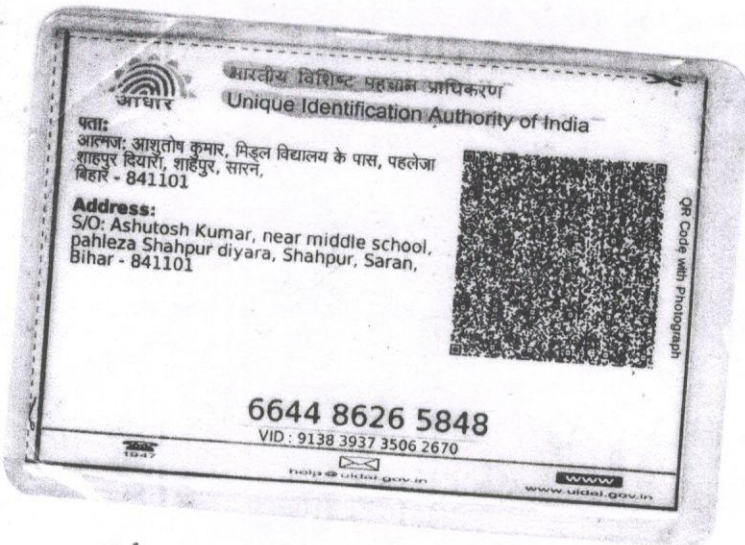




Ravi Ranjan

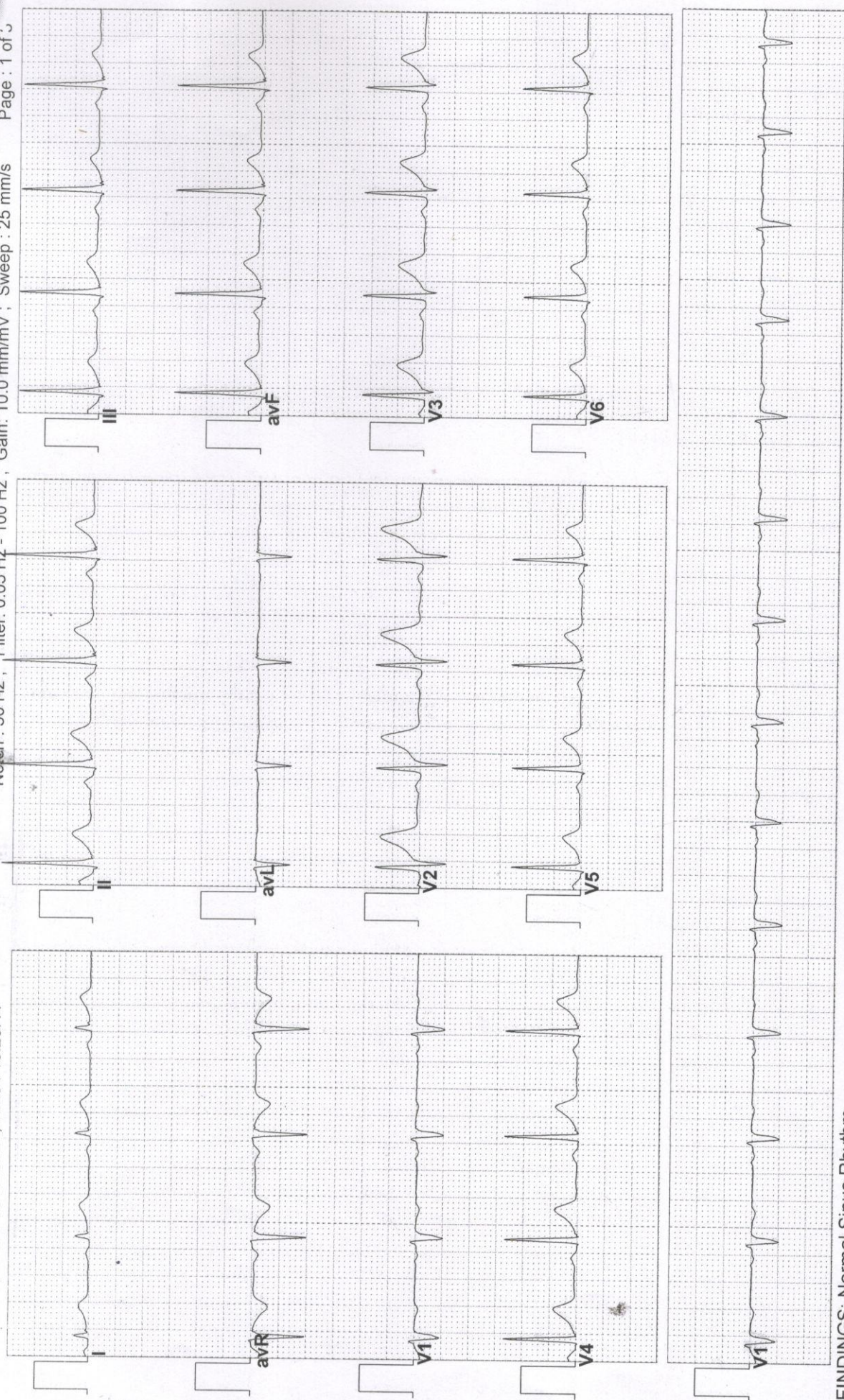


Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR

5476550004; MR RAVI RANJAN; Male; 35 Yrs 00 Mths
Ref.: APOLLO; Date : 10-02-2024; Time : 13:26:44

Ht : 171 Cms; Wt: 86 Kgs; BP : 108/69 ; HR : 81 bpm
Notch : 50 Hz ; Filter: 0.05 Hz - 100 Hz ; Gain: 10.0 mm/mV ; Sweep : 25 mm/s



FINDINGS: Normal Sinus Rhythm
Vent Rate : 81 bpm PR Interval : 154 ms QRS Duration: 100 ms QT/QTc Int : 337/392
P-QRS-T axis: 64.77.55• (Deg)
Comments :

Shailendra Ruprela

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006



Dr. Ruprela's
NMS Diagnostics & Imaging
"अचूक निदान" स्वस्थ जीवन की ओर...

MR. RAVI RANJAN

DATE : 10.02.2024

AGE : 35

SEX : MALE

HEIGHT : 171 cms

WEIGHT : 86 kgs

BMI : 29.4

BLOOD PRESSURE : 108/69 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT

ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS.
8. RELAX AND BE HAPPY.


DR. RASHI SALUJA
CONSULTANT DIETICIAN

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in



NAME : MR. RAVI RANJAN
REF.BY: ARCOFEMI HEALTHCARE LTD.

AGE/SEX : 35 Y/M
DATE: 10.02.2024

ECHO - CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)
Aortic Root	3.2	2.0-3.7
Left Atrial Dimension	2.8	1.9-4.0
Left Ventricular ED	3.2	3.7-5.6
Left Ventricular ES	2.9	2.2-4.0
Interventricular Septal	ED : 0.9 ES : 1.0	0.6-1.2
LEFT VENT PW	ED : 0.9 ES : 1.0	0.6-1.2

2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVARALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES


DR AJAY HALWAI
MBBS,MD,PGDCC

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MR. RAVI RANJAN AGE 35 YEAR/MALE HAS UNDERGONE MEDICAL EXAMINATION ON 10.02.2024 DURING HIS GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

HE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HIS VITALS PARAMETERS ARE HEIGHT: 171 cms, WEIGHT: 86 kg, BP:108/69 mmhg, HR: 77 bpm, BMI: 29.4

HIS BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

HE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

HE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HIM ALL THE BEST.



Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

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Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

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NAME : MR. RAVI RANJAN
REF. BY: ARCOFEMI HEALTHCARE LTD.

AGE : 35 Y/M
DATE : 10.02.2024

SONOGRAPHY OF WHOLE ABDOMEN

The Real time, B mode, gray scale sonography was performed.

LIVER :The liver is enlarged in size and has smooth margins.

It has raised echotexture, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER :The gall bladder is seen as a partially distended, pear shaped bag with uniformly thin and regular walls, without gall stones or mass lesions

COMMON BILE DUCT :The common bile duct is normal in caliber.

No evidence of calculus is noted in common bile duct.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS :The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

SPLEEN : The spleen is normal in size and shape. Its echotexture is homogeneous.

