



Client Name	Mr SUNIL BHANWAR JURIA	Sex/Age	39 Year / Male
IC Name	REF By.	TPA Name	
Date	24 Dec 2022	Lab No.	18362
Reporting Date	24 Dec 2022	Remark	

Test Name	Result	Unit	Ref-Range
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HEMATOLOGY

Glycosylated Hemoglobin (HbA1C)	5.2	%	- %
ABG(Average Blood Glucose)	102.54	MG/DL	- MG/DL

Methodology: Ion exchange H.P.L.C. Using instrument: D-10 with EDTA

Hemoglobin A1C % Degree of Glucose Control

- > 8 Action suggested
- <7 Goal
- < 6 Non – Diabetic level

Clinical Information:

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre – diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American diabetes association guidelines suggest that the Glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals. Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently are not suitable for this test.

*****End Of Reports*****

BIO - CHEMISTRY

BUN/SR.CREATININE RATIO	17.64	Ratio	6-25 Ratio
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*****End Of Reports*****

TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
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Dr. V. Malhotra
MD - Pathology
RMC No. 3977

ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

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फोन : 0291-2620214 E-mail : srdmedical@gmail.com

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HEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	13.9	GM%	13-18 GM%
TOTAL LEUCOCYTE COUNT	7200	/Cumm	4000-11000 /Cumm

DIFFERENTIAL LEUCOCYTE COUNT

PLOYMORPHS	69.5	%	40-70 %
LYMPHOCYTES	27.3	%	20-40 %
EOSINOPHILS	1.2	%	0-6 %
MONOCYTES	2.0	%	0-8 %
BASOPHILES	00	%	0-2 %

RBC	4.48	Lakh/Cumm/	3.5-5.5 Lakh/Cumm/
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PLATELETS COUNT	2.12	Lakh/Cumm	1.5-4 Lakh/Cumm
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HCT	42.7	%	34-48 %
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MCV	95.31	fl	30-100 fl
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MCH	31.03	pg	27-32 pg
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MCHC	32.55	g/dl	32-36 g/dl
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ESR	16	mm/1Hrs	0-20 mm/1Hrs
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ABO RH-FACTOR	O (+) POSITIVE		
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Complete Diagnostic Solution *****End Of Reports*****

TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

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SRD

Complete Diagnostic Solution



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BIO-CHEMISTRY

BLOOD SUGAR (F)	101.3	mg/dl	60-110 mg/dl
BLOOD SUGAR	141.6	mg/dl	60-160 mg/dl
SERUM CREATININE	1.01	mg/dl	0.6-1.4 mg/dl
SERUM URIC ACID	5.3	mg%	3-6.5 mg%

LIPID PROFILE

CHOLESTEROL	164.3	mg/dl	130-250 mg/dl
TRIGLYCERIDES	123.7	mg/dl	60-170 mg/dl
HDL-CHOLESTEROL	41.50	mg/dl	30-70 mg/dl
LDL-CHOLESTEROL	98.06001	mg/dl	65-160 mg/dl
VLDL	24.74	mg/dl	0-35 mg/dl
CHO/HDL RATIO	3.96	mg/dl	3.8-5.8 mg/dl
LDL/HDL RATIO	2.36	Ratio	1.5-3.5 Ratio

LIVER FUNCTION TEST

BILIRUBIN (TOTAL)	0.64	mg/dl	0.3-1.3 mg/dl
BILIRUBIN (DIRECT)	0.22	mg/dl	0-0.3 mg/dl
BILIRUBIN (IN-DIRECT)	0.42	mg/dl	0.1-0.9 mg/dl
SGOT (AST)	23.6	Units/Lit	5-40 Units/Lit
SGPT (ALT)	21.5	Units/Lit	5-40 Units/Lit
ALKALINE PHOSPHATSE	105.3	Units/Lit	65-306 Units/Lit
TOTAL PROTEIN	7.00	g/dl	6.1-8.6 g/dl
ALBUMIN	4.12	g/dl	3.5-5 g/dl
GLOBULIN	2.88	mg/dl	2.3-3.5 mg/dl
A/G RATIO	1.43 : 1	mg/dl	1-2.3 mg/dl
GGT	28	IU/L	4-54 IU/L
BUN	18	mg/dl	12-40 mg/dl

*****End Of Reports*****

TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

Dr. V. K. Talhotra
MD - Path & Micro.
RMC No.: 977

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URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
PH	6.0
DEPOSITE	ABSENT
APPEARANCE	CLEAR

