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114124

Mr. Vimal Kumar Meena PHYSICIAN CONSULTATION

Age / sex - 35 yrs / male.

wt
~~Height~~ - 80.7k
Height 5'8 inch

PRESENT COMPLAINT: -

no any present complaints.

PAST MEDICAL / SURGICAL HISTORY:

- KID - HTN on Rx, but treatment stop.
no any surgical history.

GENERAL EXAMINATION:

PULSE - 104/min

BP: - 130/80 mmHg

BMI - 32.3 kg/m²

APETITE: - decrease appetite

THIRST: - Normal

STOOL: - Normal

URINE: - Normal

SLEEP: - Normal

SKIN: - Normal

NAILS: - Normal

HABITAT: - NO

SYSTEMIC EXAMINATION: -

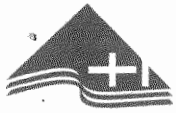
RESPIRATORY EXAMINATION: - AEBE clear.

CARDIOVASCULAR EXAMINATION: - S1 S2 + / CNS - conscious & oriented

ABDOMINAL EXAMINATION: - Soft.

GYNACOLOGY / OBST HISTORY (FOR FEMALE):

NAD



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. VIMAL KUMAR MEENA	LabNo	935	
UHID/IP No	140022659 / 1	Sample Date	01/04/2024 9:01AM	
Age/Gender	35 Yrs/Male	Receiving Date	01/04/2024 9:55AM	
Bed No/Ward	OPD	Report Date	01/04/2024 1:03PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.5	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.90	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	42.3	%	40.0 - 50.0	
MCV	86.33	fl	78 - 100	Calculated
MCH	29.59	pg	27 - 31	Calculated
MCHC	34.28	gm/dl	30 - 36	Calculated
RDW	14.0	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	59	%	40 - 80	
Lymphocyte %	36	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	3835	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2340	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	130	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	195 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	335	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.5	fl	7 - 12	

--End Of Report--

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MD PATHOLOGY



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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	19	mm/hr	0 * 20	Westergren

--End Of Report--

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"B" Rh Positive			SLIDE METHOD

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	104.68	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	168.8 H	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

BUN (BLOOD UREA NITROGEN)

BUN - Blood Urea Nitrogen (SINGLE)	13.7	mg/dl	7 - 20
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LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	186.9	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	200 H	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	40.00 H	mg/dl	6.00 - 38.00	Calculated Value

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LDL Cholesterol	104.90 H	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.45		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.50		2.50 - 3.50	Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.81	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.26	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.55	mg/dl	1 - 1	
SGPT (ALT)	36.65	U/L	5 - 40	IFCC modified
SGOT (AST)	32.16	U/L	5 - 40	IFCC modified
Protein Total	6.25	gm/dl	6.00 - 8.00	Biuret
Albumin	4.32	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	1.93	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.24		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	66.10	IU/L	42 - 140	
GGTP (GAMMA GT)	29.07	IU/L	15.0 - 72.0	UV Kinetic IFCC

SERUM CREATININE

Sample: Serum

Creatinine	0.98	mg/dl	0.80 - 1.50	Jaffes
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URIC ACID (SERUM)

Sample: Serum

Uric Acid	4.24	mm/hr	3.5 - 8.5	URICASE-PEROXIDASE
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--End Of Report--

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.010		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	5.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	1-2			
RBCs	Absent			
Epithelial Cells	2-3			
Crystals	Absent			Absent
Cast	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : **PVD04224-25/96** Sample ID : 2404100
 Patient : MR VIMAL KUMAR MEENA Reg. Date : 01/04/2024
 Age/sex : 35 Yrs/ Male Report Date : 01/04/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.8	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	119.76	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04224-25/96** Sample ID : 2404100
 Patient : MR VIMAL KUMAR MEENA Reg. Date : 01/04/2024
 Age/sex : 35 Yrs/ Male Report Date : 01/04/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	128.24	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.96	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.06	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease); Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640



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APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr. VIMAL KUMAR MEENA	LabNo	935	
UHID/IP No	140022659 / 1	Order Date	01/04/2024 9:01AM	
Age/Gender	35 Yrs/Male	Receiving Date	01/04/2024 4:57PM	
Bed No/Ward	OPD	Report Date	02/04/2024 2:16PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST

ASH/QA/FORM/NUR/04/MAR22/V1



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ई. सी. जी.

Name vimal kumar mehta Date 11/4/23

Age 35 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

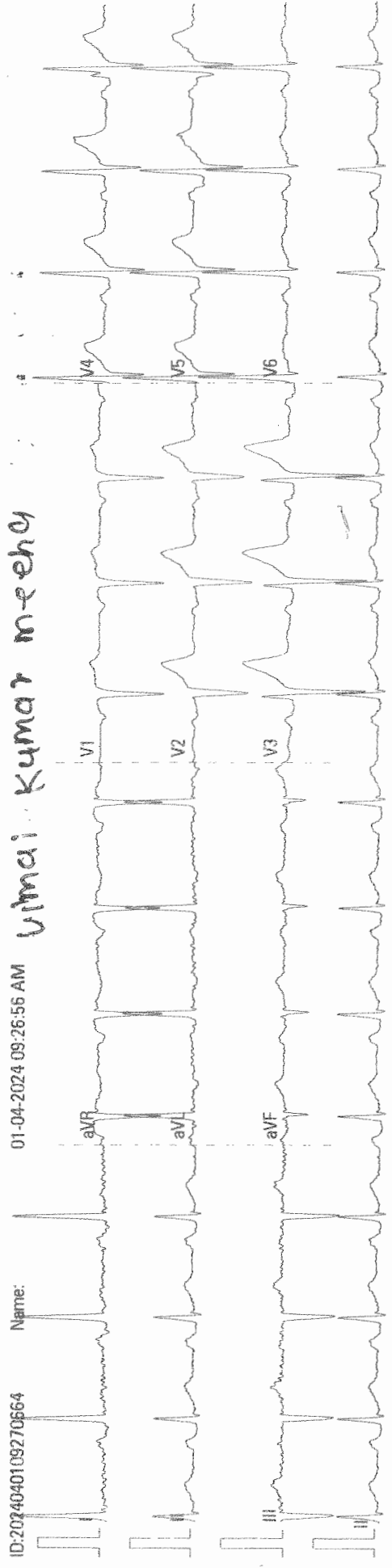
Voltage : _____ Q. Wave : _____ Q. T. Interval _____

Impression : LAD

Dr. CHIRAG V. SHAH
D.N.B.(M.D.)

CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2005/04/1649

ID: 2024040109270664
Name:
01-04-2024 09:26:56 AM
Sinus Rhythm
Unconfirmed Diagnosis



01-04-2024 09:26:56 AM
Vimali Kumar meehy

01-04-2024 09:26:56 AM

Name:

ID: 2024040109270664

25 mm/s 10 mm/mV 50 Hz BDR 35 Hz QTc: Bazett APEX SUPERSPECIALITY HOSPITAL 02.07.00\104.00.00 SN: FK-83014036