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— OPI	OPHTHALMOLOGY CONSULTATION							ALANI PITAL Iand Hoophal Pri Li
Name:	Chilla	gie Ch	وأعدوال	2 Venkal	a Amaji	Rao Da	te: <u>26</u> -	11-22
Age:	58	_ Sex: [Male F	emale HC	P Reg.No.: _			
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2. Any tim		periance bl		1			☐ Yes	No
3. Any une	expected fli	icking of eye	es?				☐ Yes	Nô⊠
4. Do you	ઘડીએ પલકારા get difficult		g small letters	s?			☐ Yes	N9□
5. Do you	experience	black dots	temporarily?				☐ Yes	No
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Examination	on Eyes:				1			
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Name : CHILLARIGE VENKATA ANNAJI RAC

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex ; 58 Yrs./M Date : 26/11/2022

Report ID. : W Ward : -/

PROSTATE SPECIFIC ANTIGEN

TEST

0

P. S. A.

RESULT UNIT

1.900 ng/ml

REFERENCE INTERVAL

0.0 - 4.0 ng / ml (i) 04 - 15 ng/ml

Possibly Benign Prostate H

(ii) > 20 ng/ml

Suspected Prostate Carcino

End Of Report

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Condition of Reporting: (1) The Reports are not valid for medicae - legal purposes. (2) Individual Laboratory Investigation are never conclusive, but are to the reflection of method of the reflection of the reflection





Name : CHILLARIGE VENKATA ANNAJI-RAO

Ref By : DR. WASIM RAJ(MEDIWHEEL)

DIAGNOSTIC REPORT

Age/Sex : 58 Yrs./M Date : 26/11/2022

Report ID. : W-4
Ward : -/

URINE ANALYSIS

TEST RESULT UNIT

Sample : RANDOM

PHYSICAL EXAMINATION

Quantity : 30 ml
Colour : PALE YELLOW

Transperancy : CLEAR
Specific Gravity : 1.020
pH : 6.5

CHEMICAL EXAMINATION

Albumin : ABSENT
Sugar : ABSENT
Acetone : ABSENT
Bile Salts : ABSENT
Bile Pigments : ABSENT
Occult Blood : ABSENT

MICROSCOPIC EXAMINATION

Pus Cells / h.p.f. : <u>3-4</u>

R.B.C. / h.p.f. : ABSENT

Epithelial / h.p.f. : OCCASIONAL

End Of Report

avan

DR. DEV VARMA

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Name : CHILLARIGE VENKATA ANNAJI RAO

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 58 Yrs./M Date : 26/11/2022

Report ID. : W-Ward : -/

HAEMATOLOGY ANALYSIS

TEST		RESULT	<u>UŅIT</u>	METHOD	REFERENCE INTERVAL
BLOOD COUNTS & INDICES					
Haemoglobin	:	13.00	gm%		13.5 - 17.0 gm%
Total RBC	:	4.40	mill/cn	nm	4.6 - 6.2 mill/cmm
PCV	:	38.60	%		40 - 54 %
MCV	:	87.73	fL		80 - 96 fL
MCH	:	29.55	pg		27 - 31 pg
MCHC	:	33.68	%		32 - 36 %
RDW	:	13.20	%		10 - 15 %
Total WBC	:	5,200	/cmm		4,000 - 11,000/cmm
Platelet Count	:	2,78,000	/cmm		1.5 - 4.0 Lac/cmm.
DIFFERENTIAL LEUCOCYTES	CC	UNT			
Neutrophils		<u>75</u>	%		55 - 70 %
Lymphocytes	:	20	%		20 - 40 %
Eosinophils	:	03	%		01 - 06 %
Monocytes	:	02	%		02 - 08 %
Basophils	:	00	%		00 - 01 %
ABSOLUTE COUNTS					
Neutrophils	:	3900	/µL		2000 - 7000 /μL
Lymphocytes	:	1040	/µL		800 - 4000 /μL
Eosinophils	:	156	/µL		20 - 500 /μL
Monocytes	:	104	/µL		120 - 1200 /µL
NEUTROPHIL : LYMPHOCYT	E	- 40			
Ratio	:	3.75			
Platelet In Smear	:	ADEQUA	TE		
ERYTHROCYTES SEDIMENT	ATI				
ESR	:	5	mm	Westergren	01 - 07 mm
Blood Group	:	" A "			
Rh Factor		" NEGAT	IVE "		
(Anti D.)					

Test done on Fully automated Cellcounter - NIHON KOHDEN, JAPAN

End Of Report

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CHILLARIGE VENKATA ANNAJI RAG

Ref By : DR. WASIM RAJ(MEDIWHEEL

DIAGNOSTIC REPORT

58 Yrs./M Age/Sex

26/11/2022 Date

Report ID. Ward : -1

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Hb A1C REPORT

TEST RESULT UNIT REFERENCE INTERVAL

GLYCOSYLATED HB

Hb A1C 5.5 Non Diabetic: 4.3 - 6.3 %

Good Control: 6.4 - 7.5 % Moderate Control: 7.5 - 9.0 Poor Control: 9.0 % & Abor

Avg. Blood Glucose Level mg/dl

Notes :

(F)

Average		
Blood Glucose		Hemoglobin Alc%
298	_	12 %
269	-	11 %
240	-	10 %
212	-	09 %
183	-	08 %
154	-	07 %
126	-	06 %
97	-	05 %

Comment:

HbAlc 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. HbAlc 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

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: CHILLARIGE VENKAT

Ref By : DR. WASIM RAJ(MEDIW

Age/Sex 58 Yrs./M

Date 26/11/2022

Report ID. Ward

000000000

BIOCHEMISTRY ANALYSIS

TEST	RESULT	UNIT	REFERÊNCE INTERVAL
Blood Urea Nitrogen Creatinine S. Uric Acid	: 8.80 : 1.3 : 4.70	mg/dl mg/dl mg/dl	4.5 - 19 mg/dl 0.70 - 1.40 mg/dl 2.5-7.0 mg/dl
Fasting Blood Glucose (FBS) Urine Glucose	: 97 : NIL	mg/dl	70 - 110 mg/dl
Post-Prandial Blood Glucose	: 103	mg/dl	80 to 140 mg/dl

End Of Report

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THE PAINT HOSPITAL DIV

Name : CHILLARIGE VENKATA ANNAJI RAO

Ref By . DR. WASIM RAJ(MEDIWHEEL)
DIAGNOSTIC REPORT

58 Yrs./M Age/Sex Date 26/11/2022

Report ID. Ward 000000000

LIVER FUNCTION TEST

TECT		
TEST	RESULT UN	NT REFERENCE INTERVAL
Total Billirubin Direct Billirubin Indirect Billirubin	: 0.10 m	g/dl 0 - 1.0 mg/dl g/dl up to 0.25 mg/dl g/dl 0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 95 U/	
S.G.P.T. S.G.O.T.	: 20 U/ : 15 IU	/L 10 - 40 U/L
Total Protein Albumin	: 6.50 g/	dl 6.0 - 8.0 g/dl
Globulin A.G. Ratio	: 2.50 g/	0.0 0.0 g/ul
GGTP	: 1.6 : 55	2.5 - 1.2 : 1 5 - 85

Test done by (DIASYS)

End Of Report

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Name : CHILLARIGE VENKATA ANNAJI-RAC

Ref By : DR. WASIM RAJ(MEDIWHEEL

58 Yrs./M Age/Sex Date 26/11/2022

Report ID.

Ward 000000000

LIPID PROFILE

TEST	RESULT	<u>UŅIT</u>	REFERENCE INTERVAL
Total Lipid (Calculated)	: 561	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: 225.0	mg/dl₀	130 - 200 mg/dL
Serum Triglyceride	: 70.0	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: <u>76.3</u>	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: 134.7	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 2.95	:1	Less than 5
LDL Chol/HDL Chol Ratio	: 1.77	: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

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(TSH)



Name : CHILLARIGE VENKATA ANNAJI-RAO

Ref By . DR. WASIM RAJ(MEDIWHEEL

58_Yrs./M Age/Sex 26/11/2022

Report ID. Ward 000000000

THYROID FUNCTION TEST

TEST		RESULT	UNIT	METHOD	REFERENCE INTERVAL
TEST		0.90	ng/ml	ELIFA	0.6-2.02 ng/ml
Total Triiodothyronine(T3)		104-0-10-10-1		ELIFA	5.13-14.06 ug/dl
Total Thyroxine(T4)	:	9.80	ugrai		0.27-5.25 uIU/ml
Thyroid Stimulating Hormone	:	2.60	μIU/m	l	0.2. 0.20

NORMAL VALUES			
Age 01 - 12 Month	T3 ng/ml 1.05 - 2.80	T4 μg/dl 7.8 - 16.5	T.S.H. µlu/ml 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 05 - 10 Yrs 10 - 15 Yrs 15 - 20 Yrs > 20 Yrs	1.05 - 2.69 0.94 - 2.41 0.83 - 2.13 0.80 - 2.00 0.79 - 1.58	7.3 - 15.0 6.04 - 13.3 5.60 - 11.7 4.20 - 11.8 4.00 - 11.0	0.4-6.0 0.25-5.25 0.25-5.25 0.25-5.25 0.25-5.25

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

End Of Report

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(Manage By Raj Palmland Hospital Pvt. Ltd.)

NAME OF PATIENT

: CHILLARIGE VENKATA ANNAJI RAO

DATE

: 26/11/2022

Plain Skiagram of Chest PA View

Both lung fields appears normal.

Mediastinal shadow and hila appears normal.

Heart and aorta appears normal.

No evidence of pleural effusion is seen.

Domes of diaphragm appears normal.

Bones under view appears normal.

Comments: No abnormality detected.

THANKS FOR REFERENCE.

Dr.PARITOSH.MODI.
CONSUTANT RADIOLOGIST



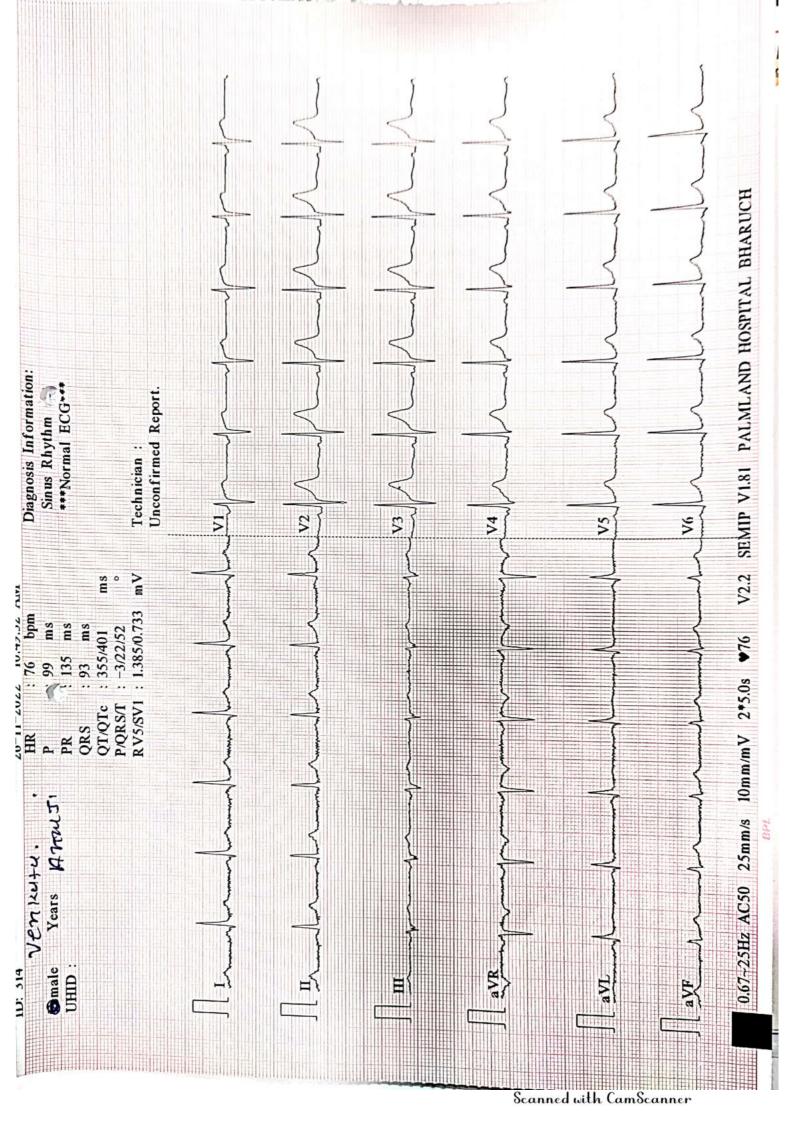
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PARAM DIAGNOSTIC CENTRE PVT. LTD.

51, Narmada Commercial Complex, Nr. Central Bank, Panchbatti, Bharuch.

DR PARITOSH MODI **Consultant Radiologist**

NAME OF PATIENT: CHILLARGE VENKATA ANNAJI

DATE

: 26/11/2022

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No evidence of focal SOL or dilation of IHBR seen. Porta hepatis is appears normal. Gallbladder appears normal. No calculi seen. CBD appears normal. No evidence of calculi.

Pancreas appears normal in size and echotexture.

Spleen appear normal in size of and shows normal echotexture. Aorta appears normal. No para aortic lymphnodes seen.

Right kidney measured 100x45mm. Cortex and collecting system of right kidney appears normal. No calculi or obsrtuctive uropathy

Left kidney measured 99x44mm. Cortex and collecting system of left kidney appears normal. No calculi or obsrtuctive uropathy.

Bladder appears partially distended. Prostatic enlargement measuring 41x52x45mm, VOL: 51cc. Terminal ileum and ceacum appears normal. Appendix is not seen due to bowel gas. No evidence of collection or lump in RIF. No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS: Findings are suggestive of

Prostatic enlargement.

THANKS FOR REFERENCE

Dr. PARITOSH MODI CONSULTANT RADIOLOGIST

DR. TAPAS SHAH CONSULTANT RADIOLOGIST

DR. KRUTIKKUMAR VASAVA CONSULTANT RADIOLOGIST NAME: 015^^^ Pat ID:

AGE:

SEX:F

DATE: 11/26/2022

DONE BY:

ME WC REF. BY:

