

NAME	: Mr. CHANDRA	MR/VISIT NO	: 22120672 / 167476
AGE/SEX	: 52 Yrs / Male	BILLED TIME	: 24-12-2022 at 09:40 AM
REFERRED BY	:	BILL NO	: 199223
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 24-12-2022 at 11:22 AM

### RADIOLOGY

### X-RAY REPORT- CHEST (PA VIEW)

#### **FINDINGS:**

Rotation to left.

**Straightening of left heart border.** (*Suggested 2D Echo correlation*).

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Trachea appear normal in caliber.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.



<b>Patient :</b>	<b>MR. AMAR KUMAR PARIDA</b>	<b>Doctor :</b>	<b>Dr. SAUMENDU MOHANTY</b>
<b>Age/Sex :</b>	46 Years /Male	<b>Facility :</b>	Dr. Agarwal's Health Care Ltd, Bhubaneswar
<b>Contact :</b>	8249231696	<b>Appt. Dt :</b>	24 Dec'22
<b>MR No. :</b>	BHU/32783/22	<b>Note Dt :</b>	24 Dec'22

OPD SUMMARY

**HISTORY**

**Visit:** General Checkup

**Chief Complaints :**

- Pain in Right Eye

**Ophthalmic History :**

- Glasses Left Eye since 3 years & Right Eye since 3 years - pgp 4 months

**Systemic History :**

- Diabetes since 2 years - on rx

**Allergies :** None

**REFRACTION**

R/OD		
<b>Keratometry:</b>		
		Axis
Kh	43.50	25
Kv	44.00	115

PGP :				
	Sph	Cyl	Axis	Vision
Distant	+0.75	--	--	6/6
Near	+2.25	--	--	N6

Auto Refraction:			
	Sph	Cyl	Axis
Dry	+1.50	-0.50	60
	--	--	--
	--	--	--

L/OS		
<b>Keratometry:</b>		
		Axis
Kh	43.25	180
Kv	43.75	90

PGP :				
	Sph	Cyl	Axis	Vision
Distant	+0.75	--	--	6/6
Near	+2.25	--	--	N6

Auto Refraction:			
	Sph	Cyl	Axis
Dry	+1.25	-0.25	130
	--	--	--
	--	--	--

**IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION)**

**PLEASE CONTACT: MOBILE NO 8118052202**

କରୁଣା କାଳୀନ ପରିଚ୍ଛତି: ଯେପରିକି ଆଖି ଯନ୍ତ୍ରଣା, କୁହ ବୋହାବା, ଆଖି ଲାଲ ପଡ଼ିବା ଓ ଦୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉକ୍ତ ନମ୍ବର କୁ (୮୧୧୮୦୫୨୨୦୨) ଯୋଗାଯୋଗ କରନ୍ତୁ

**Medication(Rx)**

**New:**

Sr No.	Name	Quantity	Frequency	Duration	Eye	Instruction
1	CELLWET - ED	1	4 times a day	1 Months	Both Eyes	

**Management Plan:**  
SAME GLASSES



**Dr. Saumendu Mohanty**

Reg. No : 15939

Printed on: 24 Dec'2022, 03:33 PM

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ଯୋଗାଯୋଗ କରନ୍ତୁ



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Healthcare Services  
Professional | Accuracy | Precision

Professional Accuracy Precision

Regd. No. : 1834

# ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

**NAME:-AMAR KUMAR PARIDA**  
**AGE:-43YRS**  
**Patient ID:-5**

**REFERRAL:-MEDIWHEEL**  
**DATE:-24.12.2022**  
**SEX:-MALE**

**CHEST X-RAY PA VEIW SHOWS.**

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

**IMPRESSION:-NORMAL STUDY.**

*B. Pradhan*

**Dr. Bhagaban Pradhan**  
**M.D. (Radio diagnosis)**  
**Consultant Radiologist**

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Website : [www.zenacare.in](http://www.zenacare.in)

