

Mr. Arjit Bose

Age - 35 y/m

BP - 130/90

P - 90/ut

H - 177

Wt - 79



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Apollo Clinic

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

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 +0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Anjita Bose

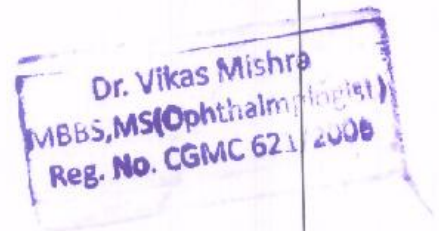
Date 7/10/23

Sex/Age 37/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	- NO			
NYSTAGMUS	- NO			
COLOUR VISION	- Normal			
FUNDUS:(RE):-	normal (LE):- normal			
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):-	EPG 6/6		(LE):-	EPG 6/6
NEAR VISION:(RE):-	M/6		(LE):-	M/6
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
<p>REMARKS :-</p> <p align="center">funders - normal</p> <p align="center">Vn < EPG 6/6</p> <p align="center">EPG 6/6</p> <p align="center">Near (60) M/6</p>				



Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Arijit Ban
37/m.

2/10/23

Ucic Pt come for routine dental check up.

OK

stain + calt

Grossly decayed c

+

Root strip c

6/6

Adv

oral prophylaxis

Extraction

6/6

RCT of Restor c

+

✓



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UHID/ MR No : 7146
Visit Date : 09/10/2023
Sample Collected On : 09/10/2023 02:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-7
Reported On : 10/10/2023 11:22AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.49	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	44.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	80.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.0	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	14.2	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.22	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	54	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	39	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes Method: CELL COUNTER	06	%	4.0 - 12.0
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. Anand
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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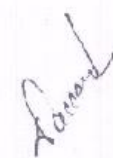
HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	243	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random Method: REAGENT GRADE WATER	154.0	mg/dl	70.0-140.0
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.99	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.7	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	7.0	%	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

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 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: $eAG(mg/dl) = 28.7 * A1c - 46.7$

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 delete

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	142.0	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	89.60	mg/dl	Optimal:< 100 Optimal :100 – 129 Borderline High : 130-159 High : 150-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	28.40	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	3.62		
Method: Spectrophotometric			

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(Signature)
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	28	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	22	U/L	0 - 41
ALKALINE PHOSPHATASE Method: Spectrophotometric	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.7	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.1	%	1.1 - 2.2

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Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 10/10/2023 11:22AM

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.11	ng/mL	0.79-1.58
Clinical Use - Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum	6.80	mcg/dl	4.5-12.0
Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum	2.08	mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction - Assess thyroid status in patients with abnormal total T4 concentrations - Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use - Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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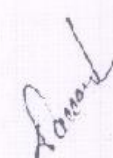
CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

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