

Mr. Nitish kumar 374 1M

Ht - 170 cm

wt - 64 kg

BP - 140/80

P - 94/6/4

BMI - 22.1



NAME OF PATIENT; MR. NITESH KUMAR

AGE: 37YRS/MALE

REFERRED BY: UNION BANK

DATE: 27/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS
Consultant Radiologist
Reg. No. CGMC-23247200
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

MR NITESH KUMAR
Male 37Years

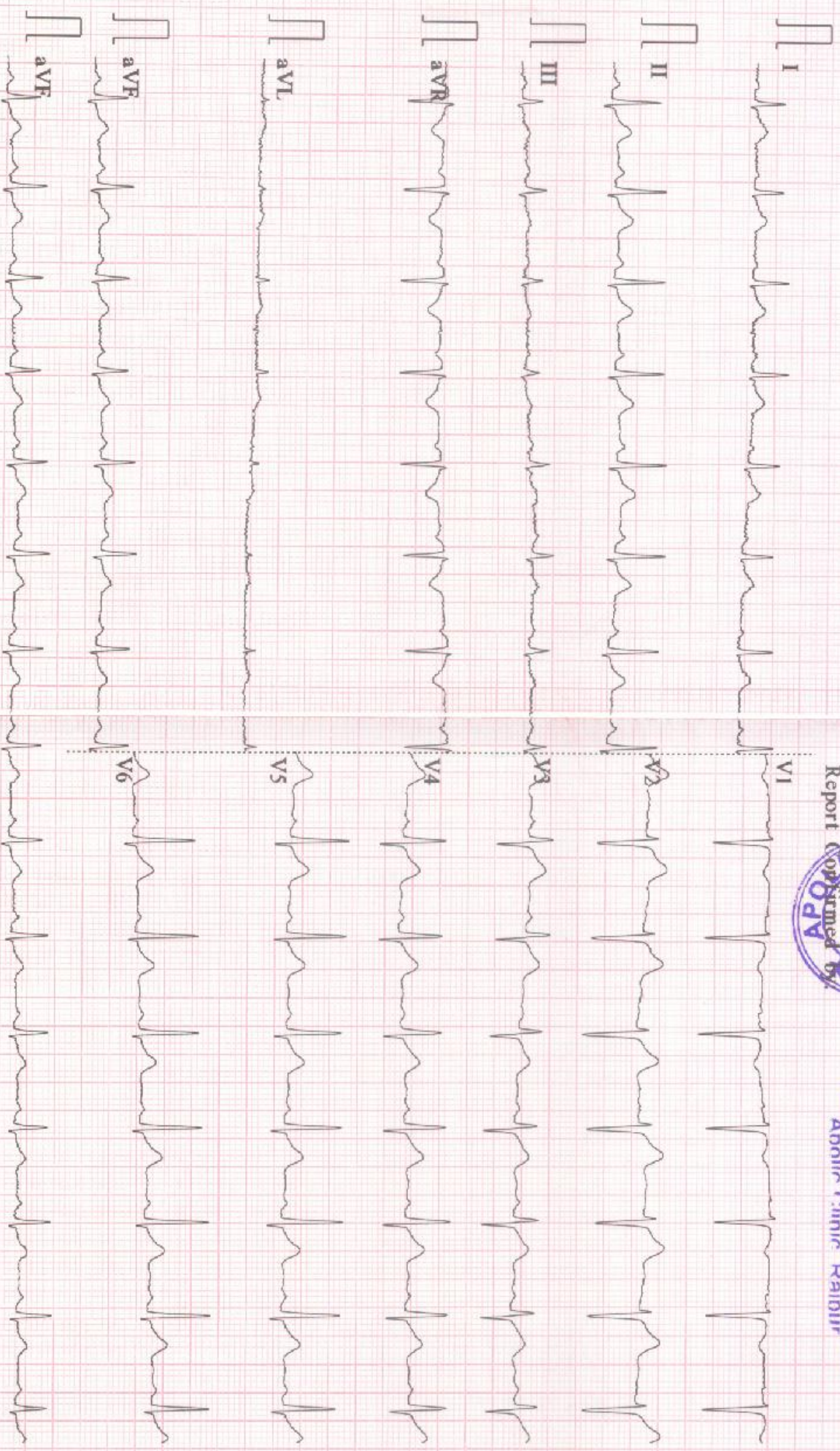
27/03/2024 10:31:10 AM

| | | |
|---------|---------------|-----|
| HR | : 88 | bpm |
| P | : 106 | ms |
| PR | : 148 | ms |
| QRS | : 84 | ms |
| QT/QTc | : 350/424 | ms |
| P/QRS/T | : 65/46/48 | ° |
| RV5/SV1 | : 1.031/1.054 | mV |

Diagnosis Information:
Sinus rhythm
Normal ECG



Dr. Ankit Sharma
MD Medicine
Reg. No.-CGMC 7971/2018
Apollo Clinic Raipur



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Nitesh Kumar

Date 27/3/24

Sex/Age 37/M

MR No

Employee Id

| | | | | |
|----------------------------------|--------------------|--------------|--------------------|-----|
| EXTERNAL EXAMINATION | | | | |
| SQUINT | | NO | | |
| NYSTAGMUS | | | | |
| COLOUR VISION | | NORMAL | | |
| FUNDUS:(RE):- | <u>WNL</u> | (LE):- | <u>WNL</u> | |
| INDIVIDUAL COLOUR IDENTIFICATION | | <u>Good</u> | | |
| DISTANT VISION:(RE):- | <u>6/6 P E 6/6</u> | (LE):- | <u>6/6 P E 6/6</u> | |
| NEAR VISION:(RE):- | <u>N6</u> | (LE):- | <u>N6</u> | |
| NIGHT BLINDNESS | | NAD | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | | <u>-0.50</u> | <u>90</u> | |
| LEFT | | <u>-0.50</u> | <u>90</u> | |
| REMARKS :- | | | | |



