

**PATIENT'S NAME: VIPIN TIRKEY 30YR M**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: USG ABD 29235 HELTH CHECKUP**

**STUDY TIME: 14-08-21**  
**REPORT TIME: 14/08/21 5:00 PM**  
**PRINT TIME: 14/08/21 5:01 PM**

**STUDY: USG OF THE ABDOMEN**

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

**COMPARISON:** None.

**OBSERVATIONS:**

Liver is normal in size measuring 145 mm in craniocaudal extent, and normal in parenchymal echogenecity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 81 mm 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

Right kidney measures 98 x 56 mm in size. Left kidney measures 100 x 43 mm in size. Both kidneys are normal in size, shape, position and echogenecity. Corticomedullary differentiation is maintained. No evidence of focal lesion is seen. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is well distended. Wall thickness appears normal. Prostate appears normal in size, shape and echotexture.

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.VIPIN TIRKEY  
UHID NO. : 29235  
AGE / SEX : 30 Y Male  
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/14  
SAMPLE RECEIVED ON / AT : 14/08/2021 11:10AM  
SAMPLE REPORTED ON / AT : 14/08/2021 04:42PM

**COMPLETE BLOOD COUNT(CBC)**

**RBC**

|                   |             |               |              |
|-------------------|-------------|---------------|--------------|
| Haemoglobin (HB)  | 13.5        | gm%           | 12 - 17mg/dl |
| Haematocrit (HCT) | 41.3        | %             | 40 - 55      |
| RBC Count         | 5.99        | millions/cumm | 4.5 - 6      |
| MCV               | <b>68.9</b> | fL            | 78 - 92      |
| MCH               | <b>22.5</b> | pg            | 27 - 32      |
| MCHC              | 32.7        | g/dl          | 32 - 36      |
| RDW-CV            | 14.8        | %             | 11 - 16      |

**WBC.**

Total Leucocyte Count (TLC) 6500 4000 -11000

**Differential Leucocyte Count (DLC)**

|             |    |   |         |
|-------------|----|---|---------|
| Neutrophils | 55 | % | 40 - 75 |
| Lymphocytes | 38 | % | 20 - 40 |
| Monocytes   | 05 | % | 0 - 8   |
| Eosinophils | 02 | % | 1 - 7%  |
| Basophils   | 00 | % | 0 - 1   |

**PLATELETS**

|           |             |           |           |
|-----------|-------------|-----------|-----------|
| PLT Count | 2.20        | lakhs/cmm | 1.0 - 4.0 |
| MPV       | <b>13.1</b> | fl        | 8 - 11    |

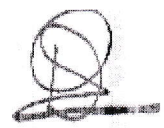
**Advice**

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)

|                                |  |
|--------------------------------|--|
| PATIENT NAME : MR.VIPIN TIRKEY | RECEIPT NO. : PAC/14                         |
| UHID NO. : 29235               | SAMPLE RECEIVED ON / AT : 14/08/2021 11:10AM |
| AGE / SEX : 30 Y Male          | SAMPLE REPORTED ON / AT : 14/08/2021 04:46PM |
| CONSULTANT : DR ANIS SIDDIQUI  |  |


**BIO CHEMISTRY**

| TEST            | RESULT | UNIT | REF. RANGE |
|-----------------|--------|------|------------|
| BSP             |        |      | <140 mg/dl |
| Urine SUGAR(PP) | Nil    |      | ABSENT     |



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

  
**Report Checked By**  
Technician

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

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**Lipid Profile**

|   |       |       |  |
|---|-------|-------|--|
| Total Cholesterol   | 163   | mg/dl | Desirable : <200<br>Borderline : 200 - 239<br>High : >= 240                              |
| Triglycerides   | 118   | mg/dl | Normal:<161 High :<br>161 - 199<br>Hypertriglyceridemic : 200 - 499<br>Very High : > 499 |
| <i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i> |       |       |  |
| HDL Cholesterol   | 50    | mg/dl | 35.3 - 79.5  |
| LDL Cholesterol   | 89.40 | mg/dl | 60 - 165   |
| <i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i> |       |       |  |
| VLDL Cholesterol  | 23.60 | mg/dl | 20 - 50  |
| Total Cholesterol/HDL Ratio   | 3.26  |       | 0 - 5.1  |
| LDLC/HDLC Ratio   | 1.79  |       | 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.

