





Dr. Anis Siddiqui

MD(Internal Medicine), PGCCDM Clinical Cardiologist & Diabetologist (P.G. Diploma in Clinical Endocrinology & Diabetes UK) Reg.no. CGMC 380 / 05

Mob.: 8839104525 / 9755891450

Mr.	Amish Da	nwig	- 28/ey	108/204
	Roulen	Wealin	chui	7

pp. 68/4 PIn: han-DM MINI HAD GOPD Cept was BP - 401 \$0 Cm: 8 2 60 av m. glw Bs egul LFT @ PINI SOUT NT YEAR - Cimo Portile. @ _ HBAC - 5.40, MBD- 9) con? hr w VEM- MAD = 13/Ty/1/54 WW PSA . 0.64 - cyppla; ND 20 auto: worl

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Imp: No significant medical commi -bidely noted diwielly encust wasaf lungarian

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(A UNIT OF SYNERGY HEALTH TECH) State of The Art Trauma Centre



GTB PLAZA, Beside Airtel Office, Ring Road No.1, Telibandha, Raipur (C.G.) Ph.: 0771-4024901, Emergency No.: 09109178901

E-mail: Wecarehospitals@gmail.com

PATIENT'S NAME: AMISH DAHARIA 28YR M

REFERRED BY: DR A SIDDIQUI

MRD NO: USG ABD 29233 HELTH CHECKUP

STUDY TIME: 14-08-21

REPORT TIME: 14/08/21 5:05 PM

PRINT TIME: 14/08/21 5:40 PM

STUDY: USG OF THE ABDOMEN

INDICATION:

Routine Health check up. No complaints otherwise.

COMPARISON:

OBSERVATIONS:

Liver is normal in size and parenchymal echogenecity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal in size. No focal lesion is seen.

Pancreas appears normal in size and echopattern. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable

Both kidneys are normal in size, shape, position and echogenecity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is collapsed. Prostate cannot be commented upon.

No free fluid is seen. No significant lymphadenopathy is seen.

CONCLUSION:

No significant abnormality detected.

DR NEERAJ GAUTAM **DNB RADIODIAGNOSIS** CONSULTANT RADIOLOGIST





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PATIENT NAME : MR.AMISH DAHARIA

RECEIPT NO.

: PAC/13

UHID NO.

: 29233

SAMPLE RECEIVED ON / AT

: 14/08/2021 10:36AM

AGE / SEX

: 28 Y Male

SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

CONSULTANT : DR ANIS SIDDIQUI

COMPLETE BLOOD COUNT(RBC	(CBC)		
Haemoglobin (HB)	13.3	gm%	12 - 17mg/dl
Haematocrit (HCT)	40.3	%	40 - 55
RBC Count	6.25	millions/cumn	n 4.5 - 6
MCV	64.5	fL	78 - 92
MCH	21.3	pg	27 - 32
MCHC	33.0	g/dl	32 - 36
RDW-CV	15.1	%	11 - 16
WBC.			
Total Leucocyte Count (TLC)	5600		4000 -11000
Differential Leucocyte Coun	t(DLC)		
Neutrophils	60	%	40 - 75
Lymphocytes	33	%	20 - 40
Monocytes	04	%	0 - 8
Eosinophils	- 03	%	1 - 7%
Basophils	00	%	0 - 1
<u>PLATELETS</u>			
PLT Count	2.26	lakhs/cmm	1.0 - 4.0
MPV	8.1	fl	8 - 11

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used fo medico-legal purposes. These reported results are for the information of referring clinical only.

Test Done By MEDONIC M-SERIES Fully Automatic.

Test Done By Senior Technologist SATYANARAYAN SINGH



Pathologist Dr. D. Prashant M.D. (Pathologist)



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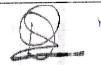
SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

CONSULTANT : DR ANIS SIDDIQUI

	BIO CHEM	IISTRY	
TEST	RESULT	UNIT	REF. RANGE
BSPP	111	AND THE REAL PROPERTY OF THE P	<140 mg/dl
Urine SUGAR(PP)	Nil	***	ABSENT
GGT(GAMMA GT)			
GGT(GAMMA GT)	19.4	U/L	<55
LFT(Liver Function Test)			
Bilirubin - Total	1.34	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.57	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.77	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	7.14	g/dl	6.4 - 8.3 g/dl
Albumin	4.59	g/dl	3.5 - 5.2 g/dl
Globulin	2.55	g/dl	2.3 - 3.6
A/G Ratio	1.80		1.10 - 2.20
Alkaline Phosphatase	59	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 1 1 9
SGOT (AST)	25	U/L	upto 35 U/L
SGPT (ALT)	29	U/L	upto 45 U/L

