

Ravi Kumar Yadav

Age: 46 y/m

B.P - 120/80

P - 100/mt

H - 173 c.m

WT - 58 kg



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Ranika Yadav

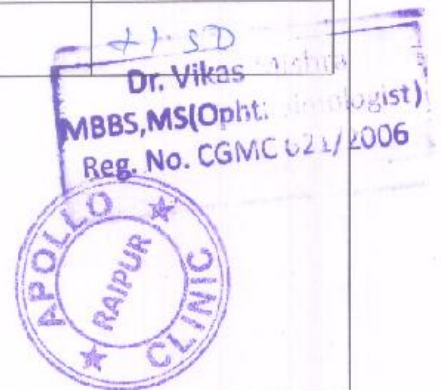
Date 4/11/23

Sex/Age 46/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	- No			
NYSTAGMUS	- No			
COLOUR VISION	- Normal			
FUNDUS:(RE):-	well (LE):- well			
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):-	EPG-6/6		(LE):-	EPG-6/6
NEAR VISION:(RE):-	EPG 14/6		(LE):-	EPG 14/6
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	+1.25	-	-	+1.50
LEFT	+1.25	-	-	+1.50
REMARKS :-	<p><u>(R)</u> P₆ V₆ { 6/6 6/6 EPG { 14/6 14/6</p>			



Patient Name : MR RAVI KUMAR YADAV
UHID/ MR No : 7485
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 03:54PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 46 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 01:11PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	11.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	3.11	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	34.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	110.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	36.7	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	18.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	10.0	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	80	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	15	%	15.0 - 45.0
Monocytes	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	225	lacs/cu.mm	150-400
Method: CELL CCOUNTER			

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

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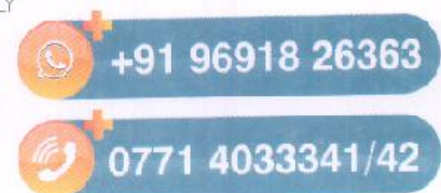
Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



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Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)


Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : POSITIVE

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	95.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	16	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.50	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.4	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

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- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

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(Signature)
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	135.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	70.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3		3.5-5
Method: Spectrophotometric			

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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) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	29	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	35	U/L	0 - 41
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.7	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.1	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.2	%	1.1 - 2.2

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Dr. Anand
DR DHANANJAY RAMCHANDRA PRASAD
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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Budding yeast	Not Seen	/hpf	
Physical Examination			
Chemical Examination			
Microscopic Examination			
Specific Gravity	1.020		1.001 - 1.030
Volum of urine	30ML		
Reaction (pH)	5.0		
Urobilinogen	Absent		Absent
Ketone Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Nitrite (Urine)	Absent		Absent
Appearance	Clear		Clear
RBC (Urine)	NIL	/hpf	0 - 2
Bacteria	Not Seen	/hpf	Not Seen
Crystals	Not Seen	/hpf	Not Seen
Epithelial Cell	Occasional	/hpf	0 - 5
Pus cells	2-4	/hpf	0 - 5
Colour	Pale Yellow		Colourless

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DR DHANANJAY RAMCHANDRA PRASAD
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Patient Name : Mr.RAVI KU. YADAV	Collected : 05/Nov/2023 11:48AM
Age/Gender : 46 Y O M 0 D /M	Received : 05/Nov/2023 12:14PM
UHID/MR No : DSUS.0000005452	Reported : 05/Nov/2023 02:25PM
Visit ID : DSUSOPV6293	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRIHODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.60	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.090	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