CHEMICAL EXAMINATION

ALBUMIN	ABSENT
SUGAR	ABSENT
BILE SALTS	ABSENT
KITONES	ABSENT
SPEC GRAV	1.030

MICROSCOPIC EXAMINATION

PUS CELLS	NIL
RBCs CELLS	NIL
EPITHELIAL CELLS	NIL
CASTS	NIL
CRYSTAL :-	NIL
BACTERIA	NIL

*****End Of Reports*****

TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
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HARMONES

THYROID PROFILE

T3	1.01	ng/ml	0.6-1.81 ng/ml
T4	7.10	ug/dl	4.5-12.6 ug/dl
TSH	1.96	uIU/ml	0.35-5.5 uIU/ml

Interpretation of TSH :

Kindly correlate with age & clinical findings.

Biological reference range:

Children: Pregnancy:

1 - 2 days 3.20 - 34.6 uIU/ml 1st Trimester : 0.10 - 2.50

3 - 4 days 0.70 - 15.4 uIU/ml 2nd Trimester : 0.20 - 3.00

15 days - 5 mths 1.70 - 9.10 uIU/ml 3rd Trimester : 0.30 - 3.00

5 mths - 20 yrs 0.70 - 6.40 uIU/ml

Primary malfunction of the thyroid gland may result in excessive (hyper) or low(hypo) release of T3 or T4.

In additional, as

TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland

activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the

blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary

hypothyroidism, TSH

levels may be low. In addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test

findings have

been recognized.

*****End Of Reports*****

TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

Dr. V.K. Malhotra
MD - Pathology
RMC No. 18362

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Pt Name : SUNIL BHANWAR JURIA
Ref By. : Dr.
Serial No : 15912

Age : 39 Yrs.
Sex : Male
Date : 24/12/2022

URINE EXAMINATION REPORT

Test	Result(s)
CHEMICAL	
SUGAR - (F)	NIL
SUGAR - (PP)	NIL

[TECHNOLOGIST]

_____ END OF REPORT _____

[PATHOLOGIST]

Dr. V. S. Malhotra
MD - Path & Micro
RMC No.: 977



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Pt Name : SUNIL BHANWAR JURIA
Ref By. : Dr.
Serial No : 15912

Age : 39 Yrs.
Sex : Male
Date : 24/12/2022

STOOL EXAMINATION REPORT

Test	Result
PHYSICAL	
COLOUR	BROWN
CONSISTENCY	SOLID
MICROSCOPIC	
PUS CELLS	NIL
RED BLOOD CELLS	NIL
EPITHELIAL CELLS	NIL
BACTERIAL FLORA	NORMAL
HELMINTHIC OVA	NIL
PROTOZOA	NIL

[TECHNOLOGIST] _____ END OF REPORT _____

[PATHOLOGIST]

Dr. V. K. Malhotra
MD - Path Micro.
RMC No. 9777



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SRD
X-RAY CHEST PA-VIEW
Complete Diagnostic Solution



NAME :SUNIL BHANWAR JURIA
REF.BY:BOB

AGE-39 SEX : MALE
DATE :24-12-2022

BOTH LUNG -

PARENCHYMA.

BOTH C.P ANGLES -

NORMAL.

CARDIAC SHADOW IS WITHIN -

NORMAL LIMITS.

DOMES OF DIAPHRAGM -

NORMAL.

BONY CAGE -

NORMAL.

MEDIA STERNUM CENTRAL

/'L'/

THORACIC INLET -

NORMAL.

IMPRESSION :-

NORMAL CHEST PA-VIEW.

Dr. Rakesh Gaur
R.M.C. Radiology
No. 5698
DR. RAKESH GAUR (M.D)

(RADIO LOGIST) R.M.C NO. 5698

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MEDICAL CERTIFICATE

NAME :SUNIL BHANWAR JURIA
DATE-24-12-2022 AGE/SEX: 39Yrs/MALE

HEIGHT-169CMS
BP -122/80

WEIGHT-76KG
PULSE- 76

BMI- 26.61

EYE SIGHT- BOTH EYESIGHT NORMAL.

NORMAL COLOUR VISION.

TEETH AND GUMS ARE HEALTHY.

THIS IS TO CERTIFY THAT MR.SUNIL
BHANWAR JURIA IS MEDICALLY &
PHYSICALLY FIT & FINE FOR PERFORMING ALL
TYPE OF PROFESSIONAL WORK.

