

MR. RAJENDRA SINGH BIST.

60 YEARS /MALE

BOB

23-06-2023

Height: 177 Cms

Weight: 66 Kg

BP: - 125/82 mmhg

Pulse: - 93/- Regular

BMI: - 21.1 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

- 1. FIT
- 2. UNFIT on account of



**S. Chhabra**  
S.M.D.  
DR. D.S. CHHABRA  
MBBS. MD.  
Reg. No.-5007

MR. RAJENDRA SINGH BIST  
BANK OF BARODA60 Years /M  
23-06-2023**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	15.9	13 - 18 gm%
R.B.C. Count	5.42	4.5 - 5.5 milli./cu.mm
PCV	48.9	40 - 50 %
MCV	90.22	80 - 95 fl
MCH	29.34	27 - 32 pg
MCHC	32.52	31.5 - 34.5 %
TOTAL WBC COUNT	8,900	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	71	40 - 75 %
Lymphocytes	25	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.67	1.5 - 4 Lacs/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

**Dr. POOJA PRAPANNA**  
DR. POOJA PRAPANNA  
M.D.

MR. RAJENDRA SINGH BIST  
BANK OF BARODA60 Years /M  
23-06-2023

Test Name	Results	Normal Range
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**SEROLOGY PROFILE**

HBsAg Non Reactive

\* Test done by screening methods.  
Requires confirmation at referral  
centre.**BIOCHEMISTRY**

FASTING BLOOD SUGAR	73.0	70 - 110 mg/dl
P.P. BLOOD SUGAR	86.0	upto 140 mg/dl
URIC ACID	4.33	3.5 - 7 mg\dl
CREATININE	0.89	0.6 - 1.4 mg\dl
BUN	12.0	5 - 21 Mg/dl

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MD

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BANK OF BARODA

23-06-2023

**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	567	400 - 700 mg/dl
CHOLESTROL	198.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	47.0	35- 60 mg/dl
TRIGLYCERIDE	121.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	126.8	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	24.2	<40 mg/dl
RISK RATIO	4.21	3 - 6

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23-06-2023**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.98	0 - 1 mg/dl
DIRECT BILIRUBIN	0.16	<0.25 mg/dl
INDIRECT BILIRUBIN	0.82	< 1.0 mg/dl
S.G.O.T	35.0	0 - 45 IU/L
S.G.P.T	37.0	0 - 45 IU/L
ALKALINE PHOSPHATE	98.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	7.51	6.0 to 8.0 g/dl
ALBUMIN	4.32	3.2 to 5.0 g/dl
GLOBULIN	3.19	1.9 to 3.5
A:G RATIO	1.35	1.2 TO 2.3
GAMA GT	28.0	5 - 43 Iu/l

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60 Years /M

BANK OF BARODA

23-06-2023

**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"O"	
Rh (D) Factor	Positive	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

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23-06-2023**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

**Dr. POOJA PRAPANNA**DR. POOJA PRAPANNA  
M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR. RAJENDRA SINGH BIST.

60 Yrs./M.

BANK OF BARODA.

23rd, June, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

**DR.D.S.CHHABRA.**

M.D.



MR. RAJENDRA SINGH BIST.

60 Yrs./M.

BANK OF BARODA.

23rd, June, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours & the parenchyma is normal in echostructure. No focal lesion.

**Gall bladder** is of normal size, shape, has thin walls & there are **multiple small**, mobile **calculi** init, which are forming group. These measure about **4 to 6 mms.** in sizes.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal.

Both Kidneys are normal in size [ measure about 11.5 cms. in length ] and are normal in shape. The renal outlines are smooth & regular, the cortical thickness is adequate and the parenchyma is normal in echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

**Prostate** is **mildly enlarged** in size ( around **28 gms.** ) and is normal in echostructure. **Median lobe** is **prominent** ( + ).

