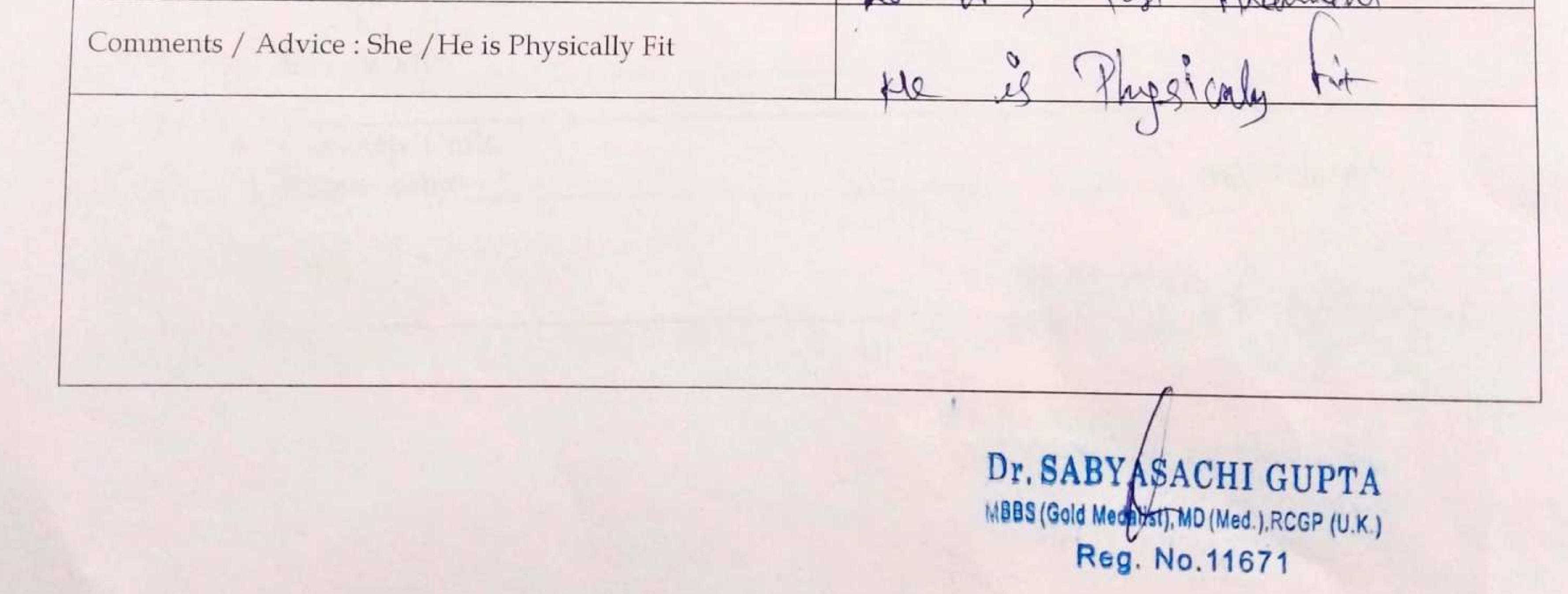
### MER- MEDICAL EXAMINATION REPORT

	Date of Examination
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	.P.

	12017017175
ECG	WML
X Ray	HOHMAN
Vision Checkup	Color Vision :     No       Far Vision Ratio     Near Vision Ratio
Present Ailments	Do dry Busent airemondy
Details of Past ailments (If Any)	to dry Dat Abunet

