



VID :- E/14655
PID No. :- 202481017130291
Name :- Mr. PRADEEP KUMAR
Age/Sex :- 40 Y / M
Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :
08/10/2024 8:36AM

Reported on/at
08/10/2024 2:23PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT Szasz method	21.0	U/L	11 - 34
BLOOD SUGAR F			
Glucose Fasting	96	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	104	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total) (Serum, Diazo)	0.68	mg/dL	<1.0
Bilirubin (Direct) (Serum, Diazo)	0.22	mg/dL	0 - 0.3
Bilirubin (Indirect) (Serum, Calculated)	0.46	mg/dL	UPTO 1.0
SGOT (AST) (Serum, Enzymatic)	20	U/L	5 - 37
SGPT (ALT) (Serum, Enzymatic)	25	U/L	10 - 40
Alkaline Phosphatase (Serum, pNPP)	188	U/L	80 - 290
Total Proteins (Serum, Biuret)	7.23	g/dL	6.4 - 8.3
Albumin	4.15	g/dL	3.7 - 5.6
Globulin (Serum)	3.08	g/dL	1.8 - 3.6
A/G Ratio (Serum)	1.35	g/dl	1.1 - 2.2
Gamma GT Szasz method	21.0	U/L	11 - 34

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	112	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	74	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	30	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	67.20	mg/dL	Optimal : <100 Near Optimal : 100-129 Borderline High : 130 - 159 High :160 - 189 Very High : >190
VLDL Cholesterol	14.80	mg/dL	6-38
LDL/HDL RATIO	2.24		2.5-3.5
CHOL/HDL RATIO	3.73		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	24.7	mg/dL	15 - 43
Creatinine (Serum,Jaffe)	0.78	mg/dL	0.57 - 1.4
Sodium	140	mmol/L	135 - 145
Potassium	4.11	mmol/L	3.5 - 5.1
Uric Acid (Serum,Uricase)	3.25	mg/dL	2.6 - 6
Chlorides	103	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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



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M.D. (Pathologist)



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HBA1C

HbA1c Value	6.20	%	4-6=Normal Control	6-7=Good 7-8=Fair Control
			8-10=Unsatisfactory Control >10%=Poor Control	

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.025		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
Glucose	NIL		NIL
<u>Microscopic Examination</u>			
PUS CELLS	1-2	/hpf	0-5
Epithelial Cells	2-4	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<u>Chemical Examination</u>			
Protein	NIL		NIL

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	13.4	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.96	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	40.5	%	36 - 47
MCV (Mean Corpuscular Volume)	82	fl	78 - 95
MCH (Mean Corpuscular Hb)	27.0	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.1	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.6	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	5100	cells/cu.mm	4000 - 11000
Neutrophils	51	%	40 - 75
Lymphocytes.	43	%	20 - 40
Monocytes	05	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	120	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	8.8	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.0	%	0.15 - 0500
PDW (Platelet Distribution Width)	12.6	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"O"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	20	mm at 1hr	0 - 15
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Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma.

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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
Urine Sugar Fasting			
Urine Sugar (Fasting)	NEGATIVE		Absent
Prostate Specific Antigen			
PSA	1.20	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen for

Thyroid Panel 1 (T3, T4, TSH)

T3	0.88	ng/dl	0.6-1.8
----	------	-------	---------

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. In such cases Free T3 and Free T4 give corrected values.

T4	6.23	ug/dl	4.5-12.6
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Remark:1.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. In such cases Free T3 and Free T4 give corrected values.

TSH	2.14	uIU/ml	0.25-5.5
-----	------	--------	----------

Remarks : 1.4.51 to 15 μ IU/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 infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

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



Dr. Avishesh Kumar Singh
M.D. (Pathologist)

भारत सरकार
Government of India

आधार

Issue Date: 02/04/2012

प्रदीप कुमार
Pradeep Kumar
जन्म तारीख/DOB: 05/11/1984
पुरुष/ MALE

2448 4496 4194
VID : 9123 7405 6651 2838

मारी आधार, मारी योजना

भारतीय विशिष्ट ओळखाव प्राधिकरण
Unique Identification Authority of India

आधार

संख्या :
S/O राजेश शर्मा, म० न०- ८०६, आनंद भवन के पास,
लक्ष्मी नगर, पिस्का मोड़, हेहल, रांची,
झारखण्ड - 834005

