



the future of HEALTH CARE

PALMLAND HOSPITAL

(Manage By Raj Palmland Hospital Pvt. Ltd.)

Personal History					
Name	MISHRA CHANDAN KUMAR		Sr. No	56	
Age	34	Sex	Male	Date	08-04-2023
ID MARK	MOLE ON LEFT SIDE NEAR LIPS				
Built History					
Height	171	Past History	NO		
Weight	73	BMI	25	Family History	NAD
Allergic To	NO		Personal History	NAD	
Addiction	NO		Occupational History	NAD	
Present Complain	NO				
General Examination					
T/P/R	N/88/20		Blood Pressure	110/80 MM OF HG	
SpO2 %	98%				
Pallor/Icterus/ Cyanosis/ Clubbing / Odema/ Lymphnodes/ Others	No				
Systemic Examination					
CVS	NAD		ENT Exa.	NAD	
R/S	NAD		Skin Exa.	NAD	
A/S	NAD		Musculoskeletal System	NAD	
CNS	NAD		Genitourinary System	NAD	
Vision Testing					
Acuity Of Vision					
Without Glass					
Right Eye		Left Eye			
Distant	Near	Distant	Near		
N/6	6/6	N/6	6/6		
With Glass					
Right Eye		Left Eye			
Distant	Near	Distant	Near		
N/6	6/6	N/6	6/6		
Color Blindness	NORMAL				
Laboratory Investigation					
Blood Group	O POSITIVE		HAEMOGRAM	NORMAL	
Other Investigation					
ECG	WITHIN NORMAL LIMIT		X-Ray Chest	NORMAL	
Advice/ Remarks	NO				
Fitness Status	PERSON FIT FOR JOB.				

Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

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CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.



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(Managed By Raj Palmland Hospital Pvt. Ltd.)

OPD FOLLOW UP CASE

CASE NO : 2324/F/20178 (UHID : 2324/00264)
 NAME : MISHRA CHANDAN KUMAR
 ADDRESS : SAGUN REC, ZADESHWER
 PATIENT TYPE : CREDIT
 CONS. DR. : WASIM RAJ

DATE TIME : 12/04/2023 06:29 PM
 AGE / SEX : 34Y / MALE
 PHONE NO. : 9654534325
 COMPANY : MEDIWHEEL
 REF. DR. : DIRECT

VITALS :

TEMP : (H)
 PULSE : 80 /MIN
 BP : 110/72 MM/HG
 SPO2 : %
 RBS :
 RS : / was
 CVS :
 CNS :

ICOO DM R
Dyslipidaemia on E

E

CT Sane E

INVESTIGATION

BLOOD :

RADIO :

OTHER :