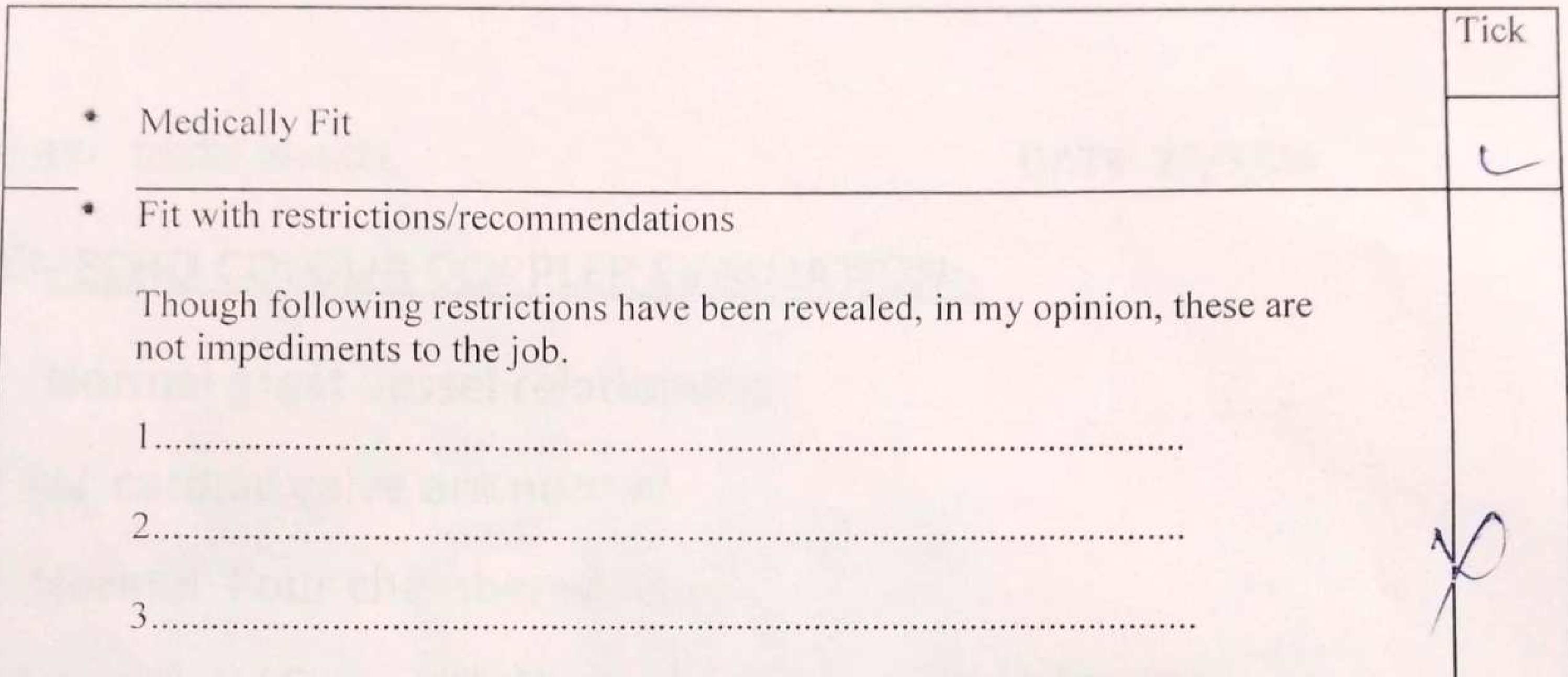


Signature with Stamp of Medical Examiner

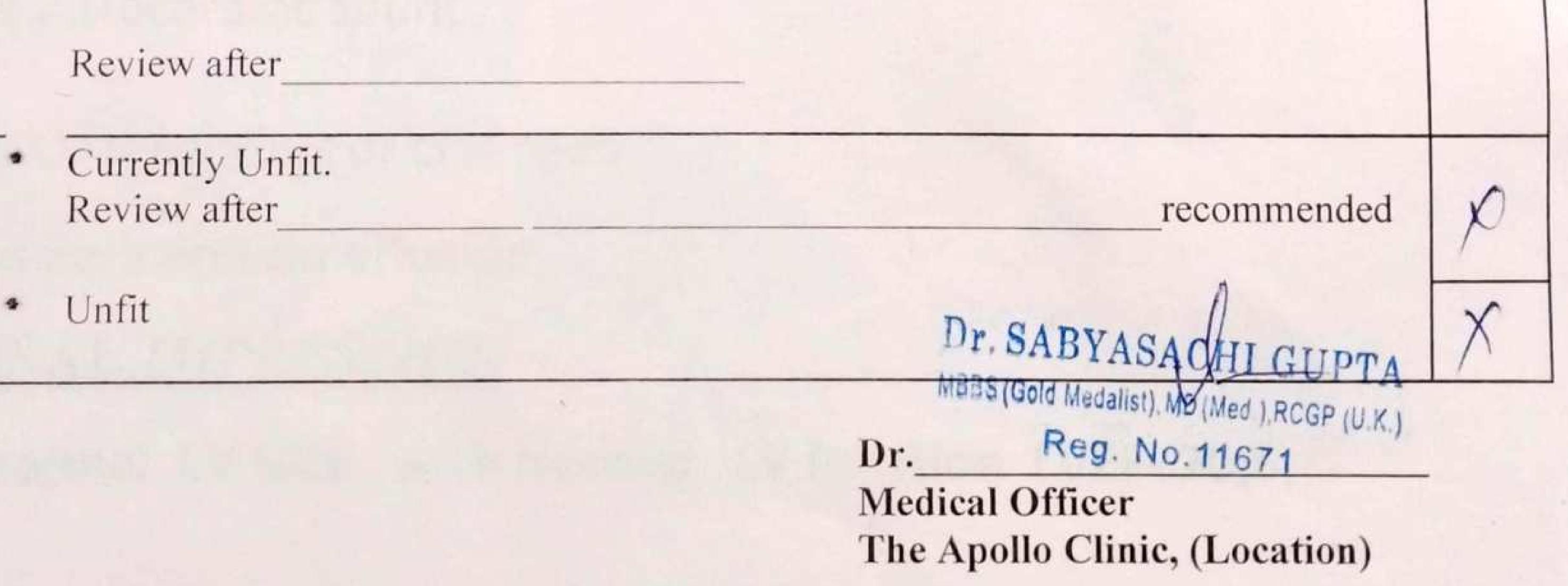
## **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination 1919 Ringh chouhan on 27/1/24 of

After reviewing the medical history and on clinical examination it has been found that he/she is







This certificate is not meant for medico-legal purposes



# **CITI MULTI SPECIALITY HOSPITAL**

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No.: 0755 - 4250134 Mobile No. : 7771008660,8319214664, 9303135719



NAME - MR. SATENDRA SINGH CHOUHAN

AGE - 43Y/M

### **REF: BY- MEDI WHEEL**

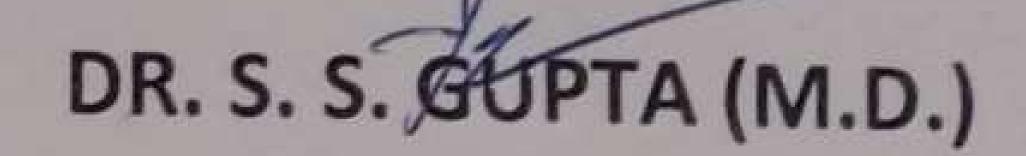
DATE- 27/1/24

## **2D-ECHO COLOUR DOPPLER EVALUATION:-**

- -- Normal great vessel relationship
- ALL cardiac valve are normal
- Normal Four chambered heart
- Normal LV Size with Normal LV function LVEF- 70%

- \* No intracardiac shunt
- No LV thrombus or clot seen
- No Pericardium effusion
- \* FINAL IMPRESSION

- Normal LV SIZE with Normal LV function LVEF- 70%



## **CONSULTANT ECHOCARDIOLOGIST**

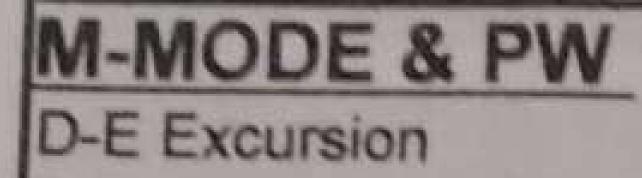
Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

## <u>CITI MULTI SPECIALITY HOSPITAL</u> MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL MOB-7987913713

Name: MR SATENDRA SINGH CHOUHAN Birthdate: 01/01/1972 Perf.Physician:

Patient Id: 300815-181111 Sex: Male Ref.Physician:

Date: 30/08/2015 Accession #: Operator: ADM



1.50 cm

E-F Slope	
EPSS	
A- Dim	
Ao Diam	
I A Diam	
LA Diam	
AV Cusp	
nv Cusp	
LA/AO	
1-0/10	
IAO/LA	
RVIDd	
IVSd	
LI VIDA	
LVIDd	
LVPWd	
LVIVVU	
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LVPWs	
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 $0.09 \,\mathrm{m/s}$ 0.37 cm 3.64 cm 2.94 cm 1.71 cm 0.81 1.24 2.57 cm 0.91 cm 4.71 cm 0.80 cm 1.39 cm 2.84 cm 1.02 cm 102.82 ml 30.50 ml 70.34 %

