



Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

OPD - ID : 020240000432
UH-ID : SRMH-24031982

PT. TYPE : NEW REGISTRATION
PRINT DATE : 09-03-2024 / 10:24:19AM
TOKEN NO. : 3

PATIENT NAME	: SAJALSHARMA	DEPARTMENT	: MEDICINE
AGE / SEX	: 31-Y 1-M 11-D / MALE	CONSULTANT	: DR. AJIT KUMAR
DOB	: 27-01-1993	CONSULT-DATE	: 09-Mar-2024 - 10:20 AM
MOB-NO	: 6260184413	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL PLUS
GUARDIAN NAME	: S/o SANJAY SHARMA	OPD PAID FEE	: 0.00
ADDRESS	: G.E ROAD, BARAMHAN PARA HANUMAN SHIV SAI MANDIR, RAIPUR, CG		

Weight : 76 kg Temp : 97.9f B.P. : 130/80 Pulse : 84b/m SPO2 : 99.1



6872757

Sp Gen. medicine

Act

① Cap. A to 2
1 ————— 6 ————— 6

② Sp. Berson
24 of 62

————— to 15 days ↓



FOLLOW-UP DATE :

ADVICE FOR ADMISSION YES NO

📍 Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk, Gudhiyari, Raipur (Chhattisgarh)

☎ 0771-43 43 161, 0771-43 40 162, 📞 8404 8404 79

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OPD - ID : 020240000432	PT. TYPE : NEW REGISTRATION	TOKEN NO. : 3
UH-ID : SRMH-24031982	PRINT DATE : 09-03-2024 / 10:53:20	
PATIENT NAME : SAJALSHARMA	DEPARTMENT : DENTAL	
AGE / SEX : 31-Y 1-M 11-D / MALE	CONSULT-DATE : 09-Mar-2024 - 10:20 AM	
DOB : 27-01-1993	COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL PLUS	
MOB-NO : 6260184413	OPD PAID FEE : 0.00	
GUARDIAN NAME : S/o SANJAY SHARMA		
ADDRESS : G.E ROAD ,BARAMHAN PARA HANUMAN SHIV SAI MANDIR, RAIPUR, CG		
Weight :	Temp :	B.P. :
		Pulse :
		SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Oral Health Status:

- Yes No Dental Sealants Present on Permanent Molars
- Yes No Caries Experience / Restoration History : A filling (Temporary / Permanent) OR a Tooth that is missing because it was extracted as a result of caries .
- Yes No Untreated Caries/ Open Treatment Plan
- Yes No Urgent Treatment: abscess, Nerve Exposure, Advanced Disease State, Signs of Symptoms that include pain/ infection / swelling

Treatment Needs:

- Restorative Care- Fillings, crowns, etc.
- Preventative Care-prophylaxis, sealants, fluoride Treatment
- Sedation / Surgery Needs to Complete Treatment

Present chief complaints:- *Noting Sore throat Complaint / issue in tooth*

Dr. Signature



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PATIENT NAME	: SAJAL SHARMA	DEPARTMENT	: OPHTHALMOLOGIST	
AGE / SEX	: 31-Y 1-M 11-D / MALE	CONSULT-DATE	: 09-Mar-2024 - 10:20 AM	
DOB	: 27-01-1993	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL PLUS	
MOB-NO	: 6260184413	OPD PAID FEE	: 0.00	
GUARDIAN NAME	: S/o SANJAY SHARMA			
ADDRESS	: G.E ROAD ,BARAMHAN PARA HANUMAN SHIV SAI MANDIR, RAIPUR, CG			
Weight :	Temp :	B.P. :	Pulse :	SPO2 :



V21 ⁶¹⁶
 ⁶¹⁶
 N.V - NG
 C.V - Normal

Lacrimal duct

FOLLOW-UP DATE :

ADVICE FOR ADMISSION

YES

NO

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UH-ID : SRMH-24031982 PRINT DATE : 09-03-2024 / 10:53:20 TOKEN NO. : 3

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AGE / SEX	: 31-Y 1-M 11-D / MALE	CONSULT-DATE	: 09-Mar-2024 - 10:20 AM	
DOB	: 27-01-1993	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL PLUS	
MOB-NO	: 6260184413	OPD PAID FEE	: 0.00	
GUARDIAN NAME	: S/o SANJAY SHARMA			
ADDRESS	: G.E ROAD ,BARAMHAN PARA HANUMAN SHIV SAI MANDIR, RAIPUR, CG			
Weight :	Temp :	B.P. :	Pulse :	SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Ears, Nose, Mouth, Throat

	Yes	No
Ear pain	0	0
Ear itch	0	0
Ear drainage	0	0
Dizziness/ Loss of balance	0	0
Loss of Hearing	0	0
Popping Noise	0	0
Tinnitus	0	0
Nosebleeds	0	0
Post-nasal Drip	0	0
Sinus pain	0	0
Sinus pressure	0	0
Nasal congestion	0	0
Loss of smell/taste	0	0
Hoarseness	0	0
Sore Throat	0	0
Throat tickle	0	0
Dry Mouth / Throat	0	0
Throat clearing	0	0
Snoring	0	0

Present chief complaints:-

No symptoms currently

Dr. Signature



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LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHARMA SAJAL
EC NO.	126111
DESIGNATION	AGRICULTURE ADVANCES
PLACE OF WORK	BASNA
BIRTHDATE	27-01-1993
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M126111100097894E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

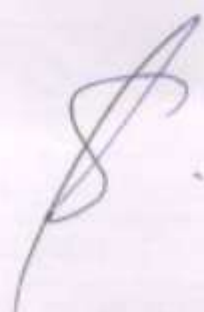
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))


भारत सरकार
Government of India


राजल शर्मा
Sajal Sharma
जन्म तिथि/DOB: 27/01/1993
पुरुष/ MALE

4022 5917 7591
VID: 9181 4010 5512 2206

मेरा आधार, मेरी पहचान


62601-84413


भारतीय विश्वविद्यालय अधिकांश प्राधिकरण
Unique Identification Authority of India

राजल शर्मा, 32, जी.ई. रोड, ब्राम्हण परा, हनुमान शिव मंदिर, रायपुर, छत्तीसगढ़ - 492001

Address:
Sajal Sharma, 32, g.e.road, bramhan para, Hanuman shiv sai mandir, Raipur, Chhattisgarh - 492001


QR Code with photograph

4022 5917 7591
VID: 9181 4010 5512 2206



SHRI RAM IMAGING & DIAGNOSTIC CENTER

Ground Floor, Raheja Towers, Jail Road, Raipur
Ph. : 0771-4099090, Mo. : 9294870000

DR ANAND BANSAL

MBBS MD DNB(Radiodiagnosis)
(IMS BHU) (Gold Medalist)
Ex Senior Resident (AIIMS Raipur)
Ex Assistant Professor (Pt JNMC Raipur)
Reg. No. - CGMC 6359/2015

5D SONOGRAPHY -16 SLICE CT SCAN - DIGITAL X RAY - PATHOLOGY - BIOPSY

PATIENT NAME: SAJAL SHARMA	DATE: 09/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 45908	AGE/SEX: 31 Years/MALE

USG WHOLE ABDOMEN

Liver: Liver is normal in size (13.3 cm), smooth in outline & **raised echotexture.**

Billiry system: IHBR's are not dilated. CBD is not dilated.

Liver vessels: Portal vein and hepatic veins are normal.

Gall bladder: Distended with anechoic lumen and normal wall thickness.

Pancreas & Paraaortic Region: Normal. Pancreatic duct not dilated.