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


**KFT(KIDNEY FUNCTION TEST)**

|                  |      |       |                   |
|------------------|------|-------|-------------------|
| Urea             | 17   | mg/dL | 15 - 45           |
| Serum Creatinine | 0.93 | mg/dl | 0.70 - 1.40 mg/dL |
| Uric Acid        | 5.0  | mg/dL | 3.5 - 7.2         |

*Test Done By MICRO LAB 300 Fully Automatic.*

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

  
**Report Checked By**  
Technician

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


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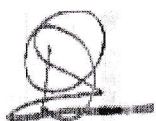
**CLINICAL PATHOLOGY**

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



  
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Senior Technologist  
**SATYANARAYAN SINGH**


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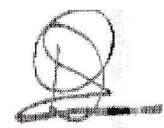
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| BIO CHEMISTRY  |        |       |   |
|--|--------|-------|---|
| TEST   | RESULT | UNIT  | REF. RANGE  |
| <b>GGT(GAMMA GT)</b>   |        |       |   |
| GGT(GAMMA GT)  | 63.3   | U/L   | <55   |
| <b>LFT(Liver Function Test )</b>   |        |       |   |
| Bilirubin - Total  | 0.31   | mg/dl | 0.2 - 1.3   |
| Bilirubin - Direct   | 0.16   | mg/dl | Adult : 0.0 - 0.4<br>Neonatal : - 0.0 - 0.6                   |
| Bilirubin (Indirect)   | 0.15   | mg/dl | Adult : 0.0 - 0.9<br>Neonatal : 0.6 - 10.5                    |
| Total Proteins   | 7.26   | g/dl  | 6.4 - 8.3 g/dl  |
| Albumin  | 4.24   | g/dl  | 3.5 - 5.2 g/dl  |
| Globulin   | 3.02   | g/dl  | 2.3 - 3.6   |
| A/G Ratio  | 1.40   |       | 1.10 - 2.20   |
| Alkaline Phosphatase   | 89     | U/L   | 4 - 15 Yrs 54 - 369<br>20 - 59 Yrs 53-128<br>>60 Yrs 56 - 119 |
| SGOT (AST)   | 38     | U/L   | upto 35 U/L   |
| SGPT (ALT)   | 50     | U/L   | upto 45 U/L   |
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| <i>The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"</i>  |        |       |   |

  
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| CONSULTANT : DR ANIS SIDDIQUI  |  |

**HAEMATOLOGY**

| TEST                                    | RESULT | UNIT | REF. RANGE   |
|---|--------|------|--|
| <b>HbA1c (Glycosalated Haemoglobin)</b> |        |      |  |
| HbA1C-Glycosalated Haemoglobin          | 5.70   | %    | 4 to 6% Non-diabetic<br>6 to 7% Excellent control<br>7 to 8% fair to good control<br>8 to 10% Unsatisfactory control<br>Above 10% poor Control |

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

|     |    |           |                    |
|-----|----|-----------|--------------------|
| ESR | 10 | mm at 1hr | up to 15 mm (1 hr) |
|-----|----|-----------|--------------------|

**Blood Group**

|                            |               |
|----------------------------|---------------|
| ABO Group<br>SLIDE METHOD. | O Rh Positive |
|----------------------------|---------------|

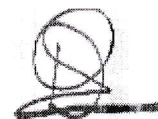
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Machine Footer



Test Done By  
Senior Technologist  
SATYANARAYAN SINGH

Report Checked By  
Technician



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




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Ph.: 0771-4024901, Emergency No.: 09109178901  
E-mail : Wecarehospitals@gmail.com

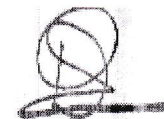
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| PATHOLOGY                     |        |      |            |
|-------------------------------|--------|------|------------|
| TEST                          | RESULT | UNIT | REF. RANGE |
| BSF (Fasting Sample Required) | 90     |      | <110 mg/dl |



  
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PATIENT NAME : MR.VIPIN TIRKEY  
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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                      | 1.015       |        |             |
| <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  
M.D. (Pathologist)

|                                |  |
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| AGE / SEX : 30 Y Male          | SAMPLE REPORTED ON / AT : 14/08/2021 04:42PM |
| CONSULTANT : DR ANIS SIDDIQUI  |  |