%FS SV(Teich) Time HR CO(Teich)

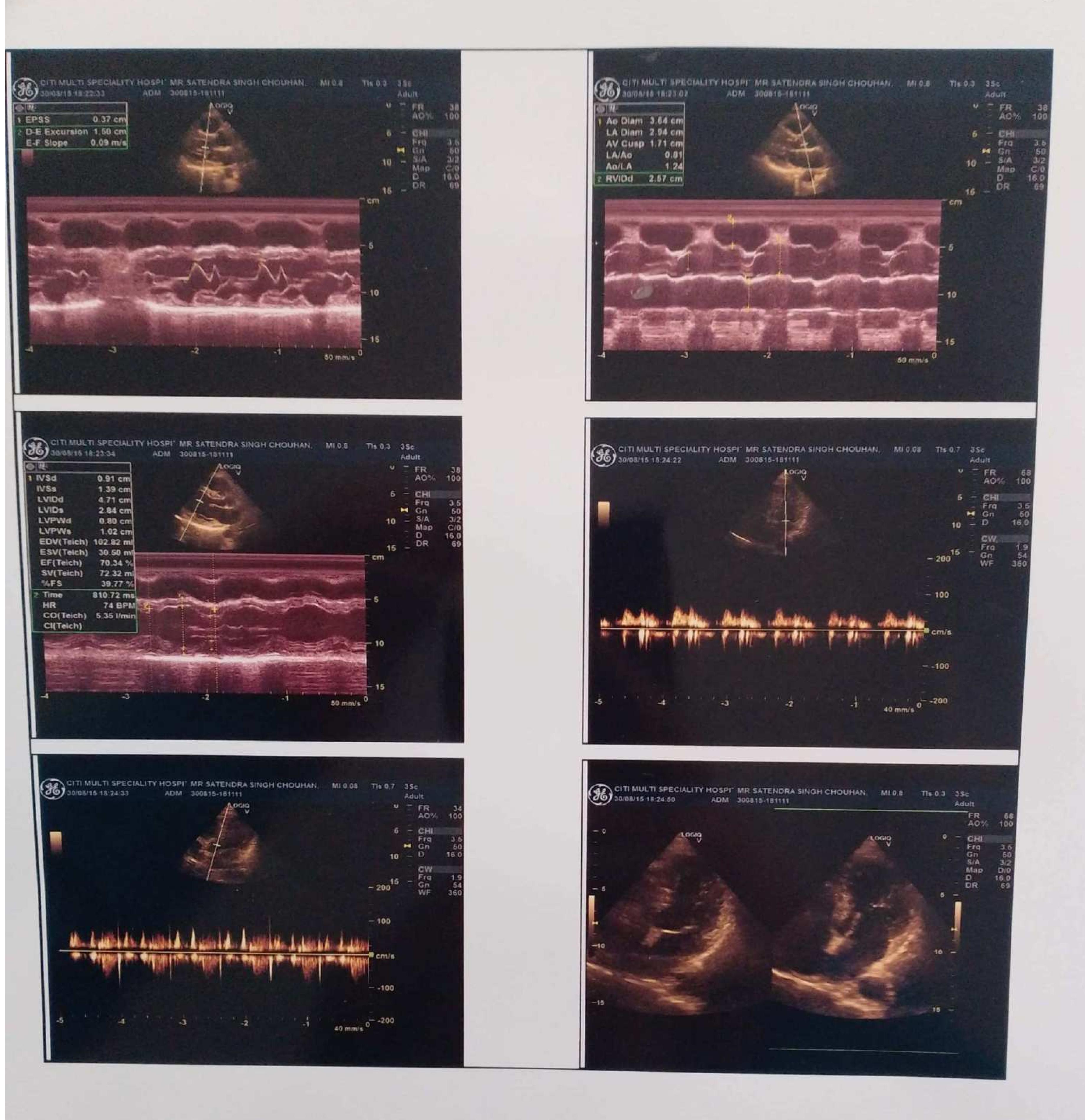
39.77 % 72.32 ml 810.72 ms 74 BPM 0.00 l/min

### Print Date: 8/30/2015

### MR SATENDRA SINGH CHOUHAN

### 300815-181111

Page 2 of 2



8/30/2015

Print Date: 8/30/2015



Patient's Name : MR SATENDRA SINGH CHOUHAN AGE : 43Y/M DATE : 27/01/2024

### **USG ABDOMEN & PELVIS**

Liver : Liver is mildly enlarged in size and in shape and increased echogenecity. Intra and extra hepatic billiary and vascular channels are normal.

Gall Bladder : Normal in shape and echotexture.

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

<u>Kidneys</u>: Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation is normal.

Urinary bladder : Normal in size, shape and echotexture.

Prostate: : Prostate is enlarged in size with disturbed echotexture with volume 30cc.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

**IMPRESSION**: Grade I fatty liver



## For Emergency Contact: 7771008660 Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73 Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat









Patient- Name:	MR. SATENDRA SINGH CHAUHAN	Age/Sex:	43Y/M
Referred. By:	INS	Date:	27.01.2024

# X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
  Bilateral Hilar Shadows Appear Clear.
  Bilateral CP Angels Appear Clear.
  Both The Domes Of Diaphragm Appear normal in shape and position.
- -Visualized bony cage and soft tissue appear normal.