Address:
S/O Rajesh Sharma, H. NO- 806, Near Anand
Bhawan, Laxmi Nagar, Piska More, Hehal,
Ranchi,
Jharkhand - 834005

Download Date: 24/08/2023

2448 4496 4194
VID : 9123 7405 6651 2838

1947 | help@uidai.gov.in | www.uidai.gov.in

Pradeep
Kumar

Dr. Shailendra Ruprela
MD , Medicine
Reg. No.: CGMC-511/2006

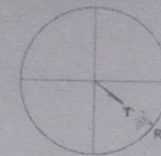
DR RUPRELA'S NMS DIAGNOSTICS & IMAGING CENTER

FAFADIH, RAIPUR

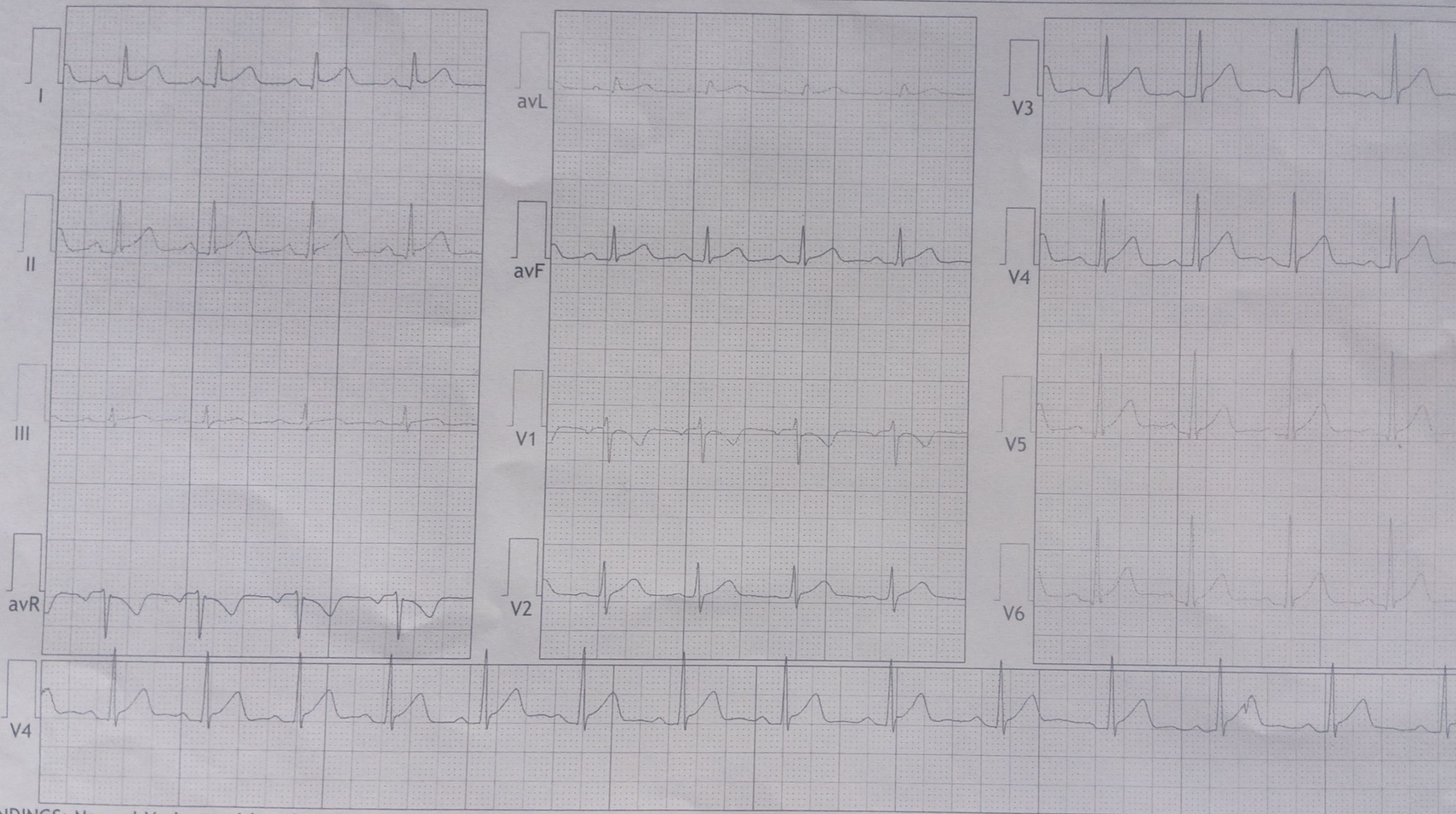
147/Mr Pradeep Kumar 40Yrs/Male 64 Kgs/172 Cms BP: 114/73_ mmHg