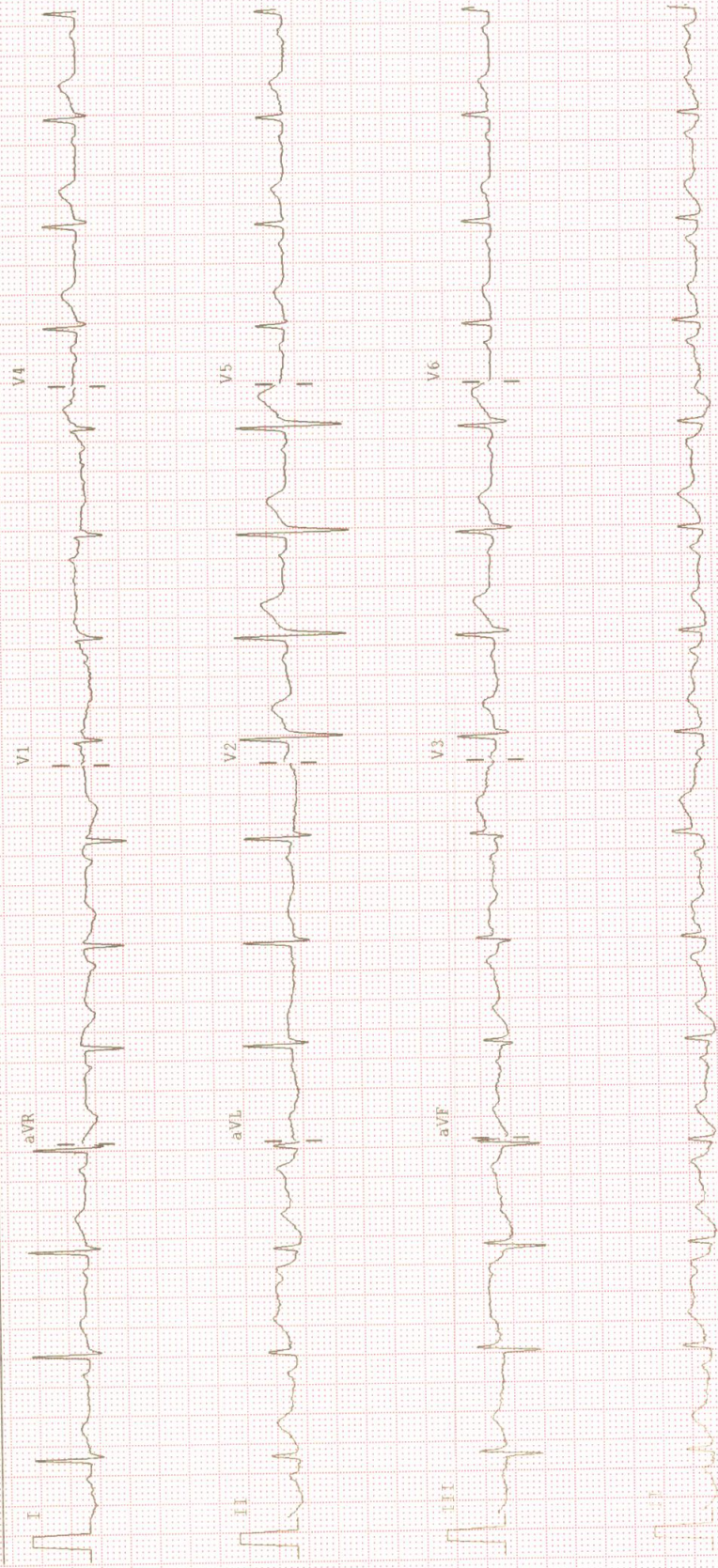
**Wishing Good Health**

ID 500361 CASE AMAR KU PARIDA  
 AGE 46 Y M D MALE  
 Cms Kg

RATE 87 bpm SINUS RHYTHM  
 P-R 682 ms SMALL INFERTIOR Q WAVES NOTED. PROBABLY NORMAL ECG  
 P-R 150 ms  
 QRS 76 ms  
 QT 338 ms  
 QTc 395 ms

P 58°  
 QRS 09°  
 T 51°  
 NORMAL ECG

12 SL. REPORT FORMAT: 3x4+1L SQ REF. DR.





**ZENA HEALTHCARE SERVICES**  
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**Patient Name :** MR. AMAR KUMAR PARIDA

**Age / Gender :** 43 years / Male

**Patient ID :** 14639

**Referral :** MEDI WHEEL

**Collection Time :** 24/12/2022, 11:55 AM

**Reporting Time :** 25/12/2022, 04:53 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
<b>Glucose, Fasting (FBS)</b>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	96.49	75 - 115	mg/dL
<b>Glucose, Post Prandial (PP)</b>			
Blood Glucose-Post Prandial Method : Hexokinase	121.80	70 - 140	mg/dL
<b>Uric acid, Serum</b>			
Uric Acid Method : Uricase, Colorimetric	3.74	3.4 - 7.0	mg/dL
<b>Creatinine</b>			
Creatinine Method : Serum, Jaffe	0.84	0.60 - 1.30	mg/dL
<b>BUN, Serum</b>			
BUN-Blood Urea Nitroge Method : Serum, Urease	18.2	10 - 50	mg/dL

\*\*END OF REPORT\*\*

Lab Technician

*Dr. Kundan Kumar Sahoo*  
Dr. Kundan Kumar Sahoo  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST


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Patient Name : MR. AMAR KUMAR PARIDA  
Age / Gender : 43 years / Male  
Patient ID : 14639

Referral : MEDI WHEEL  
Collection Time : 24/12/2022, 11:55 AM  
Reporting Time : 25/12/2022, 04:52 PM  
Sample ID :   
16777

Test Description	Value(s)	Reference Range	Unit
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**ESR, Erythrocyte Sedimentation Rate**

<b>ESR - Erythrocyte Sedimentation Rate</b>	7	0 - 15	mm/hr
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Method : EDTA Whole Blood, Manual Westergren

**Interpretation:**


- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- 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 and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**Blood Group ABO & Rh Typing, Blood**

Blood Group (ABO typing)	"B"
Method : Manual-Hemagglutination	
RhD Factor (Rh Typing)	Positive
Method : Manual hemagglutination	

\*\*END OF REPORT\*\*

  
Lab technician


  
Dr. Kundan Kumar Sahoo  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

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16777

Test Description	Value(s)	Reference Range	Unit
<b>Complete Blood Count</b>			
Hemoglobin (Hb)	15.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	4.78	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	42.7	42 - 52	%
Mean Cell Volume (MCV)	89.33	78 - 100	fL
Mean Cell Haemoglobin (MCH)	<b>31.80</b>	27 - 31	pg
Mean Corpuscular Hb Conc. (MCHC)	35.60	32 - 36	g/dL
Red Cell Distribution Width (RDW)	11.6	11.5 - 14.0	%
Total Leucocytes (WBC) Count	9100	4000-10000	cell/cu.mm
Neutrophils	62	40 - 80	%
Lymphocytes	33	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	03	1 - 6	%
Basophils	<b>00</b>	1-2	%
Platelet Count	289	150 - 450	10 <sup>3</sup> /ul
Mean Platelet Volume (MPV)	9.1	7.2 - 11.7	fL
PCT	0.26	0.2 - 0.5	%
PDW	15.3	9.0 - 17.0	%

\*\*END OF REPORT\*\*

Lab technician

  
**Dr. Kundan Kumar Sahoo**  
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16777

Test Description	Value(s)	Reference Range	Unit
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**Urine(R/M) Routine Examination of Urine**

**General Examination**

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.0	4.5 - 7.0	
Specific gravity	1.015	1.005 - 1.030	

**Chemical Examination**

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

**Microscopic Examination**

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	2 - 4 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Amorphous deposits	Absent	Absent	
Bacteria	Absent	Absent	
Trichomonas Vaginalis	Absent	Absent	
Yeast cells	Absent	Absent	

\*\*END OF REPORT\*\*

Lab technician

  
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16777

Test Description	Value(s)	Reference Range	Unit
------------------	----------	-----------------	------

**HbA1c, Glycosylated Hemoglobin**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN),</b>	5.66		%
<b>BLOOD</b>			
Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	115.74	-	mg/dL

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Note:**

- Since 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 .
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

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.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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Collection Time : 24/12/2022, 11:55 AM  
Reporting Time : 25/12/2022, 04:53 PM  
Sample ID :   
16777

Test Description	Value(s)	Reference Range	Unit
10	240		
11	269		
12	298		

\*\*END OF REPORT\*\*

Lab technician 

  
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**Reporting Time :** 25/12/2022, 04:53 PM  
**Sample ID :**   
16777

Test Description	Value(s)	Reference Range	Unit
<b>Thyroid Profile ( T3, T4, TSH )</b>			
T3-Total Method : CLIA	1.33	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.45	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	0.69	0.45 - 4.50	uIU/mL

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose "Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)'
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule "Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis "Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

\*\*END OF REPORT\*\*

Lab Technician

  
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16777

Test Description	Value(s)	Reference Range	Unit
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	184.3	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	98.3	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	45.2	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	119.44	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	19.66	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.08	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.64	2.5 - 3.5	

**Note:**  
8-10 hours fasting sample is required.

\*\*END OF REPORT\*\*

Lab technician 

  
**Dr. Kundan Kumar Sahoo**  
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**Age / Gender :** 43 years / Male

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16777

Test Description	Value(s)	Reference Range	Unit
<b>LFT, Liver Function Test</b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.85	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.16	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.69	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	15.4	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	22.7	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	9.35	< 55	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	107.3	53-128	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.74	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	3.84	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	2.90	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.32	1.2 - 2.2	

\*\*END OF REPORT\*\*

Lab technician

*K. Sahoo*  
**Dr. Kundan Kumar Sahoo**  
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Dilated	--	--	--
	--	--	--
	--	--	--

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

**Dry Refraction:**

	Sph	Cyl	Axis	Vision
Distant	+0.75	--	--	6/6
Near	+2.25	--	--	N6

**Dry Refraction:**

	Sph	Cyl	Axis	Vision
Distant	+0.75	--	--	6/6
Near	+2.25	--	--	N6

**EXAMINATION**

R/OD
<b>VA:</b> UCVA - 6/12 UCVA Near- N12
<b>IOP:</b> 15 at 12:56 PM
<b>Appearance:</b> Normal
<b>Appendages:</b> Normal
<b>Conjunctiva:</b> Normal
<b>Cornea:</b> Size/Shape/Surface Normal
<b>Anterior Chamber:</b> Normal depth, No cells/flare
<b>Pupil:</b> Round shape, Normal direct & Consensual reflex
<b>Iris:</b> Within normal Limits
<b>Lens:</b> Clear, Crystalline, Central
<b>Extra Ocular Movements:</b> Uniocular and Binocular movements full and normal
<b>Fundus:</b> Media-Clear, CupRatio-0.3, PVD-Absent, OptDiscSize-Medium, OpticDisc-healthy, Bloodvessel-normal, Macula-Foveal Reflex, Foveal Reflex- Present , Fundus-within normal limits

L/OS
<b>VA:</b> UCVA - 6/12 UCVA Near- N12
<b>IOP:</b> 15 at 12:56 PM
<b>Appearance:</b> Normal
<b>Appendages:</b> Normal
<b>Conjunctiva:</b> Normal
<b>Cornea:</b> Size/Shape/Surface Normal
<b>Anterior Chamber:</b> Normal depth, No cells/flare
<b>Pupil:</b> Round shape, Normal direct & Consensual reflex
<b>Iris:</b> Within normal Limits
<b>Lens:</b> Clear, Crystalline, Central
<b>Extra Ocular Movements:</b> Uniocular and Binocular movements full and normal
<b>Fundus:</b> Media-Clear, PVD-Absent, OptDiscSize-Medium, CupRatio-0.3, OpticDisc-healthy, Bloodvessel-normal, Macula-Foveal Reflex, Foveal Reflex- Present , Fundus-within normal limits

**DIAGNOSIS**

1. Hypermetropia, bilateral - **H52.03**
2. Presbyopia - **H52.4**

**ADVICE :**

**IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION)**

**PLEASE CONTACT: MOBILE NO 8118052202**

କରୁଣା କାଳୀନ ପରିଚ୍ଛିତି: ଯେପରିକି ଆଖି ଯନ୍ତ୍ରଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡ଼ିବା ଓ ଦୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉକ୍ତ ନମ୍ବର କୁ (୮୧୧୮୦୫୨୨୦୨) ଯୋଗାଯୋଗ କରନ୍ତୁ



**Patient Name :** MR. AMAR KUMAR PARIDA

**Age / Gender :** 43 years / Male

**Patient ID :** 14639

**Referral :** MEDI WHEEL

**Collection Time :** 24/12/2022, 11:55 AM

**Reporting Time :** 25/12/2022, 07:18 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
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**PSA (Prostate Specific Antigen)-Total**

PSA- Prostate Specific Antigen\*

0.28

0 - 4

ng/mL

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

**Note:** Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

**Ref:** Arch Pathol Lab Med—Vol 141, November 2017

\*\*END OF REPORT\*\*

Lab technician

*Dr. Kundan Kumar Sahoo*  
**Dr. Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

For Home Collection Please Call at Number :

**Zena Healthcare Services**  
Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07  
Ph. : 0674-2549902, 9692276908, 8337964922, E-mail : zenahealthcare@gmail.com  
Website : [www.zenacare.in](http://www.zenacare.in)

**Wishing Good Health**

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