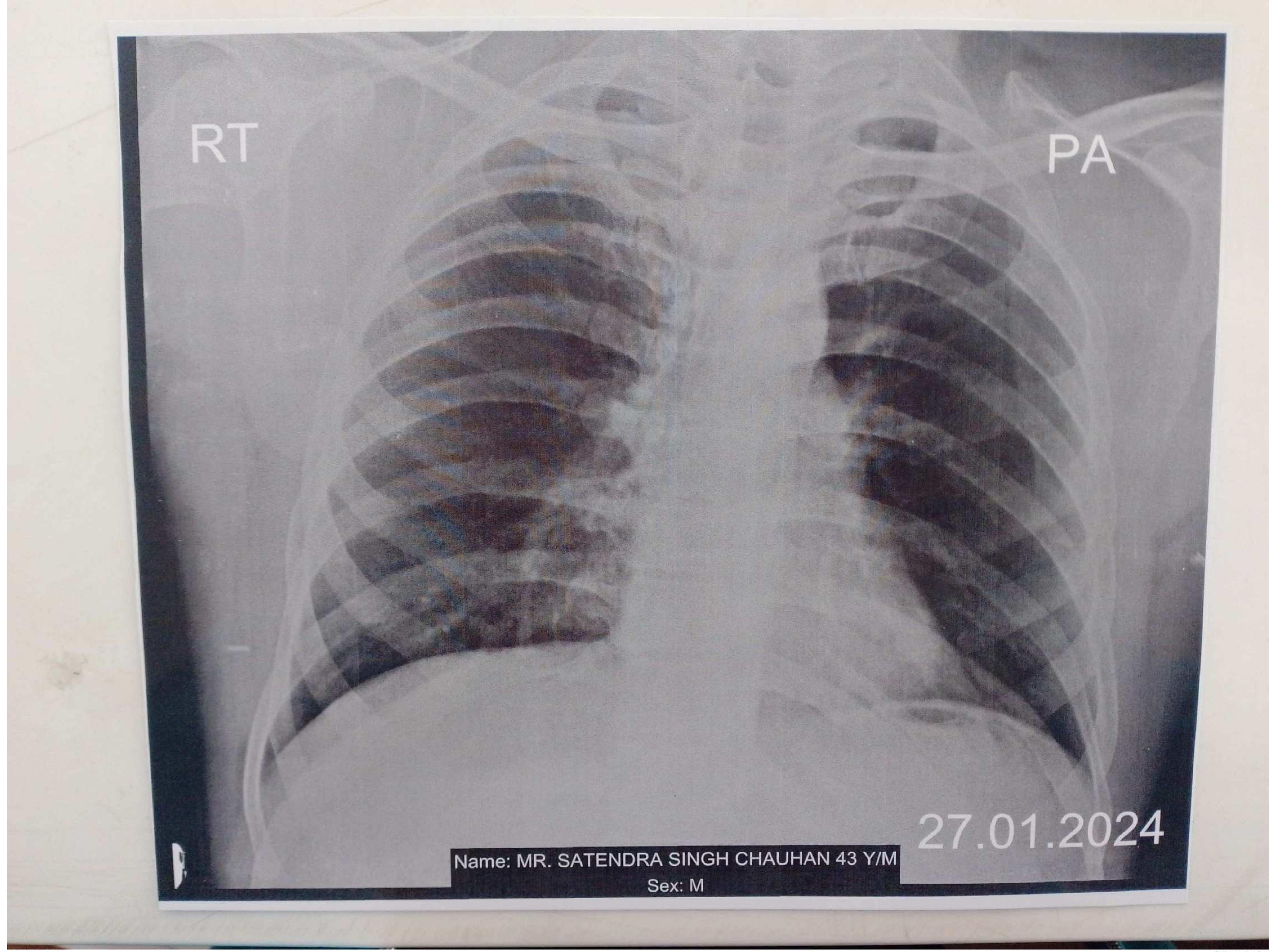
## IMPRESSION

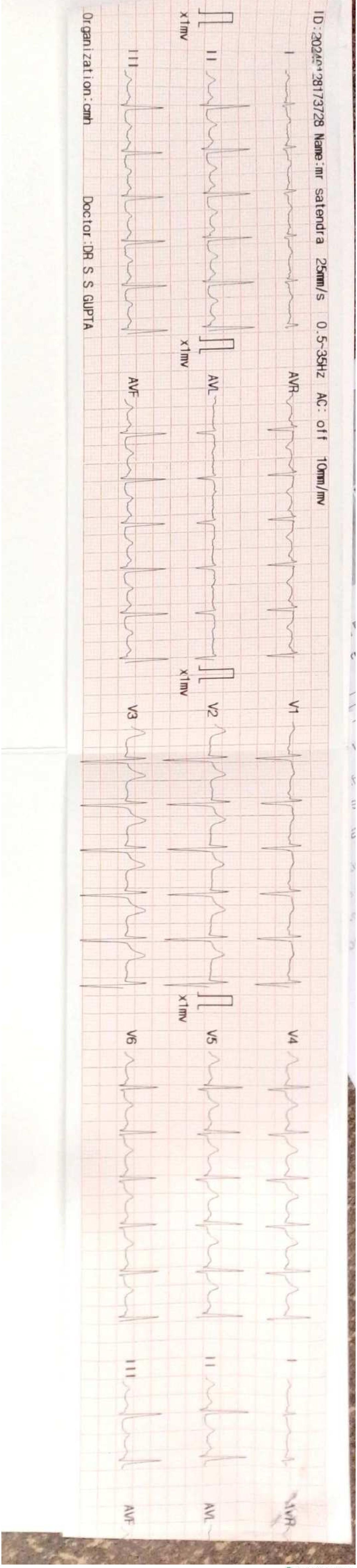
# No Significant Abnormality.

Dr. SANJAY ...

### CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat





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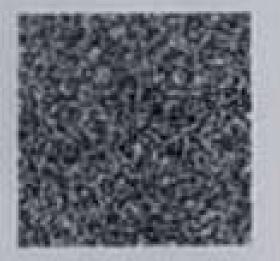


### भारत सरकार Government of India

### भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

HINTEH #1/ Enrolment No.: 0013/05007/00566

Te. estion file where Satendra Singh Choulten **GR** Jassant Singh Chouhan 40 Mohimdeep Retreat Sneh Nagar Hishanpahad Finad Hair **Bag Murigala** Bhopal Machya Praslesh - 462043 8435741411



आपका आधार कमाक / Your Aadhaar No. : 3089 8881 1199





### सूचना

ADHAAR

म आपान पहचान का प्रथान है. नागलिकता का नहीं।

State Street

- सुरवित QR कोट / अपितसहन XML / अपितसहन अपिटिकंशन से पहचान प्रवतित करें।
- » यह एक इलेक्ट्रॉनिक प्रक्रिया हात बना हवा पत्र है।

### INFORMATION

- Andhasr is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.
  - आधार देश भर में मान्य है।
  - आधार वर्ध सरवर्ष्य और गैर सरकारी सेवाओं को पाना आसान बनाता है।
  - आधार में मोबाइल लंबर और इंगेल iD अपडेट रखें।
  - आधार को अपने रमार्ट फोन पर रखें, mAadhaar App के साथ।
  - Aadhear is valid throughout the country.
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# **CITI MULTI SPECIALITY HOSPITAL**

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No.: 0755 - 4250134 Mobile No. : 7771008660,8319214664, 9303135719



NAME - MR. SATENDRA SINGH CHOUHAN

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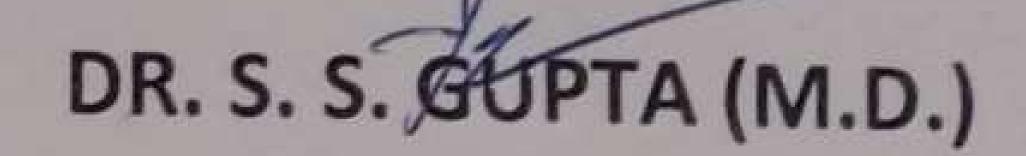
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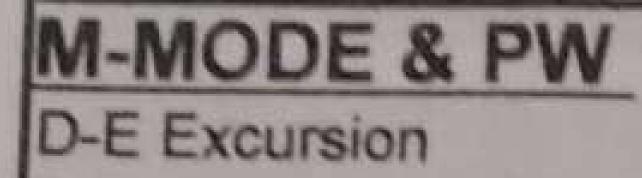
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## <u>CITI MULTI SPECIALITY HOSPITAL</u> MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL MOB-7987913713

Name: MR SATENDRA SINGH CHOUHAN Birthdate: 01/01/1972 Perf.Physician:

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1.50 cm

E-F Slope	
EPSS	
A- Dim	
Ao Diam	
I A Diam	
LA Diam	
AV Cusp	
nv Cusp	
LA/AO	
1-0/10	
IAO/LA	
RVIDd	
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 $0.09 \,\mathrm{m/s}$ 0.37 cm 3.64 cm 2.94 cm 1.71 cm 0.81 1.24 2.57 cm 0.91 cm 4.71 cm 0.80 cm 1.39 cm 2.84 cm 1.02 cm 102.82 ml 30.50 ml 70.34 %

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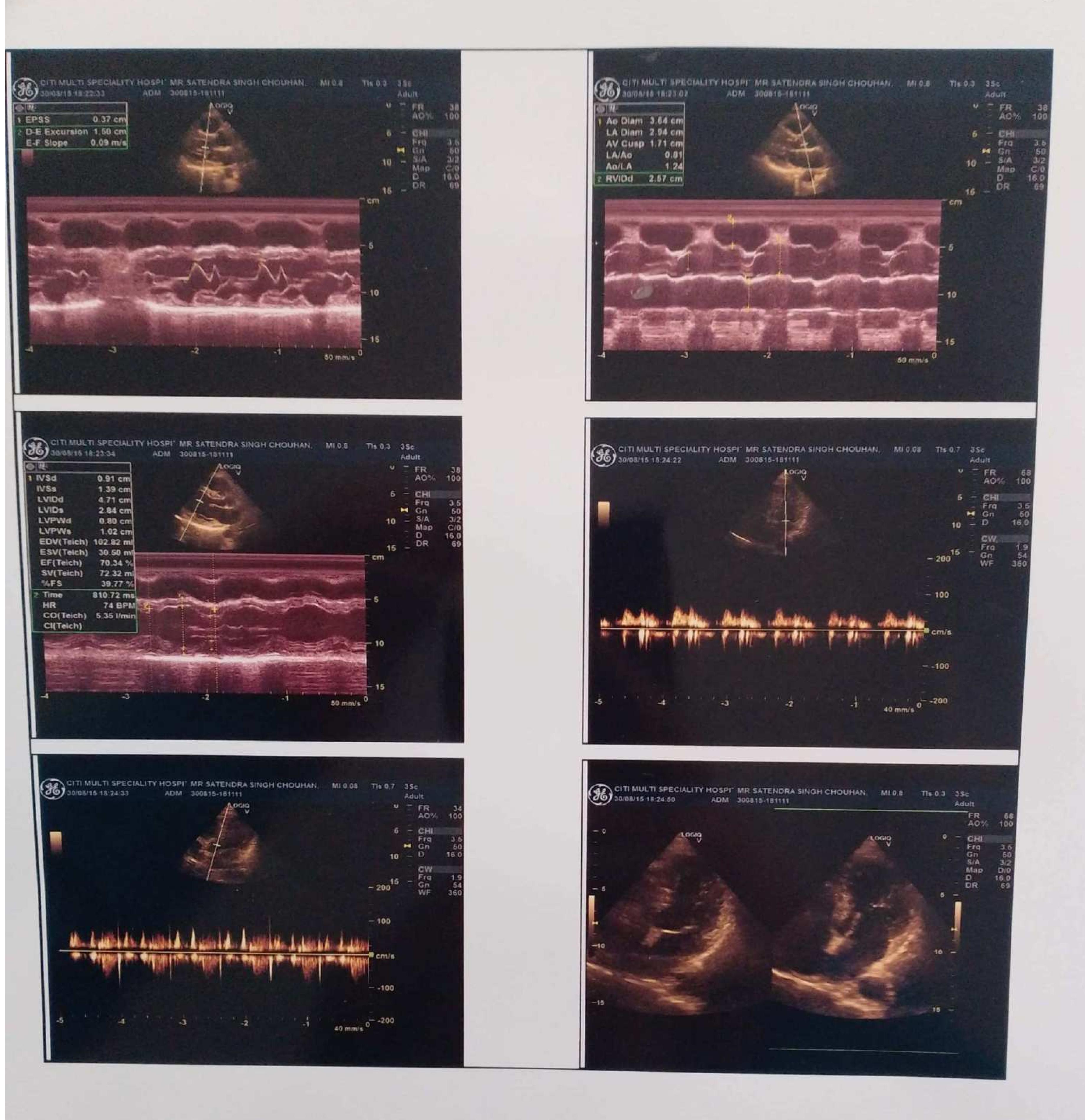
39.77 % 72.32 ml 810.72 ms 74 BPM 0.00 l/min

### Print Date: 8/30/2015

### MR SATENDRA SINGH CHOUHAN

### 300815-181111

Page 2 of 2



8/30/2015

Print Date: 8/30/2015



Patient's Name : MR SATENDRA SINGH CHOUHAN AGE : 43Y/M DATE : 27/01/2024

### **USG ABDOMEN & PELVIS**

Liver : Liver is mildly enlarged in size and in shape and increased echogenecity. Intra and extra hepatic billiary and vascular channels are normal.

