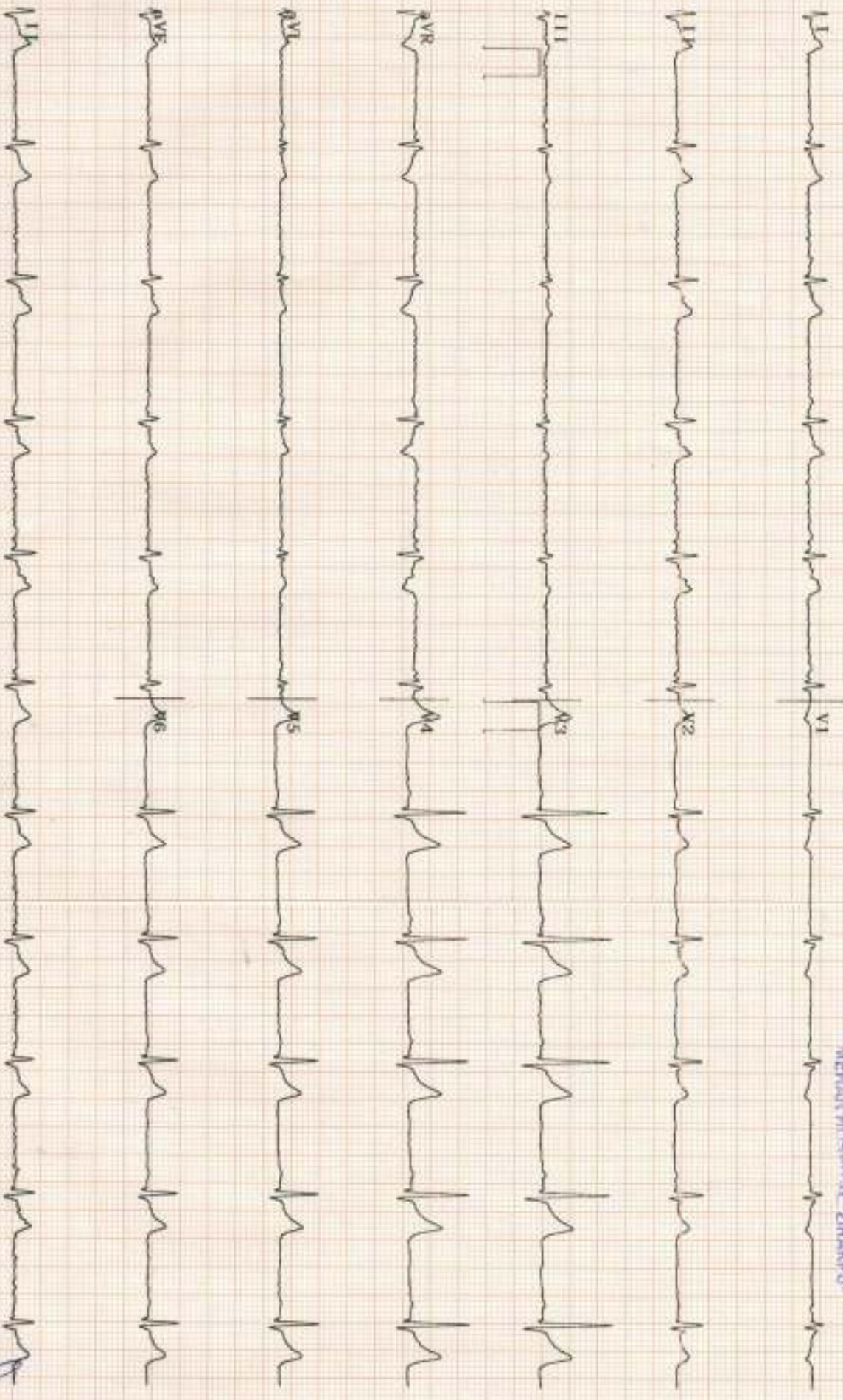
Consultant Signature
DR. MONIKA GARG
Ophthalmology