DR. WASIM RAJ
 M.D. (INTERNAL MEDICINE)
 REG NO. G - 22785

Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

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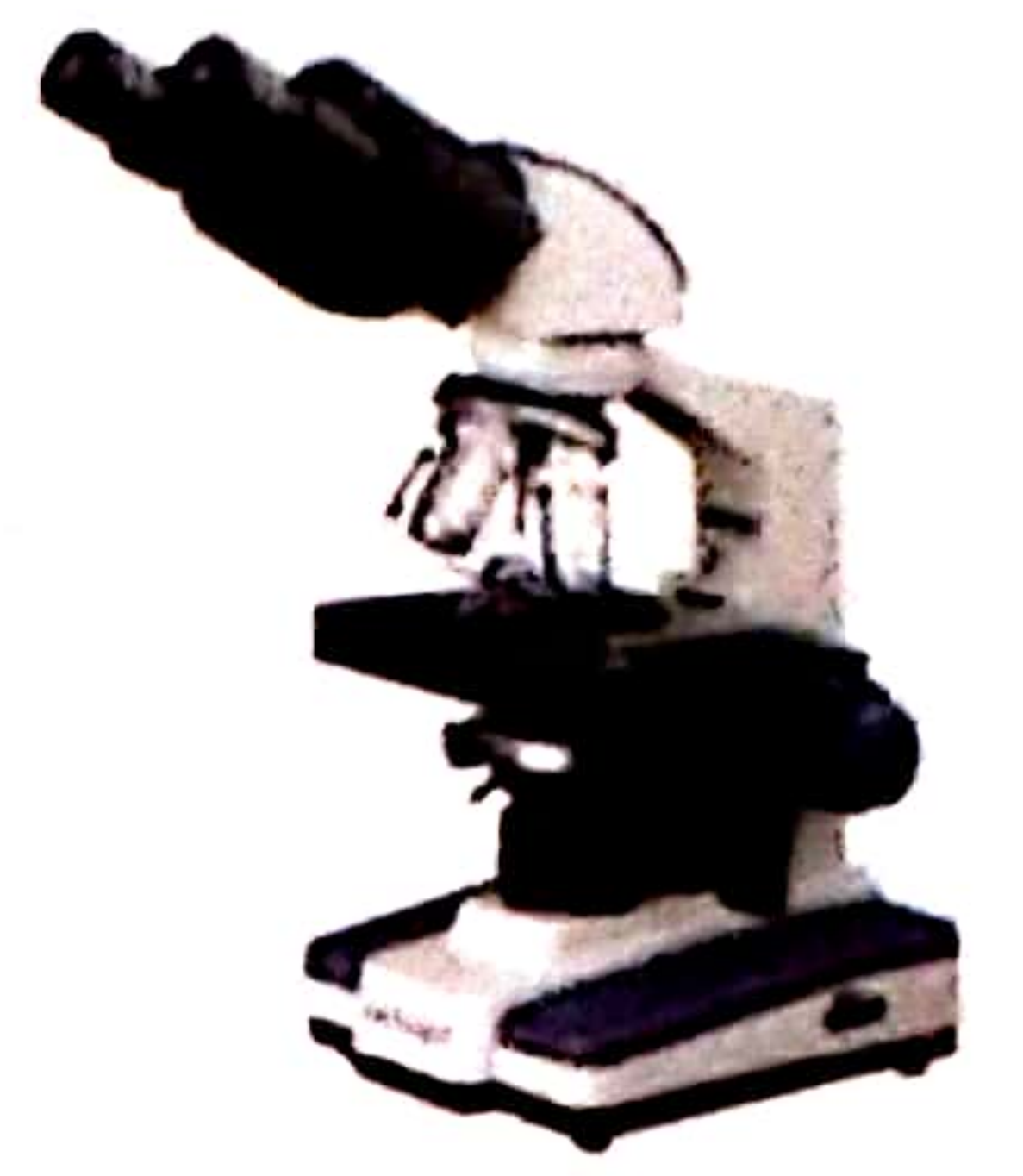


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the future of HEALTH CARE

PALMLAND
LABORATORY



DIAGNOSTIC REPORT

Name : MISHRA CHANDANKUMAR
Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 34 Yrs./M
Date : 08/04/2023
Report ID. : W-2
Ward : -/
0000000000

HAEMATOLOGY ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>METHOD</u>	<u>REFERENCE INTERVAL</u>
<u>BLOOD COUNTS & INDICES</u>				
Haemoglobin	: 12.90	gm%		13.5 - 17.0 gm%
Total RBC	: 4.60	mill/cmm		4.6 - 6.2 mill/cmm
PCV	: 41.50	%		40 - 54 %
MCV	: 90.22	fL		80 - 96 fL
MCH	: 28.04	pg		27 - 31 pg
MCHC	: 31.08	%		32 - 36 %
RDW	: 11.90	%		10 - 15 %
Total WBC	: 5,500	/cmm		4,000 - 11,000/cmm
Platelet Count	: 2,50,000	/cmm		1.5 - 4.0 Lac/cmm.
<u>DIFFERENTIAL LEUCOCYTES COUNT</u>				
Neutrophils	: 59	%		55 - 70 %
Lymphocytes	: 34	%		20 - 40 %
Eosinophils	: 03	%		01 - 06 %
Monocytes	: 04	%		02 - 08 %
Basophils	: 00	%		00 - 01 %
<u>ABSOLUTE COUNTS</u>				
Neutrophils	: 3245	/μL		2000 - 7000 /μL
Lymphocytes	: 1870	/μL		800 - 4000 /μL
Eosinophils	: 165	/μL		20 - 500 /μL
Monocytes	: 220	/μL		120 - 1200 /μL
<u>NEUTROPHIL : LYMPHOCYTE</u>				
Ratio	: 1.74			
Platelet In Smear	: ADEQUATE			
<u>ERYTHROCYTES SEDIMENTATION RATE</u>				
ESR	: 6	mm	Westergren	01 - 07 mm

Test done on Fully automated Cellcounter - NIHON KOHDEN, JAPAN

End Of Report

DR. DEV VARMA

Condition of Reporting : (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

Palmland Hospital, Falshruti Nagar, Near S.T. Depot, Station Raod, Bharuch-392 001. (Guj.)