**THYROID HORMONES**

| TEST | RESULT | UNIT | REF. RANGE |
|------|--------|------|------------|
|------|--------|------|------------|

**THYROID HORMONES**

|                         |      |       |           |
|-------------------------|------|-------|-----------|
| T3 ( Triiodothyronine ) | 0.89 | ng/ml | 0.5 - 2.0 |
|-------------------------|------|-------|-----------|

*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.*


|                |      |       |            |
|----------------|------|-------|------------|
| T4 (Thyroxine) | 9.99 | µg/dl | 4.4 - 10.8 |
|----------------|------|-------|------------|

*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.*

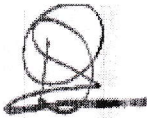
|     |      |        |                   |
|-----|------|--------|-------------------|
| TSH | 4.80 | µIU/ml | 0.39- 6.16 µIU/ml |
|-----|------|--------|-------------------|

*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.*

METHOD - ELISA ACCUBIND

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

  
**Report Checked By**  
Technician

  
**Pathologist**  
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**TUMOR MARKERS**


| TEST | RESULT | UNIT | REF. RANGE |
|------|--------|------|------------|
|------|--------|------|------------|

|                    |      |       |        |
|--------------------|------|-------|--------|
| <b>PSA (Total)</b> | 0.84 | ng/mL | > 4.00 |
|--------------------|------|-------|--------|


*The instrument for ichroma test calculate the test result automatically and displays PSA concentration of the test sample in terms of ng/mL.*

*Test done by ichroma*



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

  
**Report Checked By**  
Technician

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

**PATIENT'S NAME: VIPIN TIRKEY 30YR M**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: XR CHEST 29235 DI 14 H -C**

**STUDY TIME: 14-08-21**  
**REPORT TIME: 14/08/21 4:25 PM**  
**PRINT TIME: 14/08/21 4:26 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. Vipin Jaisky  
**AGE/SEX** 30 Y/M

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

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

|  |       |       |      |     |
|--|-------|-------|------|-----|
| EXTRENAL, EXAMINATION  |       |       |      |     |
| SQUINT   |       |       |      |     |
| NYSTAGMUS  |       |       |      |     |
| COLOUR VISION  |       |       |      |     |
| FUDUS  |       |       |      |     |
| INDIVIDUAL COLOUR IDENTIFICATION   |       |       |      |     |
| DISTANT VISION   |       |       |      |     |
| NEAR VISION  |       |       |      |     |
| NIGHT BLINDNESS  |       |       |      |     |
|  | SPH   | CYL   | AXIS | ADD |
| RIGHT  | -1.00 | -0.50 | 60°  | -   |
| LEFT   | -1.00 |       |      | -   |
| <b>REMARK :-</b>   |       |       |      |     |
| <br>(SIGN.) |       |       |      |     |



14/8/21

urpim , 3aylm

- No complaint -
- Come for medical fitness

ONE :-      EDR  
 (P)      Intact  
 (Q)      Intact



B



# WE CARE

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AGE 30 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                 | 27.5 mm           | 20-37 mm            |
| LA                 | 31.7 mm           | 19-40 mm            |
| IVS (d)            | 9.2 mm            | 6-11 mm             |
| LVID (d)           | 40.9 mm           | 35-50 mm            |
| LVPW (d)           | 11.0 mm           | 6-11 mm             |
| LVID (S)           | 27.5 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 EFFUSION – NILL.

| <u>VALVE</u><br><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**

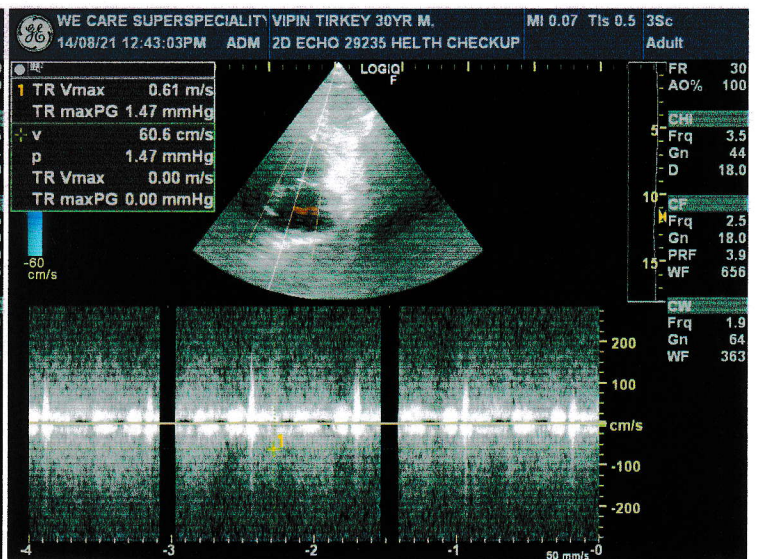
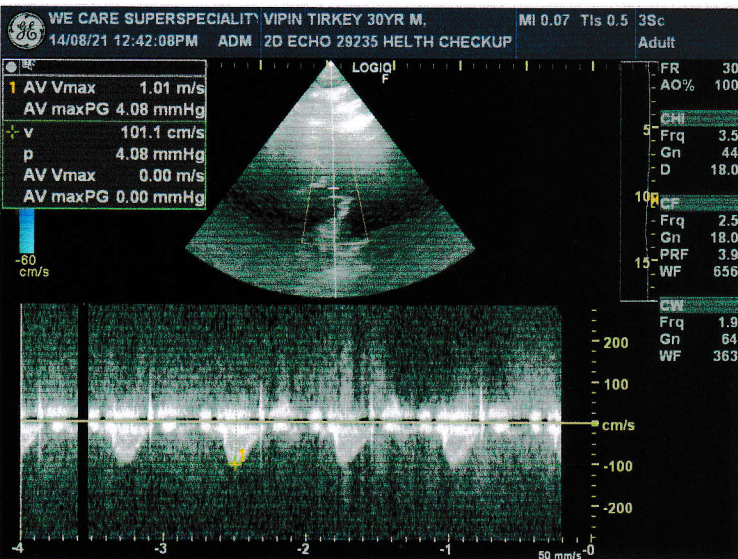
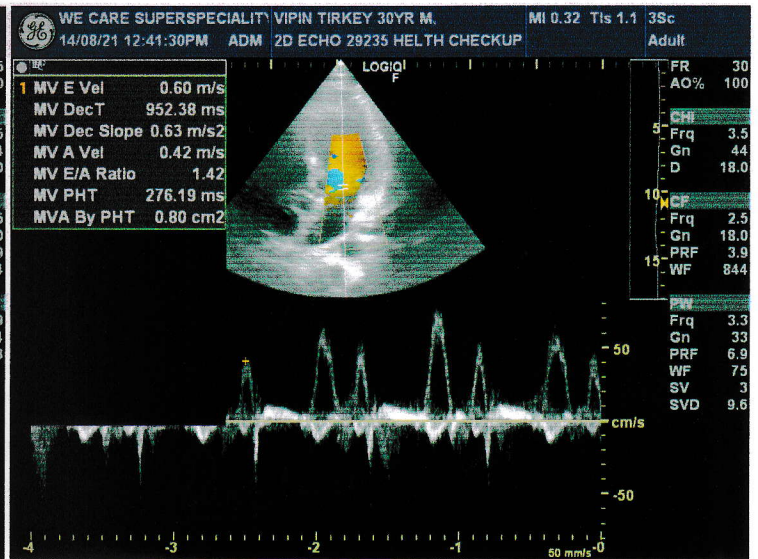