ID : 36171
Name: ranooj kumar
Age : 38 years
Sex : Male
H : 0 cm / W : 0 kg

Heart Rate: 63 bpm
PR/RR Int.: 150/952 ms
QRS Dur: 102 ms
QT/QTc: 368/378 ms
P-R-T axes: 8 27 41
SV1/RV5/R+S: 0.11/0.68/0.79mV | Normal ECG 1

Prescribed by:
** Analysis Result ** (To be Finally confirmed by cardiologist)
Normal Sinus Rhythm
Normal Axis
ICRBBB (Incomplete Right Bundle Branch Block)

PSM
Dr. HARDEEP SINGH
MBBS, MD, FRCR (N) NO. 38531
CONSULTANT PHYSICIAN
MEHAR HOSPITAL ZIRAKPUR



PATIENT NAME	: MR. MANOJ KUMAR	Mobile No	: 9820809798
UHID NO	: 36171	IPD No, AGE	: 38 Y / Male
ADDRESS	: SADBHAWANA COLONY, MOHKAMPUR KHURUD	SAMPLE DATE	: 09-11-2024 09:31AM
DOCTOR	: Self	PRINT DATE	: 09-11-2024 01:12PM

Test Name	Result	Units	Biological Ref. Interval
BLOOD GLUCOSE - FASTING <i>METHOD :Method: GOD POD</i>	89.1	mg/dL	70 - 110
BLOOD GROUP ABO	O		
BLOOD GROUP "RH"	POSITIVE		
BLOOD UREA NITROGEN (BUN) <i>METHOD :Method : Spectrophotometry</i>	12.5	mg/dl	5.0 - 20.0
COMPLETE HEMOGRAM WITH ESR			
HAEMOGLOBIN (HB) <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	13.1	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC) <i>METHOD :Method: Impedance/Automated cell counter</i>	6150	/cmm	4000 - 11000
NEUTROPHILS	50	%	45 - 75
LYMPHOCYTE	40	%	20 - 45
EOSINOPHIL	06	%	0.00 - 6
MONOCYTE	04	%	0 - 10
BASOPHIL	00	%	0.00 - 3.00
E.S.R. (WESTERGREEN METHOD)	12	mm	0.00 - 15.0
RBC (RED BLOOD CELLS) <i>METHOD :Method: Impedance/Automated cell counter</i>	4.66	Millions/cmm	3.8 - 6.0
PLATELET COUNT <i>METHOD :Method: Impedance/Automated cell counter</i>	1.56	Lakh/cmm	1.50 - 4.5
PCV <i>METHOD :Method: Calculation/Automated cell counter</i>	41.0	%	38 - 54
MCV(MEAN CELL VOLUME) <i>METHOD :Method: Calculation/Automated cell counter</i>	87.9	fL	80 - 100



Reporting By: Technician

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(Ex. Pgimer, Chd)

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Test Name	Result	Units	Biological Ref. Interval
MCH(MEAN CELL HAEMOGLOBIN) <i>METHOD :Method: Calculation/Automated cell counter</i>	28.2	picogram	27 - 31
MCHC <i>METHOD :Method: Calculation/Automated cell counter</i>	32.0	g / dL	33 - 37
RDW-CV <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	14.8	%	10.0 - 15.0
PLCC(PLATELET LARGE COMPLETE COUNT) <i>METHOD :Method : Impedance/Automated cell counter</i>	71	/cmm	30 - 90
PLCR(PLATELET LARGE COUNT RATIO) <i>METHOD :Method : Impedance/Automated cell counter</i>	45.8	%	11.0 - 45.0

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Test Name	Result	Units	Biological Ref. Interval
GLYCOSYLATED HB (HBA1C)			
GLYCOSYLATED Hb	4.8	%	<5.7 Non-diabetic, 5.7-6.4 Pre-diabetes, >=6.5 Diabetes
MEAN BLOOD SUGAR	91.06		

REMARKS:

In vitro quantitative determination of HbA1C in whole blood is utilized in long term monitoring of glycemia .
The HbA1C level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1C be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1C should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

LIVER FUNCTION TEST [LFT]