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Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 34 Yrs./M
Date : 08/04/2023
Report ID. : W-2
Ward : -/
9654534325

HbA1C REPORT BY HPLC METHOD

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
<u>GLYCOSYLATED HB</u> Hb A1C	: <u>7.4</u>	%	Non Diabetic : 4.3 - 6.3 % Good Control : 6.4 - 7.5 % Moderate Control : 7.5 - 9.0 Poor Control : 9.0 % & Above
Avg. Blood Glucose Level	: <u>186</u>	mg/dl	

Notes :

<u>Average Blood Glucose</u>	<u>Hemoglobin A1c%</u>
298	12 %
269	11 %
240	10 %
212	09 %
183	08 %
154	07 %
126	06 %
97	05 %

Comment:

HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

DR. DEV VARMA
M.D. Pathology (S) For any query



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BIOCHEMISTRY ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Blood Urea	: 42.60	mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen	: 19.80	mg/dl	4.5 - 19 mg/dl
Creatinine	: 1.1	mg/dl	0.70 - 1.40 mg/dl
S. Uric Acid	: 4.60	mg/dl	2.5-7.0 mg/dl
Fasting Blood Glucose (FBS)	: 108	mg/dl	70 - 110 mg/dl
Urine Glucose	: NIL		
Post-Prandial Blood Glucose	: 256	mg/dl	80 to 140 mg/dl
Urine Glucose	: PRESENT(++)		