Spleen: Is normal in size measures (9.9 cm) with normal echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.9 x 4.2 cm	11.1 x 6.1 cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PELVICALYCEAL SYSTEM	Not dilated	Not dilated
URETER	Not dilated	Not dilated
CALCULUS	No	No

Urinary bladder: The urinary bladder shows physiological distention. It shows normal wall thickness.

Prostate: is normal in size measures 2.2 x 3.5 x 2.6 cm (weight 10.6 gm) with normal shape & echotexture.

Fluid: There is no free or loculated fluid collection in abdomen or pelvis.

Bowel loops are grossly normal.

No significant lymphadenopathy is noted.



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REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 45908	AGE/SEX: 31 Years/MALE

IMPRESSION:

- GRADE – III FATTY LIVER CHANGES.

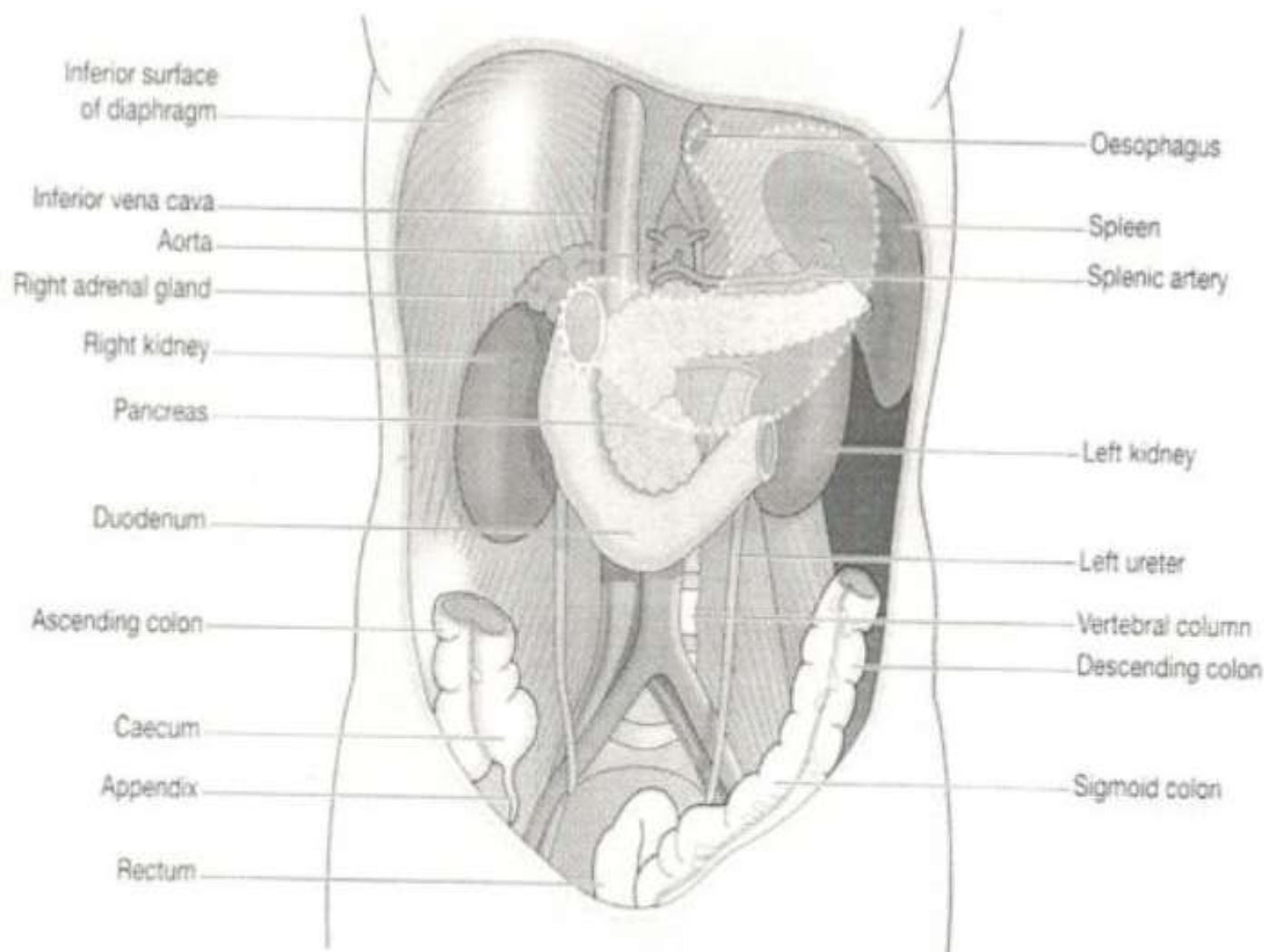
Advised clinical correlation/further evaluation if clinically indicated.

DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359



Typist: DEKUMAR SAHU

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.





ECHOCARDIOGRAPHY REPORT

Name	Mr. Sajal Sharma	Age / Sex	31 Years / Male
Date	09/03/2024	UHID no	24031982

PULMOANRY VELOCITY : 0.96 m/s

AORTIC VELOCITY: 1.30 m/s

TRICUSPID VELOCITY : 1.90 m/s

PASP: 19 mmHg + RAP

M-Measurement Value

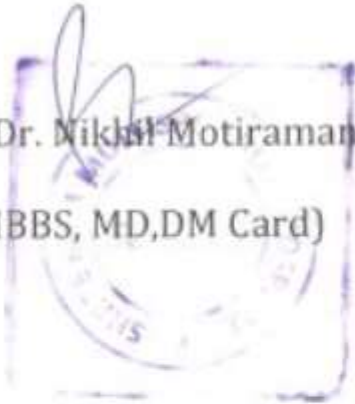
Aorta	2.7	LVEDD	3.9
LA	3.5	IVSD	1.0
LVEF	>60%	LVPWD	1.0

FINAL IMPRESSION

- Normal Cardiac Chambers & Dimension
- NO RWMA
- Normal LV Systolic Function
- LVEF >60%
- Trace TR, PASP 19 mmHg + RAP
- No Clot/PE / Vegetation

Dr. Nikhil Motiramani

(MBBS, MD,DM Card)



Dr. Raghwesh Ojha

(MBBS, Dip Card)

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DOCTOR : DR. AJIT KUMAR
REFERRED BY : SELF

AGE / SEX : 31/MALE
UH ID NO. : SRMH-24031982
COLLECTION : 09-03-2024
REPORTING : 09-Mar-2024
TEST NO : 334

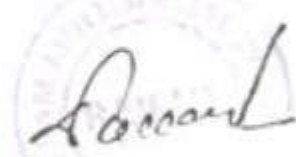
HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN (Hb)	11.9	gm/dL	13.5 - 17.5
TOTAL RBC COUNT	4.26	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	35.7	%	41.5 - 50.4
RBC INDICES			
MCV	83.5	fl	78 - 96
MCH	28.0	pg	27 - 32
MCHC	33.6	%	33 - 37
RDW	12.2	%	11 - 16
TOTAL WBC COUNT (TLC)	8000	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophils	64	%	40 - 70
Lymphocytes	27	%	22 - 48
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	3.83	/µL	1.50 - 4.50
PCT	0.27	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	7.1	fL	8 - 11
PDW	9.3	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose


 Dr. Dhananjay Prasad
 (MD PATHOLOGY)

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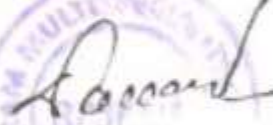
HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"		-
RH FACTOR	POSITIVE		-

-- End Of Report --

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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
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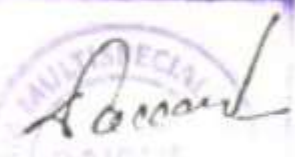
ESR by Western Green