No vesicle residue on post-mic exam.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

CONCLUSION

**Cholelithiasis**, no sonographic signs of Cholecystitis.

Mild enlargement of prostate.



DR.D.S.CHHABRA.

M.D.



## LABORATORY REPORT



Name : Mr. RAJENDRA SINGH	Sex/Age : Male / 60 Years	Case ID : 30601605589
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Jun-2023 10:32	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Jun-2023 10:32	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Jun-2023 11:59	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C (IT)	5.30	% of total Hb	4.80 - 6.00	
Estimated Avg Glucose (3 Mths) Calculated	105.41	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 1 of 5

Dr Soma Yadav  
M.D. (Pathology)

Dr. A Mishra  
M.D. Microbiology

Dr. Soma Yadav  
M.D. (Pathology)

Printed On : 23-Jun-2023 12:09



## LABORATORY REPORT



Name : Mr. RAJENDRA SINGH	Sex/Age : Male / 60 Years	Case ID : 30601605589
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Jun-2023 10:32	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Jun-2023 10:32	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Jun-2023 11:20	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> <small>CMIA</small>	<b>120.57</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>8.8</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> <small>CMIA</small>	<b>2.496</b>	µIU/mL	0.5 - 8.9	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

#### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

#### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 2 of 5

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

Printed On : 23-Jun-2023 12:09



## LABORATORY REPORT



Name : Mr. RAJENDRA SINGH	Sex/Age : Male / 60 Years	Case ID : 30601605589
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Jun-2023 10:32	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Jun-2023 10:32	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Jun-2023 11:59	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Prostate Specific Antigen (PSA)</b>				
Prostate Specific Antigen <small>CMIA</small>	2.6730	ng/mL	0.00 - 4.00	

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

### Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

### FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 4 of 5

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Printed On : 23-Jun-2023 12:09

**DR. MAHENDRA CHOURASIYA**  
M.D.,D.M.  
CONSULTANT CARDIOLOGIST

**UNIQUE DIAGNOSTIC CENTRE**  
45-B, Jaora Compound,  
Opp. M.Y.Hospital, M.Y.H. Road,  
INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

**NAME** : **MR. RAJENDRA SINGH BIST.** **Age** : **60 Yrs/ M**  
**REFERRED BY** : **BANK OF BARODA.** **Date** : **23rd, June, 2023**

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

- \*\* Normal sized cardiac chambers.
- \*\* Normal biventricular functions. LVEF : 60 %.
- \*\* Normal cardiac valves.



**Dr. Mahendra Chourasiya**  
M.D., D.M. (Cardio)

**DR. MAHENDRA CHOURASIYA. M.D., D.M.**

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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.



## MEASUREMENTS :

[C] DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1. Aortic Root diameter	: 2.8 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 2.2 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.7 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 4.0 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 2.0 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.2 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.2 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

  

[E] INDICES OF LEFT VENTRICULAR FUNCTION		
1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %



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## DOPPLER

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	Peak Flow Velocity ( M/Sec.)	Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal



\*\*\*\*\*



<b>Patient :</b>	<b>MR. RAJENDRA SINGH BIST</b>	<b>Doctor :</b>	<b>Dr. RAJU MAGLAWAT</b>
<b>Age/Sex :</b>	60 Years /Male	<b>Facility :</b>	Dr Agarwal's Health care limited-jws
<b>Contact :</b>	7354291353	<b>Appt. Dt :</b>	23 Jun'23
<b>MR No. :</b>	JWS/69430/23	<b>Address :</b>	356 MANAVTA NAGAR KANADIA ROAD INDORE, Indore G.P.O., Indore, MADHYA PRADESH 452001
<b>Note Dt :</b>	23 Jun'23		

## GLASSES PRESCRIPTIONS

R/OD				
	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/6
Near	-1.50	--	--	N6

L/OS				
	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/9
Near	-1.50	--	--	N6

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नामांकन क्रम / Enrollment No 1142/20021/35686