End Of Report

Dr. Dev Varma

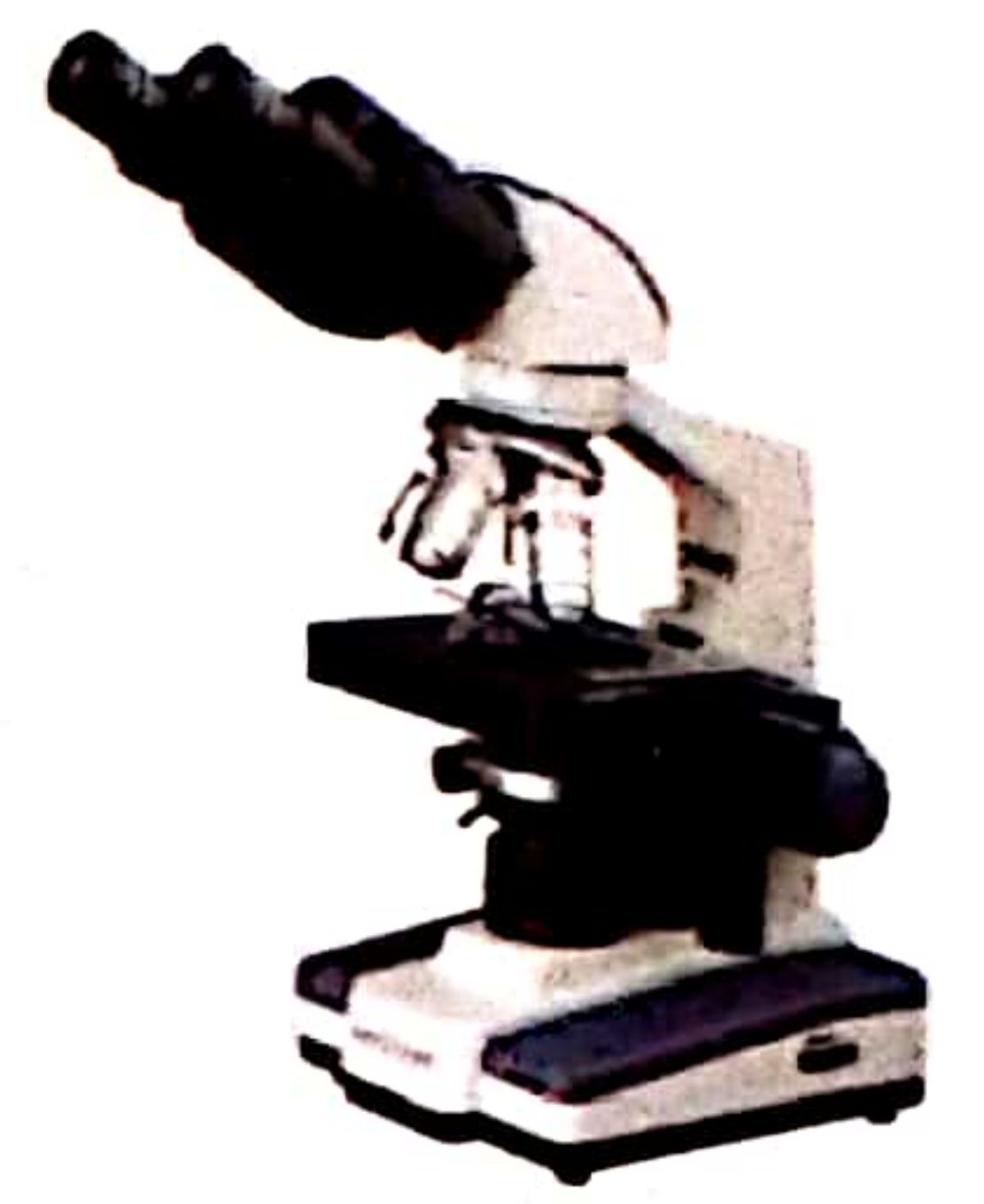
DR. DEV VARMA



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THYROID FUNCTION TEST

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 0.90	ng/ml	ELIFA	0.97-1.69 ng/ml
Total Thyroxine(T4)	: 8.70	ug/dl	ELIFA	6.09-12.23ug/dl
Thyroid Stimulating Hormone (TSH)	: 4.60	µIU/ml		0.38-5.33 uIU/ml

NORMAL VALUES

Age	T3 ng/ml	T4 µg/dl	T.S.H. µIU/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

*Test done by Access-2 Beckman Coulter / mini Vidas

End Of Report

DR. DEV VARMA
M.D. (B.A.H.C.P.)