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**IMPRESSION**: Grade I fatty liver



## For Emergency Contact: 7771008660 Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73 Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat









Patient- Name:	MR. SATENDRA SINGH CHAUHAN	Age/Sex:	43Y/M
Referred. By:	INS	Date:	27.01.2024

# X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
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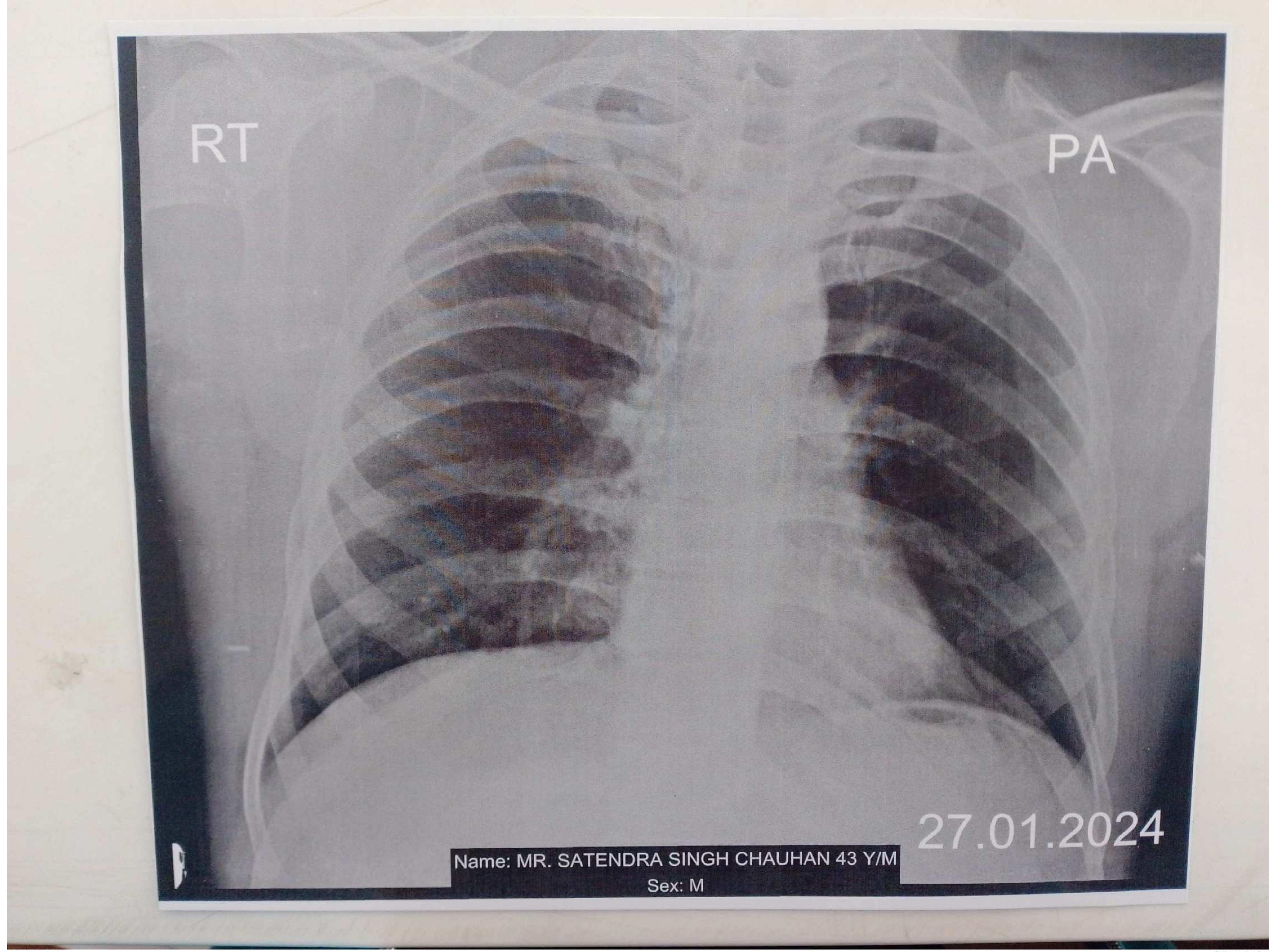
## IMPRESSION

# No Significant Abnormality.

Dr. SANJAY ...

### CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

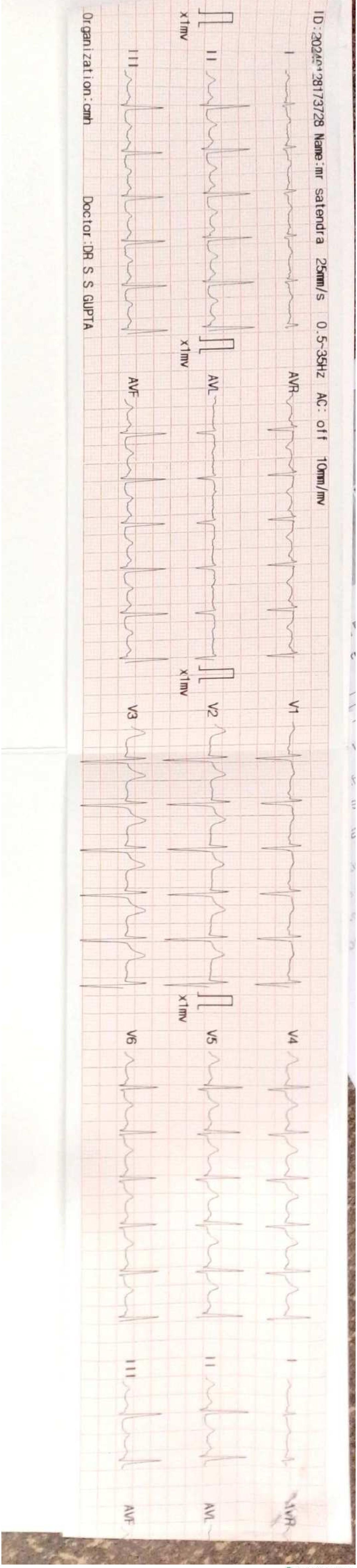






Bhopal, Madhya Pradesh, India M-216, Janata Quarter Internal Rd, Gautam Nagar, Housing Board Colony, Maharana Pratap Nagar, Bhopal, Madhya Pradesh 462016, India Lat 23.235069° Long 77.441063° 27/01/24 04:43 PM GMT +05:30