To,  
 राजेंद्र सिंह बिस्ट  
 Rajendra Singh Bist  
 S/O: Pratap Singh Bist  
 356 manawata nagar indore  
 indore  
 near kanariya road indore  
 Bicholi Hapsi  
 Bicholi Mardana Indore Indore  
 Madhya Pradesh 452016  
 9752410697

Ref: 146 / 27A / 279480 / 281300 / P



SH128562370DF



आपका आधार क्रमांक / Your Aadhaar No. :

**8560 0546 5202**

आधार - आम आदमी का अधिकार



भारत सरकार  
 GOVERNMENT OF INDIA



राजेंद्र सिंह बिस्ट  
 Rajendra Singh Bist  
 जन्म वर्ष / Year of Birth : 1963  
 पुरुष / Male



**8560 0546 5202**

आधार - आम आदमी का अधिकार

Dr. D. S. Chhabra  
 M.B.B.S. (A.L.)  
 Reg. No. 5007



7354291353

**Patient :** MR. RAJENDRA SINGH BIST  
**Age/Sex :** 60 Years /Male  
**Contact :** 7354291353  
**MR No. :** JWS/69430/23

**Doctor :** Dr. RAJU MAGLAWAT  
**Facility :** Dr Agarwal's Health care limited-jws  
**Appt. Dt :** 23 Jun'23  
**Address :** 356 MANAVTA NAGAR KANADIA ROAD  
INDORE, Indore G.P.O., Indore, MADHYA  
PRADESH 452001

**Note Dt :** 23 Jun'23

## OPD SUMMARY

### HISTORY

**Visit:** Routine Checkup

**Chief Complaints :** None

**Ophthalmic History :**

- Glasses

**Systemic History :** None

**Allergies :** None

### REFRACTION

#### Keratometry:

	Value	Axis
Kh	41.00	79
Kv	42.00	169

Avg. K: 41.50

Cyl: -1.00

**PGP :**

	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/6
Near	--	--	--	--

#### Auto Refraction:

	Sph	Cyl	Axis
Dry	-2.75	-1.00	90
	--	--	--
	--	--	--

Dilated	--	--	--
	--	--	--

#### Keratometry:

	Value	Axis
Kh	41.00	67
Kv	42.00	157

Avg. K: 41.50

Cyl: -1.00

**PGP :**

	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/9
Near	--	--	--	--

#### Auto Refraction:

	Sph	Cyl	Axis
Dry	-2.75	-1.00	50
	--	--	--
	--	--	--

Dilated	--	--	--
	--	--	--

	--	--	--
--	----	----	----

	--	--	--
--	----	----	----

**Dry Refraction:**

	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/6
Near	-1.50	--	--	N6

**Dry Refraction:**

	Sph	Cyl	Axis	Vision
Distant	-3.50	--	--	6/9
Near	-1.50	--	--	N6

**EXAMINATION**

R/OD  
**VA:** UCVA - 6/36 PH- 6/6  
**IOP(1):** 12 at 11:22 AM  
**Lens:** Nature- Cataract, Lens Grading- NS:1

L/OS  
**VA:** UCVA - 6/36 PH- 6/6  
**IOP(1):** 15 at 11:22 AM  
**Lens:** Nature- Cataract, Lens Grading- NS:1

**DIAGNOSIS**

1. Myopia, bilateral - **H52.13**
2. Presbyopia - **H52.4**

**ADVICE :**

**Medication(Rx)**

New:

Sr No.	Name	Quantity	Frequency	Duration	Eye	Instruction
1	<b>OCUMOIST MAX EYE DROP</b>	1	3 times a day	1 Months	Both Eyes	

*Raju*

**Dr. Raju Maglawat**

Printed on: 23 Jun'2023, 11:48 AM

**Dr. RAJU MANGLAWAT**  
 M.B.B.S., M.S.  
 SENIOR SURGEON  
 REG. NO. MP8031