Dr. Vikas Mishra
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Reg. No. CGMC 621/2006

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 **0771 4033341**

Patient Name : MR NITESH KUMAR
UHID/ MR No : 9939
Visit Date : 27/03/2024
Sample Collected On : 27/03/2024 02:06PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y, Male
OP Visit No : OPD-UNIT-II-2
Reported On : 27/03/2024 07:10PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 14.2 | gm/dl | 12 - 17 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.78 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 42.60 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 89.1 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 29.7 | pg | 26 - 34 |
| MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER | 33.3 | g/dl | 32 - 35 |
| RDW (Red Cell Distribution Width) Method: CELL COUNTER | 12.7 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 9.50 | cells/cumm | 3.50 - 10.00 |
| Neutrophils Method: CELL COUNTER | 77 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 15 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 02 | % | 1-6% |
| Monocytes | 06 | % | 4.0 - 12.0 |
| Basophils Method: CELL COUNTER | 00 | % | 0.0 - 2.0 |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path




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| Platelet Count Method: CELL COUNTER | 112 | lacs/cu.mm | 150-400 |
| ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method | 12 | mm /HR | 0 - 10 |

Blood Group (ABO Typing)

| | |
|--------------------------|----------|
| Blood Group (ABO Typing) | B |
| RhD factor (Rh Typing) | POSITIVE |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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Page 5 of 5

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



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0771 4033341

| | |
|--------------------------------|---|
| Patient Name : Mr.NITESH KUMAR | Collected : 27/Mar/2024 12:55PM |
| Age/Gender : 37 Y 0 M 0 D /M | Received : 27/Mar/2024 01:42PM |
| UHID/MR No : DSUS.0000006993 | Reported : 27/Mar/2024 02:49PM |
| Visit ID : DSUSOPV8136 | Status : Final Report |
| Ref Doctor : APOLLO CLINIC | Client Name : PUP APOLLO CLINIC SAMRIDDI AR |
| IP/OP NO : | Patient location : Raipur,Raipur |

DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 140 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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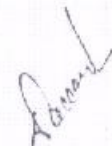
Age/Gender : 37 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 27/03/2024 07:10PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| GLUCOSE - (POST PRANDIAL) | | | |
| Glucose -Post prandial Method: REAGENT GRADE WATER | 194.0 | mg/dl | 70-140 |
| GLUCOSE (FASTING) | | | |
| Glucose- Fasting SUGAR REAGENT GRADE WATER | 144.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 10 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 0.93 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 5.4 | mg/dL | 2.6 - 7.2 |

End of Report
 Results are to be corelated clinically

Lab Technician / Technologist
 path



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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|-------------------------------------|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 149.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 97.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric | | | |
| HDL Cholesterol | 47.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric | | | |
| LDL Cholesterol | 82.60 | mg/dl | Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| Method: Spectrophotometric | | | |
| VLDL Cholesterol | 19.40 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.17 | | 3.5-5 |
| Method: Spectrophotometric | | | |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 1.0 | mg/dl | 0.1- 1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.80 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 16 | U/L | 0 - 40 |
| SGPT (ALT) Method: Spectrophotometric | 23 | U/L | 0 - 41 |
| ALKALINE PHOSPHATASE | 74 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.7 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.4 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.1 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 2.09 | % | 1.1 - 2.2 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



| | |
|--------------------------------|---|
| Patient Name : Mr.NITESH KUMAR | Collected : 27/Mar/2024 12:55PM |
| Age/Gender : 37 Y 0 M 0 D /M | Received : 27/Mar/2024 04:40PM |
| UHID/MR No : DSUS.0000006993 | Reported : 27/Mar/2024 05:21PM |
| Visit ID : DSUSOPV8136 | Status : Final Report |
| Ref Doctor : APOLLO CLINIC | Client Name : PUP APOLLO CLINIC SAMRIDDI AR |
| IP/OP NO : | Patient location : Raipur,Raipur |

DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.83 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 7.6 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.810 | µIU/mL | 0.35-5.5 | CLIA |

Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

*** End Of Report ***




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CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | 30ML | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity . | 1.020 | | 1.001 - 1.030 |
| Reaction (pH) | 5.0 | | |
| Chemical Examination | | | |
| Protein(Albumin) Urine | Absent | | Absent |
| Glucose(Sugar) Urine | Absent | | Absent |
| Blood | Absent | | Absent |
| Leukocytes | Absent | | Absent |
| Ketone Urine | Absent | | Absent |
| Bilirubin Urine | Absent | | Absent |
| Urobilinogen | Absent | | Absent |
| Nitrite (Urine) | Absent | | Absent |
| Microscopic Examination | | | |
| RBC (Urine) | NIL | /hpf | 0 - 2 |
| Pus cells | Occasional | /hpf | 0 - 5 |
| Epithelial Cell | Occasional | /hpf | 0 - 5 |
| Crystals | Not Seen | /hpf | Not Seen |
| Bacteria | Not Seen | /hpf | Not Seen |
| Budding yeast | Not Seen | /hpf | Not Seen |

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY