

MR: RAJEEV LAL - MADAM

Age - 37 Year / Male

02/04/24

B.P - 120/80

Pulse - 90 bpm

wt - 90 kg

H - 167 cm

BMI - 32.3

KID DMII (Atonia - 2 on)

CBC - 12.1 / 4.08 / 7.15 / 91

ESR - 10

FBS / PABS - 263.0 / ~~262.0~~ ³²³ mg/dl

KFT - 0.8 / 0.79 / 3.69 mg/dl

Lipid - 130.0 / 40.0 / 72.60 mg/dl

LFT - 23 / 30 / 102 U/L

HbA1c - 10.1

EAG - 240 mg/dl

T3 - 1.66

T4 - 12.0

TSH - 9.210

P
- tabs THYREX 25 M on

- tabs ONLYCALIM 42 (10)

- tabs Depaxin - m 10 per day of

* - Cap = MAF 10 माल्टे डी वाट्स > 300

- hence 3 dys < FBS PABS



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

ID: 80
MR RAJEEV LAL MADDAAN
Male 37Years

01-04-2024 10:02:03 AM

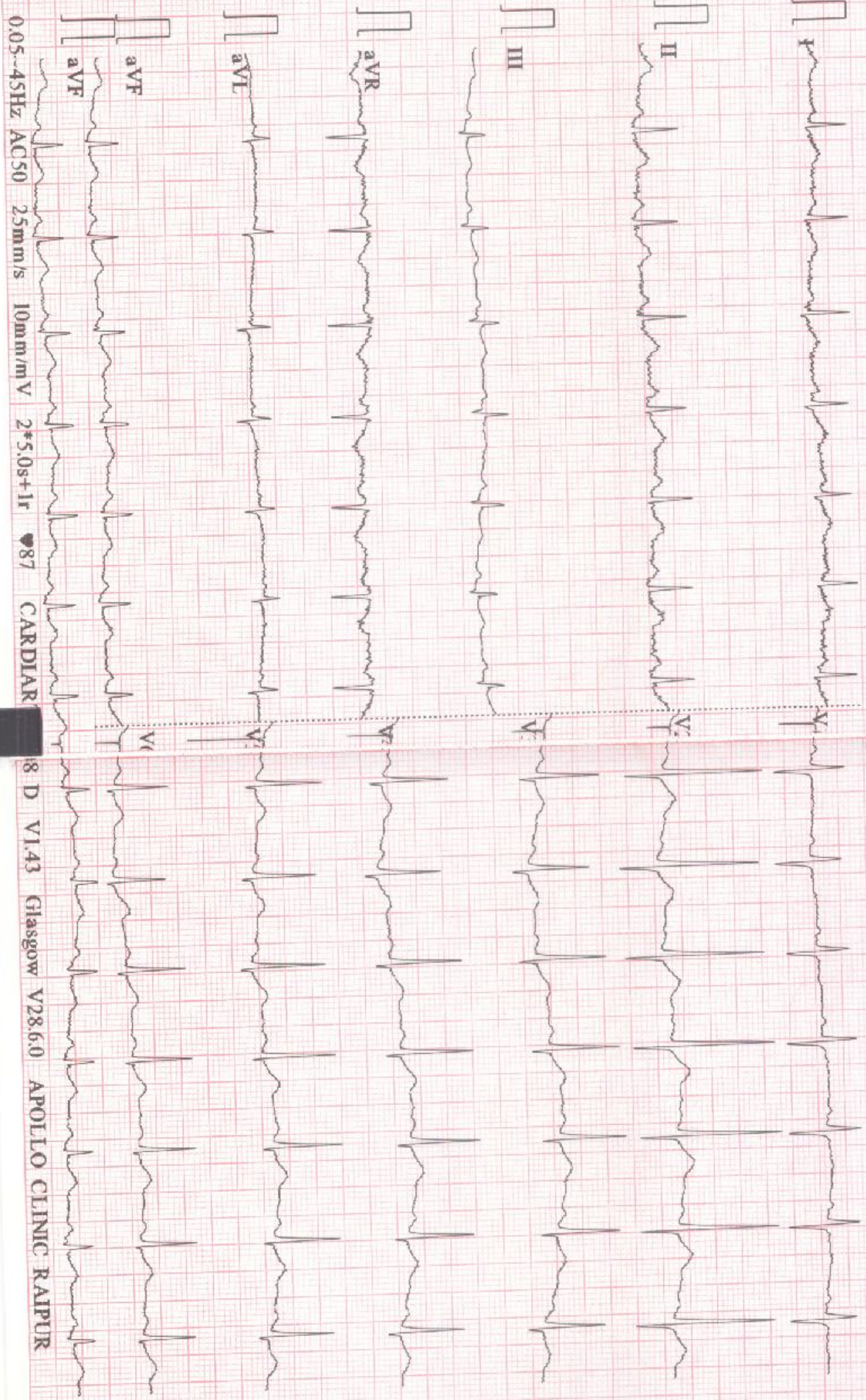
HR : 87 bpm
P : 122 ms
PR : 146 ms
QRS : 88 ms
QT/QTc : 348/419 ms
P/QRS/T : 57/48/54 °
RV5/SV1 : 1.282/0.666 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 87 CARDIAR