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Patient Name	: MR SATENDRA SINGH CHOUHAN
Age/Gender	: 43 Yrs/Male
Ref. Dr.	: Dr. APOLLO CLINIC
Center	: CMH OPD

 Registration Date
 : 27/01/2024 12:04 PM

 Collection Date
 : 27/01/2024 12:05 PM

 Report Date
 : 27/01/2024 05:37 PM



#### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.8	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose : Reference Range (Average Blood Sug	120 ar):	mg/dL	
Excellent control : 90 - 120 mg/dl			
Good control : 121 - 150 mg/dl			
Average control : 151 - 180 mg/dl			
Action suggested : 181 210 mg/dl			

- Action suggested : 181 210 mg/dl
- Panic value :> 211 mg/dl

#### Interpretation & Remark:

- 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 detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

Dr. Subhash Parmar Consultant Pathologist

Sister Concern - Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopsi - 462011, Ph. : 6755-4287772-73



Patient Name	: MR SATENDRA SINGH CHOUHAN
Age/Gender	: 43 Yrs/Male
Ref. Dr.	: Dr. APOLLO CLINIC
Center	: CMH OPD

 Registration Date
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 : 27/01/2024 05:37 PM



## HAEMATOLOGY REPORT Test Description Result Unit Biological Reference Ranges BLOOD GROUP AND RH FACTOR 0 0 0

ABO Type Rh Factor

POSITIVE(+VE)



Dr. Subhash Parmar Consultant Pathologist

Sister Concern - Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopsi - #62011, Ph. : 8755-4287772-73



Patient Name	: MR SATENDRA SINGH CHOUHAN
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BIOCHEMISTRY REPORT				
Test Description	Result	Unit	Biological Reference Ranges	
RENAL FUNCTION TEST (RFT)				
Blood Urea	23.0	mg/dl	15 - 50	
Serum Creatinine	0.97	mg/dl	0.7 - 1.5	
eGFR	95	ml/min		
Blood Urea Nitrogen-BUN	10.75	mg/dl	7 - 20	
Serum Sodium	139.2	mmol/L	135 - 150	
Serum Potassium	4.75	mmol/L	<mark>3.5 -</mark> 5.0	
Chloride	99.0	mmol/L	<mark>94.0 -</mark> 110.0	
Ionic Calcium	1.24	mmol/L	<mark>1.10 - 1</mark> .35	
Uric Acid	5.1	mg/dl	<u>3.2 - 7</u> .0	
NOTE : Please correlate with clinical conditions.				

-14

Dr. Subhash Parmar Consultant Pathologist

Page 3 of 11



Patient Name	: MR SATENDRA SINGH CHOUHAN
Age/Gender	: 43 Yrs/Male
Ref. Dr.	: Dr. APOLLO CLINIC
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BIOCHEMISTRY REPORT						
Test DescriptionResultUnitBiological Reference Ranges						
LIVER FUNCTION TEST (LFT)						
TOTAL BILIRUBIN	0.69	mg/dl	0 - 1.2			
DIRECT BILIRUBIN	0.14	mg/dL	0 - 0.3			
INDIRECT BILIRUBIN	0.55	mg/dl	0.1 - 0.8			
SGOT (AST)	31.0	U/L	<mark>0</mark> - 35			
SGPT (ALT)	28.8	U/L	0 - 45			
ALKALINE PHOSPHATASE	79.1	U/L	<u>40 - 1</u> 40			
TOTAL PROTEIN	6.84	g/dl	6.4 - 8.3			
SERUM ALBUMIN	4.12	g/dl	3.5 - 5.2			
SERUM GLOBULIN	2.72	g/dl	1.8 - 3.6			
A/G RATIO	1.51		1.2 - 2.2			
NOTE · Please correlate with clinica	l conditions					

**NOTE :** Please correlate with clinical conditions.

Dr. Subhash Parmar Consultant Pathologist



Patient Name	: MR SATENDRA SINGH CHOUHAN
Age/Gender	: 43 Yrs/Male
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BIOCHEMISTRY REPORT				
Test Description	Result	Unit	Biological Reference Ranges	
LIPID PROFILE				
Cholesterol-Total	199.6	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High	
Triglycerides level	114.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High	
HDL Cholesterol	46.5	mg/dL	< 40 Major Risk for Heart > 40 Normal	
LDL Cholesterol	130.30	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High	
VLDL Cholesterol	22.80 4.29	mg/dL	6 - 38 3.5 - 5.0	
CHOL/HDL RATIO LDL/HDL RATIO NOTE	2.80		2.5 - 3.5	
8-10 hours fasting sample is required	ł			

SPECIALITY

Sub"

Dr. Subhash Parmar Consultant Pathologist

Sister Concern : Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopsi - 462011, Ph. : 8755-4287772-73



Patient Name	: MR SATENDRA SINGH CHOUHAN
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#### **BIOCHEMISTRY REPORT**

Test Description	Result	Unit	<b>Biological Reference Ranges</b>
Fasting Blood Sugar	92.0	mg/dl	Normal: 70-110
			Impaired Fasting Glucose(IFG):
			100-125
			Diabetes mellitus: >= 126
Method : Hexokinase			
<b>Note:-</b> An individual may show highe reasons.	r fasting glucose level	in comparison to pos	t prandial glucose level due to following
The glycaemic index and response to sensitivity,	food consumed, Cha	nges in body compos	sition, Increased insulin response and
Alimentary hypoglycemia, Renal glyc	osuria, Effect of oral h	ypoglycaemics & Insi	ulin treatment.
Post-Prandial Blood Sugar	112.0	mg/dl	70 - 140

Method : Hexokinase Interpretation:-Normal: 70-140 Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion)