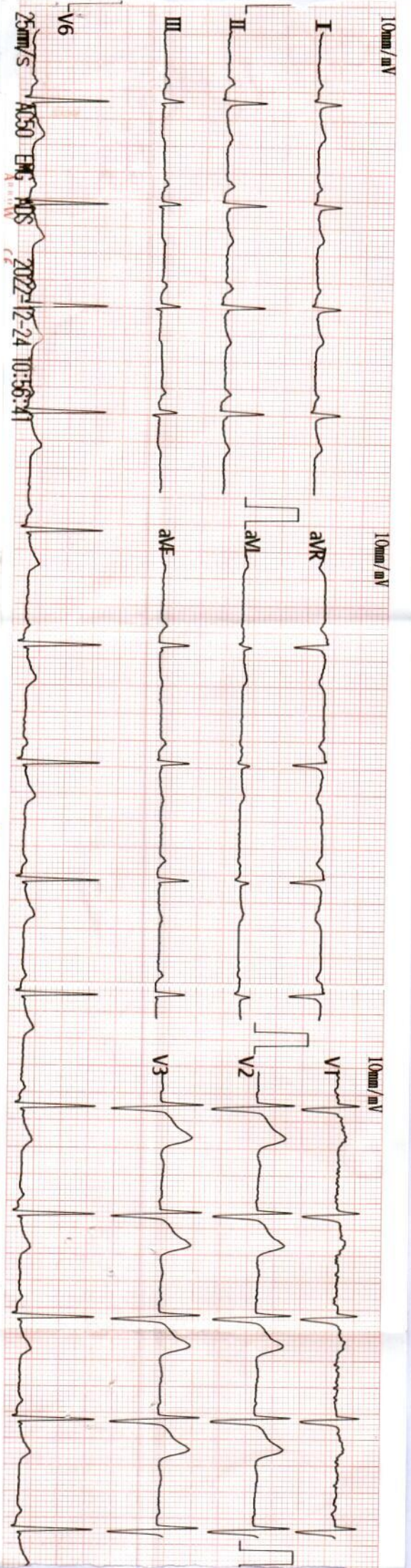
Dr. Nand Kishore Chhangani
Physician & Radiologist
RMC No.-2017
JODHPUR

ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

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Senil Ashanwar Satia 24/12/22

Vent. Rate(BPM) : 73

<ECG Analysis Result>:

PR Int.(ms) : 128

100

803 Sinus Arrhythmia

P/QRS/T Int.(ms) : 90

408

*** Borderline Abnormal ECG ***

QT/QTc Int.(ms) : 368

54

P/QRS/T Axis(Deg.) : 54

0.22

RV1/SV5 Amp.(mV) : 0.28

0.62

RV5/SV1 Amp.(mV) : 1.13

V2.33 Technician :

Note : Unconfirmed Report. Need for Review.

Dr. Nand Kishore Chhngani
MKS Physician & Cardiologist
RMC No.-2017

Arr:W CE

> 999900004994 -Y

cm/Kg

mt/kg



Mr: Sunil Bhanwar juria 39 yrs / 13260 / 24.12.2022
Ref by: Dr. Nand Kishore Chhangani

Transabdominal sono screening scan – whole abdomen

Extensive bowel gases precluded optimal examination.

Hepato-biliary system:

Liver is mildly enlarged in size. Hepatic parenchymal echotexture is bright, homogenous and uniform. No focal lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein and cbd are normal in caliber. Gall bladder is seen in partial distension [non fasting status]. Lumen is anechoic. Pancreas is normal in size and echotexture. Pancreatic duct is not dilated. No area of calcification is seen in pancreas.

Uro-genital system:

Both the kidneys are normal in size. Parenchymal echotexture is normal. Corticomedullary differentiation is maintained. Central echo-complexes are normal. Urinary bladder is seen in partial distension. Lumen is anechoic. Prostate is normal in size measuring approx 28 x 30 x 29 mm vol 13 cm³. Prostatic echotexture is normal. Contours are normal. No obvious mass is seen.

Spleen & retroperitonium:

Spleen is normal in size. Parenchymal echotexture is normal. Most of the retroperitonium is not seen clearly, obscured by bowel gases.

- No ascites seen.

Sonographic findings are suggestive of:-

- Mild Hepatomegaly with fatty changes grade – I.

This is only professional opinion based on imaging finding and not the diagnosis
It should be correlated clinically, to arrive at proper conclusion.


Dr. Rakesh Middha
M.D.
Consultant Radiologist
[R.M.C. No 017628]