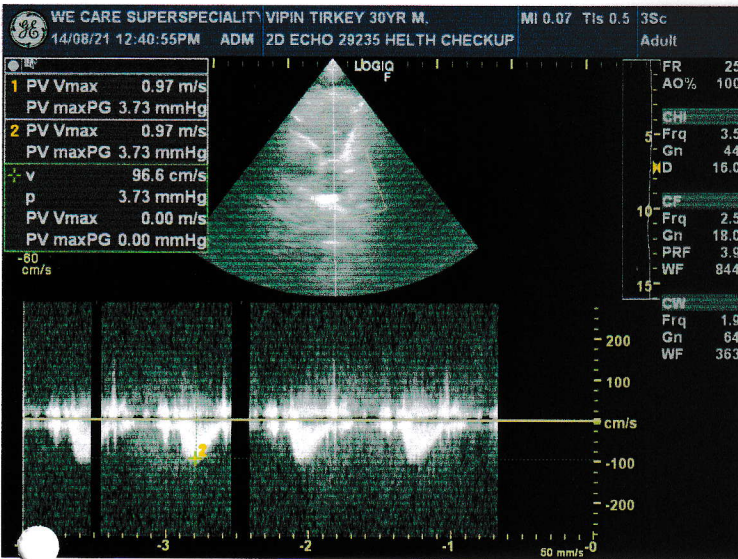
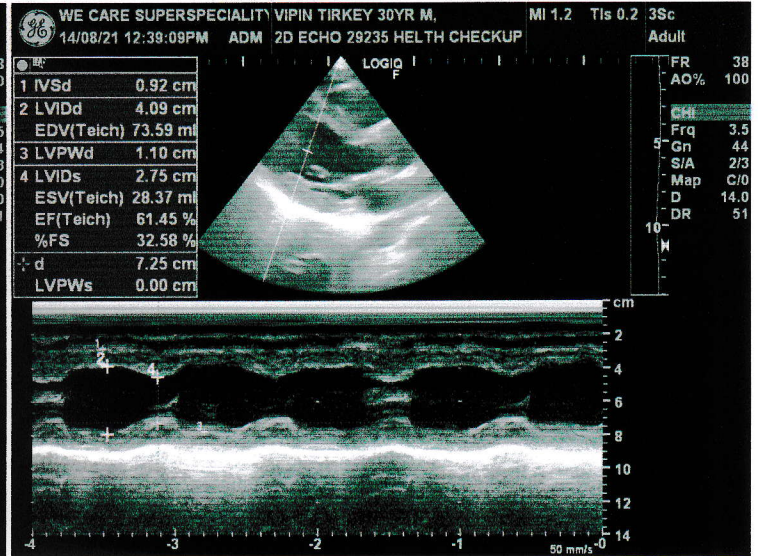
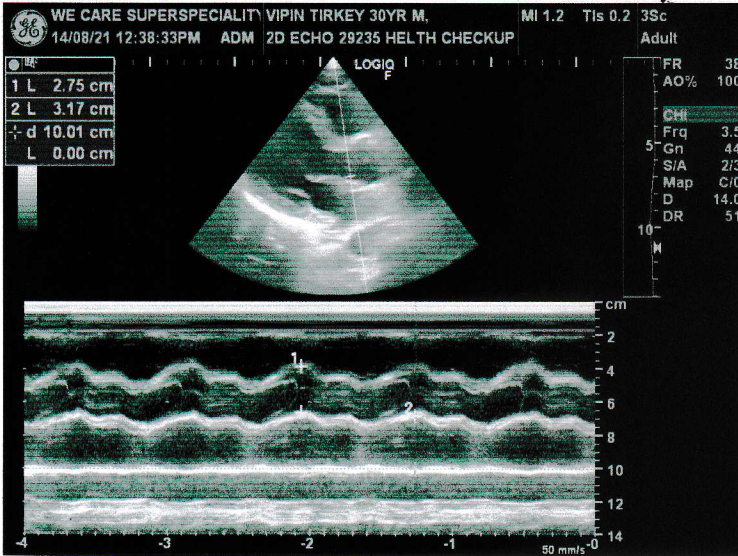
- Mitral Valve inflow shows E Wave < A Wave.