Dr. Subhash Parmar Consultant Pathologist

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#### **IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.26	ng/mL	0.69 - 2.15
THYROXIN, (T4)	95.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-	2.53	μIU/mL	0.3-4.5
Serum			Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

**INTERPRETATION** T4 / FT4 Suggested Interpretation for the Thyroid Function Tests Pattern TSH T3 / FT3 Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be Within Range Within Range Decreased upto 25% •Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Within Range Within Range Subclinical Autoimmune Hypothyroidism Raised Intermittent T4 therapy for hypothyroidism Recovery phase after Non-Thyroidal illness" Chronic Autoimmune Thyroiditis Raised Decreased Decreased Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies) Raised or within Raised or Intermittent T4 therapy or T4 overdose Raised within Range Range Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics" Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Raised or within Raised or within associated with Non-Thyroidal illness Decreased Range Range Subclinical Hyperthyroidism Thyroxine ingestion' Central Hypothyroidism Decreased Decreased Non-Thyroidal illness Decreased Recent treatment for Hyperthyroidism (TSH remains suppressed)" Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Decreased Raised Raised Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum" Decreased or T3 toxicosis Within Range Raised within Range Non-Thyroidal illness

Dr. Subhash Parmar Consultant Pathologist

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Page 7 of 11



Patient Name	: MR SATENDRA SINGH CHOUHAN
Age/Gender	: 43 Yrs/Male
Ref. Dr.	: Dr. APOLLO CLINIC
Center	: CMH OPD

#### PSA Total-Serum

0.632

#### Registration Date : 27/01/2024 12:04 PM

CMSH24/2093

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632

ng/mL

Conventional for all ages: <=4 Above 79 yrs: 0 - 7.2

#### Method : CLIA

Remark:-Kindly correlate clinically 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.

Dr. Subhash Parmar Consultant Pathologist

Sister Concern Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopsi - 462011, Ph. : 6755-4287772-73





**Collection Date** 

Report Date

Registration Date : 27/01/2024 12:04 PM : 27/01/2024 12:05 PM : 27/01/2024 05:37 PM

URINE EXAMINATION REPORT					
Test Description	Result	Unit	Biological Reference Ranges		
URINE ROUTINE					
General Examination					
Colour	Pale Yellow		Pale Yellow		
Transparency (Apperance)	Clear		Clear		
Deposit	Absent		Absent		
Reaction (pH)	Acidic		5.0-8.5		
Specific Gravity	1.020		-1.005-1.030		
Chemical Examination					
Jrine Protein	Absent		Absent		
Jrine Ketones (Acetone)	Absent		Absent		
Jrine Glucose	Absent		Absent		
Bile pigments	Absent		Absent		
Bile salts	NIL		NIL		
Jrobilinogen	Normal		Normal		
Vitrite	Negative		Negative		
Microscopic Examination					
RBC's	NIL	/hpf	NIL		
eukocyte (Pus cells)	1-2	/hpf	0-5/hpf		
Epithelial Cells	2-4	/hpf	0-4/hpf		
Crystals	Absent		Absent		
Casts	Not Seen		Not Seen		
Amorphous deposits	Absent		Absent		
/east Cells	Not seen		Not seen		

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).All abnormal results of chemical examination are confirmed by manual methods. 2. Pretest conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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**Patient Name** 

Age/Gender

Ref. Dr.

Center

**CHOUHAN** 

: 43 Yrs/Male

: CMH OPD

: Dr. APOLLO CLINIC



MD CATENDDA SINCH

Patient Name : MR SATENDRA S CHOUHAN	: MR SATENDRA SINGH CHOUHAN		CMSH24/2093		
Age/Gender : 43 Yrs/Male		Registration Date : 27/	01/2024 12:04 PM	<b>建立法</b> 合约	
Ref. Dr. : Dr. APOLLO CLIN	IC	Collection Date : 27/	01/2024 12:05 PM	17.2 P.	
Center : CMH OPD		Report Date : 27/	01/2024 05:37 PM	8,433,809,943	
Test Description	Result	Unit	Biological Ref	erence Ranges	
COMPLETE BLOOD COUNT					
Haemoglobin	<u>16.0</u>	gm/dL	12.0 - 16.0		
RBC Count	4.91	mil/cu.mm	4.00 - 5.50		
Hematocrit HCT	44.3	%	40.0 - 54.0		
Mean Corp Volume MCV	90.2	fL	80.0 - 100.0		
Mean Corp Hb MCH	32.6	pg	<mark>2</mark> 7.0 - 34.0		
Mean Corp Hb Conc MCHC	36.1	gm/dL	32.0 - 36.0		
Platelet Count	2.26	lac/cmm	1.50 - 4.50		
Total WBC Count /TLC	4.45	10^3/cu.mm	n <u>4.0 - 1</u> 1.0		
DIFFERENTIAL LEUCOCYTE CO	DUNT				
Neutrophils	55	%	40 - 70		
Lymphocytes	38	%	20 - 40		
Monocytes	05	%	02 - 10		
Eosinophils	02	%	01 - 06		
Basophils	00	%	00 - 01		
Absolute Differential Count					
Absolute Neutrophils Count	2.4	thou/mm3	2.00 - 7.00		
Absolute Lymphocyte Count	1.7	thou/mm3	1.00 - 3.00		
Absolute Monocytes Count	0.2	thou/mm3	0.20 - 1.00		
Absolute Eosinophils Count	0.1	thou/mm3	0.02 - 0.50		

**EDTA Whole Blood -** Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC

differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Test Descript	tion	Result	Unit	Biological Re	eference Ranges
Center	: CMH OPD		Report Date	: 27/01/2024 05:37 PM	3.4.210.414
Ref. Dr.	: Dr. APOLLO CLINIC		Collection Date	: 27/01/2024 12:05 PM	32298
Age/Gender	: 43 Yrs/Male		Registration Date	: 27/01/2024 12:04 PM	<b>神子法 法</b> 的
Patient Name	: MR SATENDRA SING CHOUHAN	GH		CMSH24/2093	1994 C

mm/hr

0 - 09

#### ESR - ERYTHROCYTE SEDIMENTATION RATE

Method: Wintrobes

#### **INTERPRETATION:**

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. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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#### \*\*\*\* End of the report\*\*\*\*

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

Dr. Subhash Parmar Consultant Pathologist

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