ESR (ERYTHROCYTE SENDIMENTATION RATE)	35	mm at end of 1 hr	0 - 15
--	----	-------------------	--------

-- End Of Report --

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.42	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.21	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.21	mg / dl	0.1 - 0.4
SGOT	44.3	U / L	10 - 55
SGPT	39.2	U / L	0 - 40
ALKALINE PHOSPHATASE	192.4	U / L	0 - 270
TOTAL PROTEIN	6.57	g / dl	6 - 8
ALBUMIN	3.78	g/dl	3.5 - 5.0
GLOBULIN	2.79	g / dl	2 - 3.5
A/G RATIO	0.99	g/dl	1 - 2.5

Clinical Significance:

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.


Bilirubin

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	CREATININE		
CREATININE	0.97	mg / dl	0.6 - 1.2

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BIOCHEMISTRY

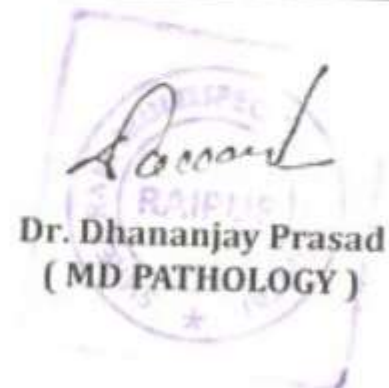
TEST NAME	RESULT	UNIT	NORMAL VALUES
	URIC ACID		
URIC ACID	5.58	mg/dL	3.6 - 7.7

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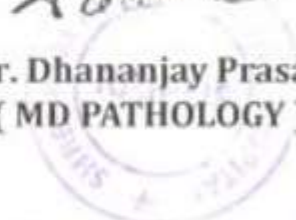
TEST NAME	RESULT	UNIT	NORMAL VALUES
LIPID PROFILE			
CHOLESTEROL	185.2	mg / dl	150 - 220
SERUM TRIGLYCERIDE	181.4	mg / dl	60 - 165
HDL	33.6	mg / dl	35 - 80
LDL	115.32	mg/dL	90 - 160
VLDL	36.28	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	5.51	mg/dl	3.5 - 5.5
LDL/HDL Ratio	3.43	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	5.40	mg/dl	2.0 - 4.0

-- End Of Report --

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Dhananjay Prasad
 Dr. Dhananjay Prasad
 (MD PATHOLOGY)



📍 Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk, Gudhiyari, Raipur (Chhattisgarh)

☎ 0771-43 43 161, 0771-43 40 162, 📞 8404 8404 79

✉ shreeramhospital.op@gmail.com 🌐 www.srmhraipur.com





Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

PT. NAME : SAJALSHARMA
MOBILE NO : 6260184413
DOCTOR : DR. AJIT KUMAR
REFERED BY : SELF

AGE / SEX : 31/MALE
UH ID NO. : SRMH-24031982
COLLECTION : 09-03-2024
REPORTING : 09-Mar-2024

TEST NO
334

BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	128.8	mg/dL	60 - 120
BLOOD SUGAR PP	147.0	mg/dL	80 - 140

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

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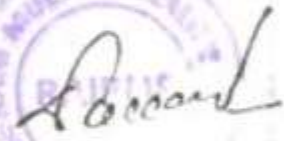
CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE SUGAR FASTING AND PP			
URINE SUGAR - FASTING	Absent		Absent -
URINE SUGAR - PP	Absent		Absent -

-- End Of Report --

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MOBILE NO : 6260184413	UH ID NO. : SRMH-24031982	334
DOCTOR : DR. AJIT KUMAR	COLLECTION : 09-03-2024	
REFERRED BY : SELF	REPORTING : 09-Mar-2024	

BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
HBA1c (GLYCOSYLATED HEAMOGLOBIN)			
HBA1c	5.64	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	123.484	mg/dl	80 - 120

Interpretation: As per American Diabetes Association(ADA)

Non diabetic adults >= 18 years	<5.7
At risk (prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Good of Therapy
	> 19 years - <7.0
	<19 years - <7.5

NOTE:

- HbA1c reflects long term fluctuations in the blood glucose concentration
- A diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.