No evidence of focal lesion is noted.

URINARY BLADDER :The urinary bladder is Partially distended.

No evidence of calculus is seen.

No evidence of mass or diverticulum is noted.

PROSTATE :The prostate shows well defined and sharp margins.

The prostatic echotexture is normal and homogenous.

IMPRESSION :

Diffuse fatty infiltration of liver (Grade I)

Thanks for referral

As with any other investigations the results obtained serve as an aid to diagnosis and should be interpreted in relation to any other clinical and diagnostic findings.

Dr. Chandra Jangde
MD
Reg.No.:CGMC-5516/2014

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NAME : MR. RAVI RANJAN
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AGE : 35 Y/M
DATE : 10.02.2024

X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION** : No evidence of pulmonary, pleural or cardiac pathology is noted.
Radiograph of chest is within normal limits.



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AGE/SEX : 35 Y/M
REFERRED BY : ARCOFEMI HEALTHCARE
DATE : 10.02.2024

PERIPHERAL SMEAR EXAMINATION

RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.


Dr. Avishesh Kumar Singh
MD (Pathologist)





VID :- E/13261

PID No. :- 202410217127091

Name :- Mr. RAVI RANJAN

Age/Sex :- 35 Y / M

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :

10/02/2024 10:39AM

Reported on/at

11/02/2024 10:49AM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	24.1	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	62	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	71	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.84	mg/dL	<1.0
(Serum, Diazo)			
Bilirubin (Direct)	0.16	mg/dL	0 - 0.3
(Serum, Diazo)			
Bilirubin (Indirect)	0.68	mg/dL	UPTO 1.0
(Serum, Calculated)			
SGOT (AST)	28	U/L	5 - 37
(Serum, Enzymatic)			
SGPT (ALT)	22	U/L	10 - 40
(Serum, Enzymatic)			
Alkaline Phosphatase	213	U/L	80 - 290
(Serum, pNPP)			
Total Proteins	7.14	g/dL	6.4 - 8.3
(Serum, Biuret)			
Albumin	4.29	g/dL	3.7 - 5.6
Globulin	2.85	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.51	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	24.1	U/L	11 - 34
Szasz method			

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

VID :- E/13261
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Lipid Profile (Fasting Sample Required)

Parameter	Value	Unit	Reference Range
Cholesterol - Total	168	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	130	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	38	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	104	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	26	mg/dL	6-38
LDL/HDL RATIO	2.74		2.5-3.5
CHOL/HDL RATIO	4.42		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Parameter	Value	Unit	Reference Range
Urea (Serum)	28.9	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.84	mg/dL	0.57 - 1.4
Sodium	140	mmol/L	135 - 145
Potassium	4.15	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	5.18	mg/dL	2.6 - 6
Chlorides	102	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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



Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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HBA1C

HbA1c Value	5.14	%	4-6=Normal Control	6-7=Good 7-8=Fair Control
			8-10=Unsatisfactory Control	>10%=Poor Control

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.005		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	2-4	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	13.9	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.49	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	39.7	%	36 - 47
MCV (Mean Corpuscular Volume)	88	fl	78 - 95
MCH (Mean Corpuscular Hb)	31.1	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	35.2	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.6	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	4800	cells/cu.mm	4000 - 11000
Neutrophils	47	%	40 - 75
Lymphocytes.	47	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	147	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	8.9	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.122	%	0.15 - 0500
PDW (Platelet Distribution Width)	18.4	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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



Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"AB"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	42	mm at 1hr	0 - 15
---	-----------	-----------	--------

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.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
---------------	----------------	------	----------------------------

Urine Sugar Fasting

Urine Sugar (Fasting)

Absent

Absent

Thyroid Panel 1 (T3, T4, TSH)

T3

1.02

ng/dl

0.6-1.8

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills,Phenytoin),Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4

7.89

ug/dl

4.5-12.6

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH

2.56

uIU/ml

0.25-5.5

Remarks : 1.4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2.TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc

3.Drugs that decrease TSH values e.g:L-dopa,Glucocorticoids Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

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

Dr. Avishesh Kumar Singh

M.D. (Pathologist)