8 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

NAME OF PATIENT; MR. RAJEEV LAL MADAN

AGE: 37YRS/MALE

REFERRED BY: UNION BANK

DATE: 01/04/2024

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, MD
Consultant Radiologist
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.

Patient Name : MR RAJEEV LAL MADAAN
UHID/ MR No : 10054
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 03:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 06:00PM

HAEMATOTOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.1	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.08	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	36.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.7	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	16.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.15	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	63	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	31	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	04	%	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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0771 4033341

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	91	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : O
RhD factor (Rh Typing) : POSITIVE

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	323.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	263.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.79	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.69	mg/dL	2.6 - 7.2

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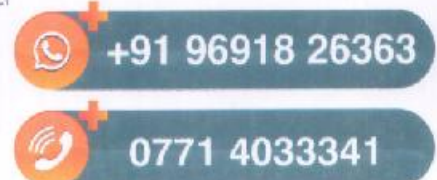
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	130.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	87.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	72.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	17.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.25		3.5-5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	23	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 41
ALKALINE PHOSPHATASE	102	U/L	25-147
Total Proteins Method: Spectrophotometric	6.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.8	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.58	%	1.1 - 2.2

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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	1.010		1.001 - 1.030
Reaction (pH)	6.0		
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	1 - 2	/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	

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Patient Name : Mr.RAJEEV LAL MADAAN	Collected : 01/Apr/2024 04:07PM
Age/Gender : 37 Y 0 M 0 D /M	Received : 01/Apr/2024 06:37PM
UHID/MR No : DSUS.0000007063	Reported : 01/Apr/2024 07:43PM
Visit ID : DSUSOPV8223	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	10	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	240	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)



Patient Name : Mr.RAJEEV LAL MADAAN	Collected : 01/Apr/2024 04:07PM
Age/Gender : 37 Y 0 M 0 D /M	Received : 01/Apr/2024 04:40PM
UHID/MR No : DSUS.0000007063	Reported : 01/Apr/2024 06:12PM
Visit ID : DSUSOPV8223	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI 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)	1.66	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.0	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	9.210	µIU/mL	0.35-5.5	CLIA

Kindly correlate with Free T3-T4 and clinically.

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

1. 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.
2. 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.
3. 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.
4. 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



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Rajeev Lal Madan

Date 11/04/2024

Sex/Age M/39 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/24 6/6 6/12</u> (LE):- <u>6/24 6/6 6/12</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-1.75</u>	<u>-0.50</u>	<u>60°</u>	
LEFT	<u>-1.50</u>	<u>-1.0</u>	<u>90°</u>	
REMARKS :-				