**IMPRESSION.**

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

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





ID: 29219

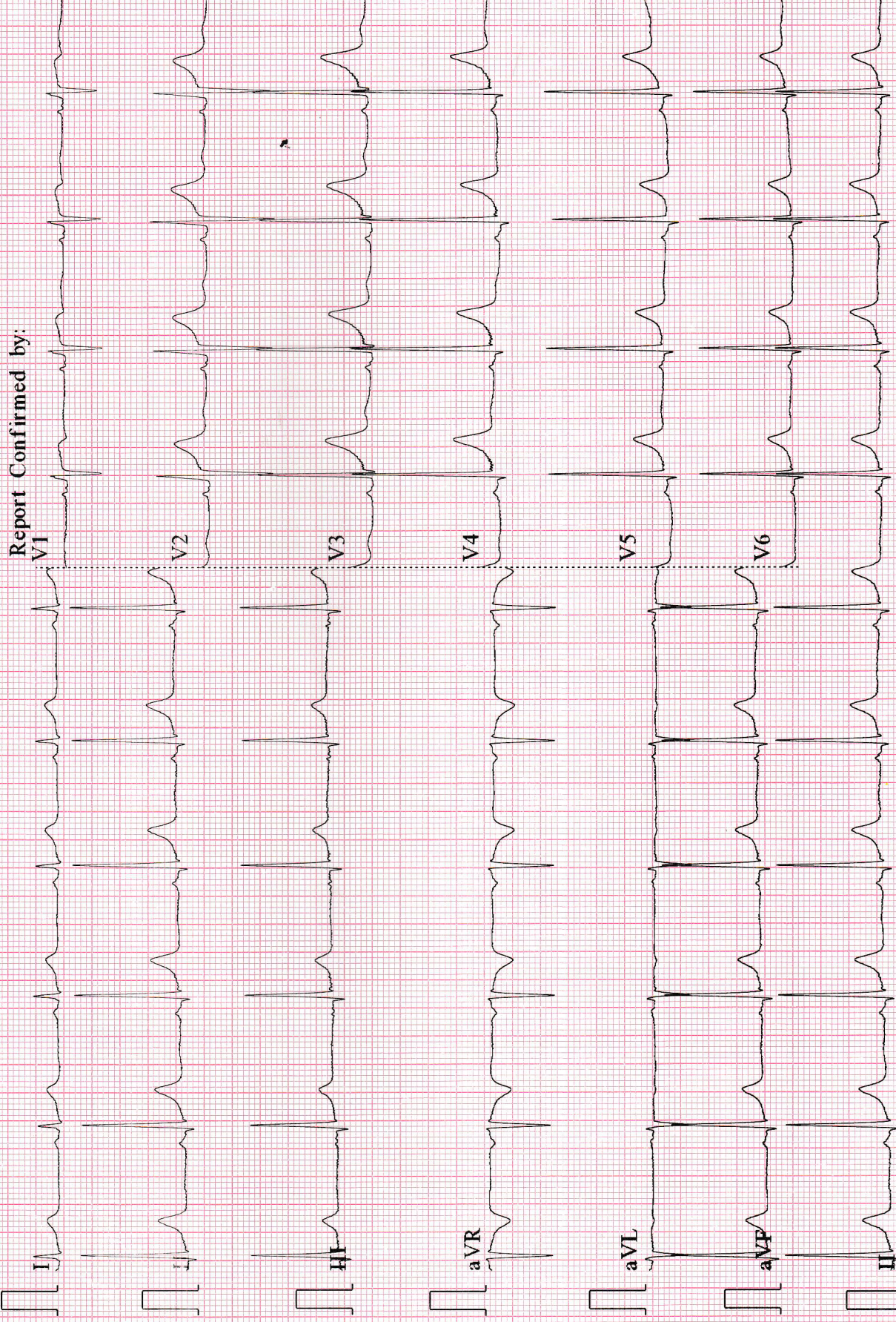
14-08-2021 10:58:38 AM

VIPIN TIRKEY  
Male 30Years

Diagnosis Information:

Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 65 bpm  
P : 89 ms  
PR : 132 ms  
QRS : 76 ms  
QT/QTc : 376/392 ms  
P/QRS/T : 7/78/65 °  
RV5/SV1 : 2.09/0.635 mV



0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r ♥65 V2.2 SEMP V1.81 WE CARE HOSPITAL RAIPUR

Mr. Vipin Singh - 30/11/2021

Routine medical checkup

PR - 65/4

BP - 120/80

PLMC - 11

CSG - 120/100

MS - 11/11/11

PIA - 10

UVR

Dental Ex<sup>g</sup>

- 11/11

PLMC

MS - 11/11/11 (MSD)

CSG - 120/100

9hr/1h  
Glu - water

20 water - water

CBC - WPM

UF - 11/11/11

NBMC - 5-7

ESR - 10

FBS - 90 mg/dl

VCL - MAD

WMC

13/11/11

PSA - 0.84

170

Imp: no significant medical co-mor-  
-bidity noted clinically

Nothing is