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AGE / SEX : 28 Y Male SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

CONSULTANT : DR ANIS SIDDIQUI

Lipid Profile			
Total Cholesterol	134	mg/dl	Desirable : <2 00 Borderline : 20 0 - 239 High : >= 240
Triglycerides Note: The National Cholestrol Education Treatment Panel III ((NCEP-ATP III))		mg/dl	Normal:<161 High: 161- 199 Hypertriglyceri de mic: 200 - 499 Very High: > 499
HDL Cholesterol	33	mg/dl	35.3 - 79.5
LDL Cholesterol Note: The National Cholestrol Educati Treatment Panel III ((NCEP-ATP III) n		mg /dl	60 - 165
VLDL Cholesterol	25.80	mg/dl	20 - 50
Tatal Chalasters // IDI Datio	4.06		0 - 5.1
Total Cholesterol/HDL Ratio			

Correlates with Lipdi Profile:

- 1. Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages, although water is permitted. No alcohol should be taken 24 before sample collection.
- 2. Drugs: Cholestrol and Triglyceride lowering agents. Please repeat with fresh sample if dinically indicated.

The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

KFT(KIDNEY FUNCTION TEST)

Urea	18	mg/dL	15 - 45
Serum Creatinine	0.70	mg/dl	0.70 - 1.40 mg /d L
Uric Acid	4.9	mg/dL	3.5 - 7.2

Test Done By MICRO LAB 300 Fully Automatic.

Dutan

Test Done By
Senior Technologist
SATYANARAYAN SINGH

Report Checked By Technician



Pathologist Dr. D. Prashant M.D. (Pathologist)

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: 14/08/2021 10:36AM

SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

	CLINICAL PA	THOLOGY		
TEST	RESULT	UNIT	REF. RANGE	
URINE SUGAR(F)	A Comment of the Comm			
Urine Sugar (Fasting)	Nil		ABSENT	w.u



Andrew .

Test Done By Senior Technologist SATYANARAYAN SINGH Report Checked By Technician



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: 29233

AGE / SEX : 28

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: 14/08/2021 10:36AM

SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

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TEST

UHID NO.

RESULT

UNIT

REF. RANGE

HbA1c (Glycosalated Haemoglobin)

HbA1C-Glycosalated Haemoglobin

5.49

0/0

4 to 6% Non-diabetic

6 to 7% Excellent control 7 to 8% fair to good control

8 to 10% Unsatisfactory control

Above 10% poor Control

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The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

ESR

05

mm at 1hr

up to 15 mm (1 hr)

Blood Group

ABO Group SLIDE METHOD.

O Rh Positive

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Machine Footer

Control

Test Done By
Senior Technologist
SATYANARAYAN SINGH

Report Checked By Technician



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: 14/08/2021 10:36AM

SAMPLE REPORTED ON / AT : 14/08/2021 03:44PM

	PATHOL	.OGY		
TEST	RESULT	UNIT	REF. RANGE	
BSF (Fasting Sample Required)	91	AND STATE OF THE PROPERTY OF T	<110 mg/dl	





Test Done By Senior Technologist SATYANARAYAN SINGH





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CONSULTANT

: DR ANIS SIDDIQUI

ROUTINE URINE ANALYSIS TEST REF. RANGE UNIT RESULT **TEST Urine Routine ANALYSIS TEST General Examination** 10 - 5020 ml Volume Pale Yellow Pale Yellow Colour Clear Clear Appearance 6.5 5.5 - 8.0рН **Chemical Examination** g/L Absent Absent Urine Protein(Albumin) Absent Absent mmol/L Urine Glucose(Sugar) mmol/L Absent Absent Urine Ketons(Acetone) 1.015 Specific Gravity Microscopic Examination Pus cells 0-1 /hpf < 5 Nil Nil /hpf RBC (Urine) 0 - 4Epithelial cell 0-1 Absent Absent Casts Absent Absent Crystals

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Test Done By Senior Technologist SATYANARAYAN SINGH

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: 14/08/2021 03:44PM

THYROID HORMONES

TEST RESULT UNIT REF. RANGE

THYROID HORMONES

T3 (Triiodothyronine)

ng/ml

0.5 - 2.0

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.