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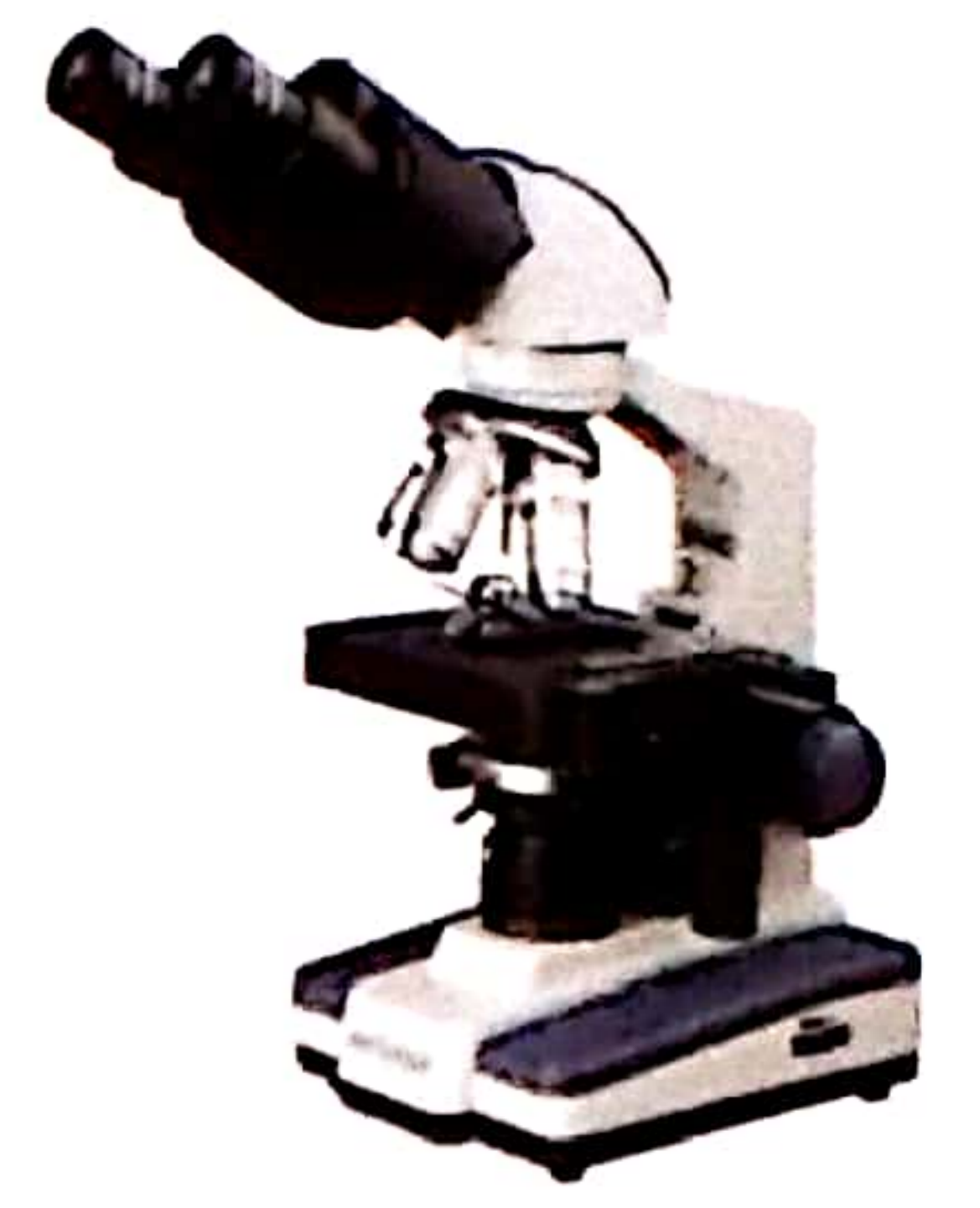
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LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Billirubin	: 0.80	mg/dl	0 - 1.0 mg/dl
Direct Billirubin	: 0.30	mg/dl	up to 0.25 mg/dl
Indirect Billirubin	: 0.50	mg/dl	0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 92	U/L	36.00 - 113.00 U/L
S.G.P.T.	: <u>61</u>	U/L	10 - 40 U/L
S.G.O.T.	: 33	IU/L	up to 40 IU/L
Total Protein	: 6.40	g/dl	6.0 - 8.0 g/dl
Albumin	: 5.00	g/dl	3.5 - 5.0 g/dl
Globulin	: <u>1.40</u>	g/dl	2.3 - 3.5 g/dl
A.G. Ratio	: 3.6		2.5 - 1.2 : 1
GGTP	: 25		5 - 85

Test done by (DIASYS)

End Of Report

DR. DEV VARMA

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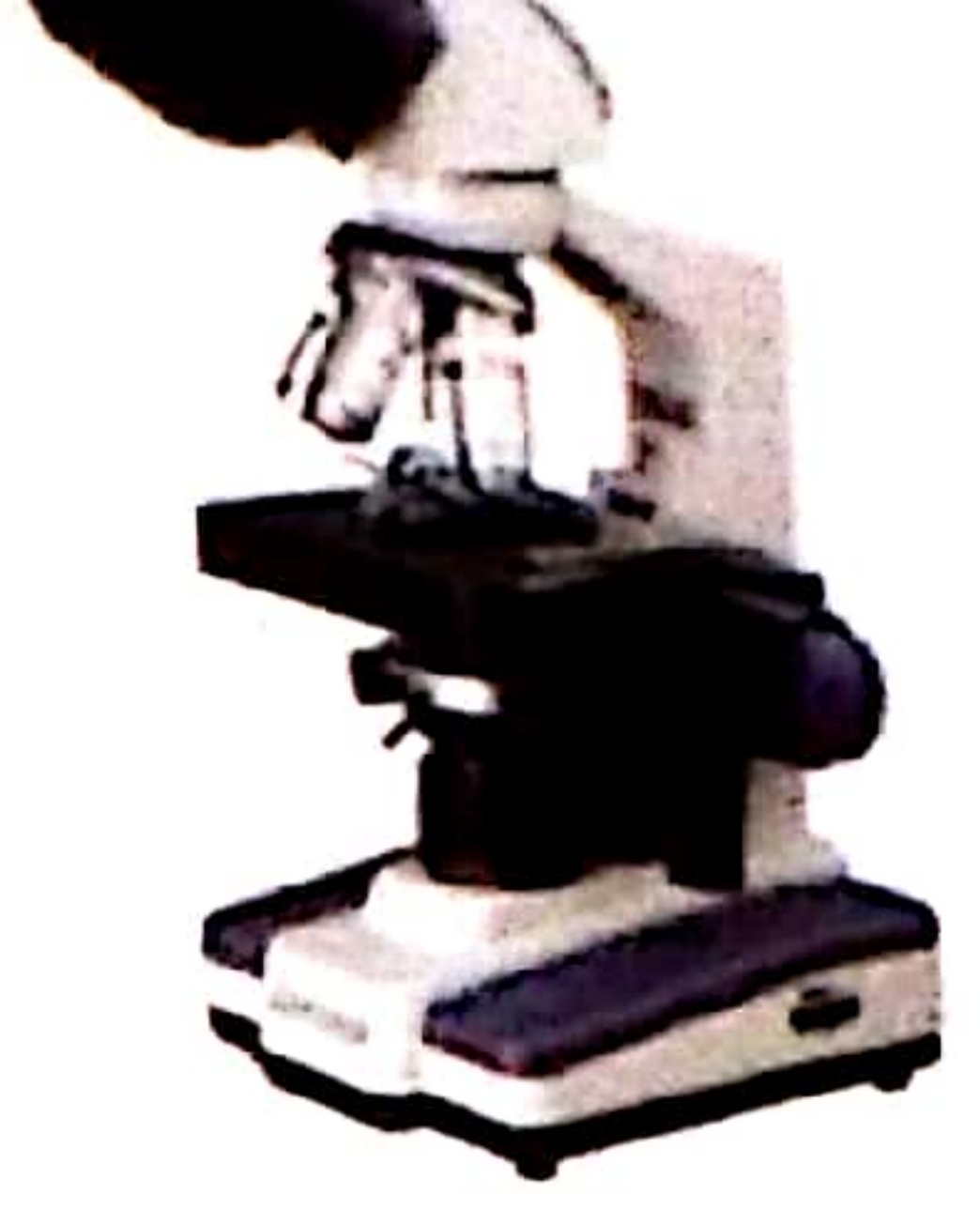
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Ward : -/
9654534325

LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Lipid (Calculated)	: 488	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: 156.0	mg/dL	130 - 200 mg/dL
Serum Triglyceride	: 101.0	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: 46.0	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: 89.8	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 3.39	: 1	Less than 5
LDL Cho/HDL Chol Ratio	: 1.95	: 1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200	Desirable
	200 - 239	Borderline
	> = 240	High
TRIGLYCERIDES	< 170	Normal
	170 - 199	Borderline
	> 200	High
LDL CHOLESTEROL	< 100	Desirable
	100 - 129	Sub-Optional
	130 - 159	Borderline High
	> 160	High
HDL CHOLESTEROL	< 35	Low
	> 60	High

End Of Report

DR. DEV VARMA
For the referring doctor's information



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URINE ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
Sample	: RANDOM	
<u>PHYSICAL EXAMINATION</u>		
Quantity	: 25	ml
Colour	: PALE YELLOW	
Transperancy	: CLEAR	
Specific Gravity	: 1.020	
pH	: ACIDIC	
<u>CHEMICAL EXAMINATION</u>		
Albumin	: ABSENT	
Sugar	: ABSENT	
Acetone	: ABSENT	
Bile Salts	: ABSENT	
Bile Pigments	: ABSENT	
Occult Blood	: ABSENT	
<u>MICROSCOPIC EXAMINATION</u>		
Pus Cells / h.p.f.	: 1-2	
R.B.C. / h.p.f.	: ABSENT	
Epithelial / h.p.f.	: 3-4	

End Of Report

DR. DEV VARMA
M.D. (PATHOLOGY)

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Age/Sex : 34 Yrs./M
Date : 08/04/2023
Report ID. : W-2
Ward : -/
9654534325

PROSTATE SPECIFIC ANTIGEN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
P. S. A.	: 2.600	ng/ml	0.0 - 4.0 ng / ml (i) 04 - 15 ng/ml Possibly Benign Prostate Hy (ii) > 20 ng/ml Suspected Prostate Carcinc

End Of Report

DR. DEV VARMA
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DIAGNOSTIC REPORT