Significance of Test:

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

-- End Of Report --

LAB TECHNICIAN

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Lokah Samasta Sukhino Bhavantu

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CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	20	ml	-
COLOUR	Yellow		Pale Yellow -
APPEARANCE	Turbid		Clear -
REACTION	Acitic		Acitic -
CHEMICAL EXAMINATION			
ALBUMIN	Trace(+)		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
MICROSCOPIC EXAMINATION			
PUS CELLS	4-6	/hpf	2 - 5
EPITHELIAL CELLS	2-4	/hpf	1 - 5
RBC	Nil	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
Bacteria	Nil		Nil -
OTHERS	-		-

-- End Of Report --

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L o k a h S a m a s t a S u k h i n o B h a v a n t u

Mr SAJAL SHARMA

Age: 31 Years

Sex: Male

Sample Collected At:

Ref. By: Dr. AJIT KUMAR (MD)

Registered: 09 Mar, 24 05:38 PM

Collected: 09 Mar, 24 05:44 PM

Reported: 10 Mar, 24 08:06 PM

TFT

Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	1.11	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	9.24	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	2.84	μIU/mL	0.66 - 5.67

Comments:-


(i) Ethnicity, iodine intake, gender, age, body mass index and Exercise influences the reference range of Thyroid hormones and serum TSH concentrations.

(ii) Changes in Thyroid Hormones (especially T3) and TSH may be seen as early as 24 hours after the onset of non-thyroidal illness. (Poor nutrition/starvation, sepsis, burns, malignancy, myocardial infarction, post-surgery, and with chronic liver and renal disease)

(iii) Serum total T4 and T3 concentrations increase to approximately 150% of non-pregnant values – this occurs during the first half of pregnancy and is maintained thereafter until parturition. Free T4 concentrations also change during pregnancy: in the first trimester a transient rise is often observed.

(iv) Measurement of FT4 and FT3 is best avoided in patients receiving heparin therapy. (When indicated, blood sample should be taken 10 hours after the last injection of heparin, and analyzing it without delay, can reduce the risk of artifactual hyperthyroxinaemia.)

(v) Phenytoin, carbamazepine and furosemide cause artifactual increase in free T4 (FT4) and decrease in total T4.



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M.D. (Pathologist)

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BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
BUN			
BUN	12.8	mg/dL	7.00 - 20.00
Serum Creatinine	0.81	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	16.41		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.


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GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT) , SERUM	15.19	12.00-18.00	U/L

GENDER	-	NORMAL RANGE(U/L)
MALE	-	12.00-18.00
FEMALE	-	6.00-29.00

COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Throughtout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.