T4 (Thyroxine)

10.79

µg/dl

4.4 - 10.8

Remark:1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or

pregnency, Drugs (Androgens, Estrogens, O.C. pills. Phenytoin), Nephrosis etc.

µIU/mI

0.39-6.16 µIU/mI

Remarks: 1. 4.51 to 15 µIU/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 infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc.

3. Drugs that decreases TSH values e.g. L-dopa, Glucocorticois Druges that increases TSH values e.g. lodine, Lithium, Amiodarone.

METHOD - ELISA ACCUBIND

Test Done By Senior Technologist SATYANARAYAN SINGH Report Ches Technicia



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UHID NO.

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: 28 Y Male

CONSULTANT : DR ANIS SIDDIQUI RECEIPT NO.

: PAC/13

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TUMOR MARKERS

TEST

RESULT

UNIT

REF. RANGE

PSA (Total)

0.64

ng/mL

> 4.00

autumatically and displays PSA concentration of the test sample in terms of ng/mL

The instrument for ichroma test calculate the test result

Test done by ichroma





Test Done By Senior Technologist SATYANARAYAN SINGH

Report Checked By Technician



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PATIENT'S NAME: AMISH DAHARIA 28YR M

REFERRED BY: DR A SIDDIQUI

MRD NO: XR CHEST 29233 DI 13 OPD

STUDY TIME: 14-08-21

REPORT TIME: 14/08/21 4:25 PM

PRINT TIME: 14/08/21 4:29 PM

STUDY: XRAY OF THE CHEST PA VIEW

INDICATION:

Routine Health check up. No complaints otherwise.

COMPARISON:

None.

OBSERVATIONS & CONCLUSION:

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLASPE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

DR NEERAJ GAUTAM
DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST







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E-mail: Wecarehospitals@gmail.com

EYE EXAMINATION

NAME: - 1Mgn. Ashish Dahniya AGE/SEX 29 YIM DATE:- 408/21

1. EXAMINATION OF EYES: (BY OPHTALMOLOGIST)

EXTRENAL, EXAMINA	TION				
		N	An		
SQUINT					
	And the second second		IAD		
NYSTAGMUS					
	<u> </u>		100		
COLOUR VISION			iormal		
FUDUS			wal		16
INDIVIDUAL COLOUR	IDENTIFICAT	ION			The state of the s
			MORMAL		
DISTANT VISION			616		
NEAR VISION			MG		
NIGHT BLINDNESS			NAO		
	SPH	CYL	AXIS	As g	ADD
RIGHT					
LEFT					
REMARK :-		+		(N)	alu ,



14/8/21



DR. P. NANWANI

MBBS, MS(ENT) Reg.No-CGMC-4179/2012

4 1

Ph.: 9827881201

Email-prashantnanwani@yahoo.com

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DATE: 14/08/2021

REF BY: DR. A SIDDIQU

ECHOCARDIOGRAPHY

M-MODE

MEASUREMENT	PT'S VALUE	NORMAL VALUE		
AO	28.3 mm	20-37 mm		
LA	25.2 mm	19-40 mm		
IVS (d)	12.6 mm	6-11 mm		
LVID (d)	41.4 mm	35-50 mm		
LVPW (d)	12.6 mm	6-11 mm		
LVID (S)	28.9 mm	23-39 mm		
EF	60%			

2 D ECHO & CFI

CHAMBERS - NORMAL

VALVES - NORMAL

SEPTAE - IVS / IAS Intact

RWMA - NO RWMA PRESENT AT REST.

EF - 60%

CLOT / VEGETATION/ PERICARDIAL EFFUSSION - NILL.



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E-mail: Wecatelleshila Loom

(mmHg)

Mitral Valve

NILL

Not Significant

Aortic Valve

NILL

Not Significant

Tricuspid Valve

NILL

Not Significant

Pulmonary Valve

NILL

Not Significant

PULSE WAVE DOPPLER

Mitral Valve inflow shows E Wave<AWave.

IMPRESSION.

- NO RWMA PRESENT AT REST,
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
- GLOBAL LVEF 60%.
- NO AS/MS/TR/AR/NO MR.

NO INTRACARDIAC CLOT, VEGETATION.

Dr.ANIS SIDDIQUI (MD,PGCCDM)