Name : MISHRA CHANDAN KUMAR
 Ref By : DR. WASIM RAJ [BOB]

Age/Sex : 34 Yrs./M
 Date : 08/04/2023
 Report ID. : W-2
 Ward : -/
 9654534325

STOOL ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	: YELLOW	
Consistency	: SEMI FORMED	
Blood	: ABSENT	
<u>CHEMICAL TEST</u>		
Occult Blood	: ABSENT	ABSENT
<u>MICROSCOPIC EXAMINATION / HPF</u>		
Ova	: ABSENT	
Cysts.	: ABSENT	
Pus Cells	: ABSENT	
Red Blood Cells	: ABSENT	
Epithelial Cells	: ABSENT	

End Of Report

Dr. Dev Varma

DR. DEV VARMA
M.D. (Pathology)

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Dr. Payal D. Shah

M.B.B.S., M.D. (Radiodiagnosis)

Dr. Darshit B. Shah

M.B.B.S., M.D. (Radiodiagnosis)

Ex- Clinical Associate, Lilavati hospital
(Mumbai)



MADHURAM Imaging Center

- MRI (1.5 T)
- Multi Slice CT Scan
- Sonography
- X-Ray
- Colour Doppler

Pt Name: Mishra Chandan Kumar

Date: 08/04/2023

USG OF ABDOMEN & PELVIS

Liver is normal in size, shape & echotexture.
No evidence of focal SOL or dilatation of IHBR seen.
Porta hepatis appear normal.

Gallbladder appeared normal. No calculi seen.
Gallbladder wall appear normal. No e/o pericholecystic edema noted.
CBD appears normal. no evidence of calculi.

Pancreas appeared normal in size and normal in echotexture.
Spleen appeared normal in size, measuring approx. 109mm and normal in echotexture.
Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney appears normal in size, shape and echotexture.
Cortex and collecting system of right kidney appeared normal.
No calculi or obstructive uropathy.

Left kidney appears normal in size, shape and echotexture.
Cortex and collecting system of left kidney appeared normal.
No calculi or obstructive uropathy.


Urinary bladder: appears normal. No calculi are seen.
Prostate appears normal in size, shape and echotexture.
Appendix not seen due to bowel gas.
Bowels are visualized and appeared normal.
No evidence of free fluid in pelvis.

Conclusion:

- No significant abnormalities are seen.