TOTAL BILIRUBIN	0.24	mg/dl	0.2 - 1.2
<i>METHOD :Method : Diazo</i>			
CONJUGATED (D. Bilirubin)	0.12	mg/dl	0.1 - 0.4
<i>METHOD :Method : Diazo</i>			
UNCONJUGATED (I.D.Bilirubin)	0.1	mg/dl	0.2 - 1.0
<i>METHOD :Method : Calculated</i>			
AST / SGOT	26.0	IU/L	00 - 35
<i>METHOD :Method : IFCC</i>			
ALT/SGPT	36.8	U/L	00 - 45
<i>METHOD :Method : IFCC</i>			
ALKALINE PHOSPHATASE	97	U/L	53 - 128
<i>METHOD :Method : ALP-AMP</i>			
TOTAL PROTEIN	6.41	g/dl	6.40 - 8.30
<i>METHOD :Method : Biuret</i>			
SERUM ALBUMIN	3.38	g/dl	3.50 - 5.20
<i>METHOD :Method : Bromocresol Green</i>			
GLOBULIN	3.0	gm/dl	1.5 - 3.0
<i>METHOD :Method : Calculated</i>			
A/G RATIO	1.1		1.2 - 2.0
<i>METHOD :Method : calculated</i>			
GGT	20.4	U/L	00 - 38.0
<i>METHOD :Method : Glupa C</i>			

RFT PANEL 1



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Test Name	Result	Units	Biological Ref. Interval
BLOOD UREA <i>METHOD :Method : Urease-GLDH</i>	26.9	mg /dl	18 - 55
SERUM CREATININE <i>METHOD :Method : Enzymatic</i>	0.88	mg /dl	0.70 - 1.30
SERUM URIC ACID <i>METHOD :Method : Uricase-POD</i>	9.2	mg/dl	3.5 - 7.2
TOTAL THYROID PROFILE (TFT)			
TOTAL T3 <i>METHOD :Method : C.L.I.A</i>	0.85	ng/mL	0.69 - 2.15
TOTAL T4 <i>METHOD :Method : C.L.I.A</i>	7.43	ug/dl	5.00 - 12.00
THYROID STIMULATING HORMONE (TSH) <i>METHOD :Method : C.L.I.A</i>	0.82	ullu/ml	0.35 - 5.50

Useful For:

A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo-or hyperthyroidism due to a condition affecting the thyroid. Signs and symptoms of hypothyroidism may include: Weight gain, Dry skin, Constipation, Cold intolerance, Puffy skin, Hair loss, Fatigue, Menstrual irregularity in women.

Interpretation:

If the feed back system involving the thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release in appropriate amounts of T4 and T3, and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

TSH	T4	T3	INTERPRETATION.
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	Nonthyroidal illness; rare pituitary (secondary) hypothyroidism



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Test Name	Result	Units	Biological Ref. Interval
URINE ANALYSIS (URINE ROUTINE)			
URINE ANALYSIS (AUTOMATED STRIP TEST MICROSCOPY)			
PHYSICAL EXAMINATION			
QUANTITY	15	ml.	
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.020	NONE	1.005 - 1.030
REACTION	ACIDIC	NONE	ACIDIC / ALKALINE
PH	6.0	NONE	5.0 - 7.0
CHEMICAL EXAMINATION			
URINE ALBUMIN	NIL	NONE	NIL
SUGAR	NIL	NONE	NIL
BLOOD	NIL	NONE	NIL
URINE BILIRUBIN	NIL	NONE	NIL
UROBILINOGEN	NIL	NONE	NIL
URINE FOR KETONE BODIES/ACETONE	NEGATIVE	NONE	NEGATIVE
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	NIL	/HPF	
PUS CELLS	0-1	/HPF	1 - 2



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Test Name	Result	Units	Biological Ref. Interval
RBC	NIL	/HPF	
CRYSTALS	NIL		NIL
CASTS	NIL		NIL
BACTERIA	NEGATIVE	NONE	NEGATIVE
OTHER	NIL	NONE	NIL

-----End of Report-----

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