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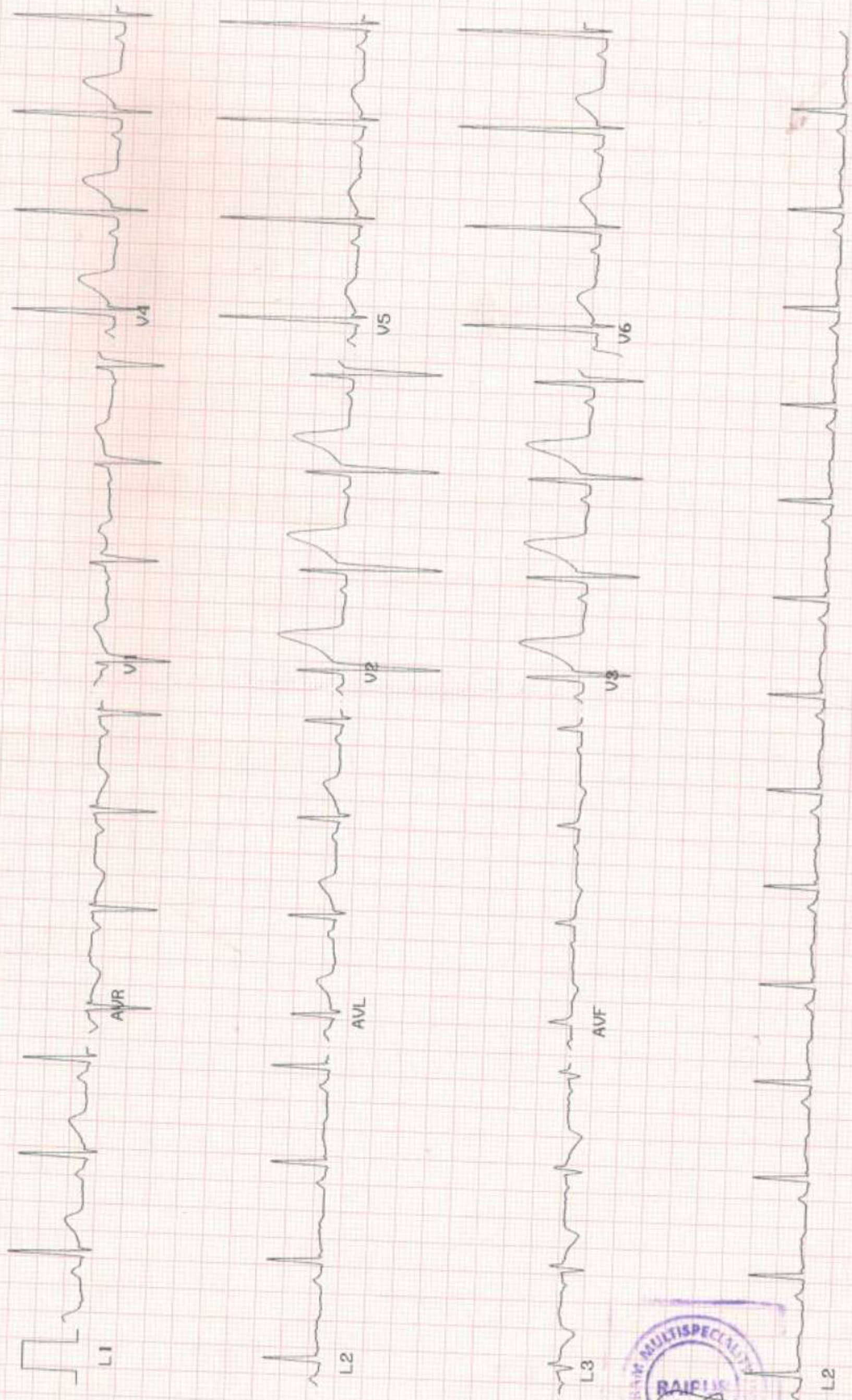
Clarity Medical TrueBeat 200_Ver2.2.6H

Mr sajal
M 31Y 700Kg
11:09 AM
09/03/2024

AUTO 12LS BLC-Y

P	=	80	mS	QT/QTc	=	84%
PR	=	97	mS	QT/RR	=	47%
QT	=	135	mS	QRS axis	=	18°
QTc	=	340	mS	P axis	=	16°
		402	mS	T axis	=	-16°

To be clinically correlated:
Sinus Rhythm
Normal ECG
HR = 84bpm







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L o k a h S a m a s t a S u k h i n o B h a v a n t u

PATIENT NAME: SAJAL SHARMA	DATE: 09/03/2024
PATIENT ID: SRMH-24031982	AGE/SEX: 31Years/Male

RADIOGRAPH CHEST PA VIEW.

FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

IMPRESSION : No significant abnormality detected.

DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359

Typist: HRITIK CHANDANKAR

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

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