Thanks for the reference

Dr. Payal D. Shah (MBBS, MD)
Consultant Radiologist


Dr. Darshit B. Shah (MBBS, MD)
Consultant Radiologist

08-04-2023 09:22:00 AM

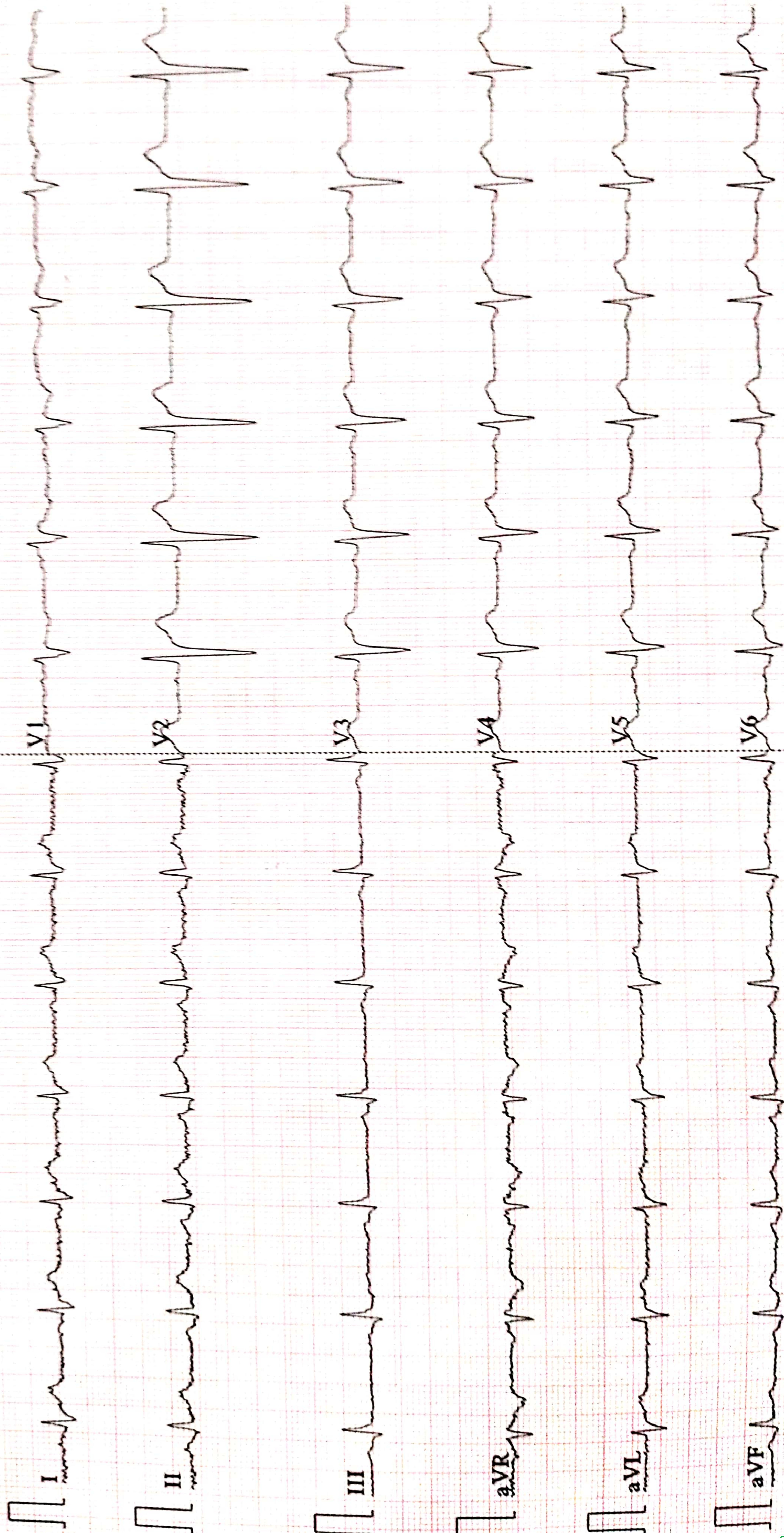
Diagnosis Information:

Sinus Rhythm
Normal ECG

Technician :
Unconfirmed Report.

HR	:	79	bpm
P	:	110	ms
PR	:	159	ms
QRS	:	114	ms
QT/QTc	:	360/413	ms
P/QRS/T	:	61/72/40	°
RV5/SVI	:	0.498/0.458	mV

CHANDAN KUMAR
Male 34Years
UHID :



OPHTHALMOLOGY CONSULTATION

Name: chandan kumar Date: 8-4-23

Age: 34 Sex: Male Female HCP Reg.No.: _____

Ophthalmic History:

1. Do you feel that your eyesight is falling?
આંખે ઓછું દેખાતું હોય તેવું લાગે છે? Yes No
2. Any time feel to experiance black outs?
કોઈવાર અંધારા આવે છે? Yes No
3. Any unexpected flicking of eyes?
આંખ વારંવાર પલકારા મારે છે? Yes No
4. Do you get difficulty In reading small letters?
નાના અક્ષર વાંચવામાં તકલીફ પડે છે? Yes No
5. Do you experience black dots temporarily?
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે? Yes No
6. Do you have exclusive aids?
વાંચવા કે જોવા માટે કોઈ ચશ્મા કે સ્પેશીયલ સાધન વાપરો છો? Yes No

Clinical Evaluation / History / Presenting Complain:

Examination Eyes:

1. Eyelids
Right N Left N
2. Cornea & Conjunctiva
Right N Left N
3. Vision
Right N Left N

SPH	CYY	AXIS	VN
<u>-0.75</u>			<u>6/6</u>

SPH	CYY	AXIS	VN
<u>-0.50</u>			<u>6/6</u>

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the future of HEALTH CARE

PALMLAND

HOSPITAL

Pt Name: MISHRA CHANDAN KUMAR

Date: 8th April 2023
(Managed By Palmland Hospital Pvt. Ltd.)

Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.

Cardiac shadow appears normal.

Conclusion:

- No significant abnormalities are seen.

Dr. Payal D. Shah (MBBS, MD)
Consultant Radiologist

Dr. Darshit B. Shah (MBBS, MD)
Consultant Radiologist

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