HR: 83 bpm

Ref.: ARCOFEMI Test Date: 08-Oct-2024(10:21:42) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



PR Interval: 184 ms
QRS Duration: 100 ms
QT/QTc: 342/404ms
P-QRS-T Axis: 41 - 36 - 38 (Deg)



FINDINGS: Normal Variant with Possibly AMI

Vent Rate : 83 bpm; PR Interval : 184 ms; QRS Duration: 100 ms; QT/QTc Int : 342/404 ms

P-QRS-T axis: 41• 36• 38• (Deg)

Comments :

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CGMC-511/2006

Pradeep Kumar



NAME : MR. PRADEEP KUMAR
REF. BY : ARCOFEMI

AGE : 40 Y/M
DATE : 08.10.2024

WHOLE ABDOMINAL SONOGRAPHY

The Real time, B mode, gray scale sonography was performed.

LIVER :The liver is normal in size, shape and has smooth margins.

It has uniform echotexture, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT :The common bile duct is normal in caliber.

No evidence of calculus is noted in common bile duct.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS :The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus.

SPLEEN : The spleen is normal in size and shape. Its echotexture is homogeneous.

No evidence of focal lesion is noted.

URINARY BLADDER :The urinary bladder is well distended & appears normal.

No evidence of calculus is seen.

No evidence of mass or diverticulum is noted.

PROSTATE :The prostate shows well defined and sharp margins.

The prostatic echotexture is normal and homogenous.

IMPRESSION :

The Sonography Of Whole Abdomen Is Within Normal Limits

As with any other investigations the results obtained serve as an aid to diagnosis and should be interpreted in relation to any other clinical and diagnostic findings .

Thanks for referral with regards



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)

Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com

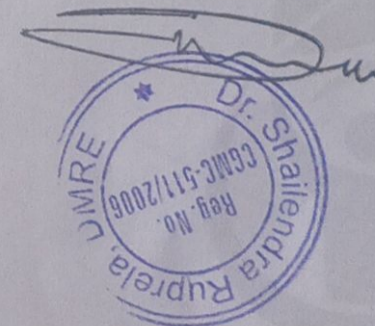


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X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION : No evidence of pulmonary, pleural or cardiac pathology is noted.
Radiograph of chest is within normal limits.**





NAME: MR. PRADEEP KUMAR
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AGE/SEX : 40 Y/M
DATE: 08.10.2024

ECHO – CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)	
Aortic Root	3.0	2.0-3.7	
Left Atrial Dimension	2.5	1.9-4.0	
Left Ventricular ED	3.9	3.7-5.6	
Left Ventricular ES	2.8	2.2-4.0	
Interventricular Septal	ED : 0.9	ES : 0.8	0.6-1.2
LEFT VENT PW	ED : 0.9	ES : 0.8	0.6-1.2

2 D ECHO

CHAMBERS	-	All cardiac chambers normal.
VALVE	-	NORMAL
SEPTAE	-	IVS/IAS INTACT
RWMA	-	NO
EF (OVARALL)(LV)	-	60 %
CLOT/ VEGETATION	-	NIL
PER. EFFUSION	-	NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

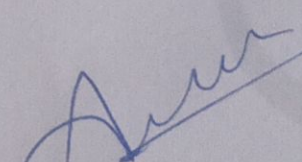
Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES


DR AJAY HALWAI
MBBS, MD, PGDCC



NAME : MR. PRADEEP KUMAR

AGE : 40 Y/SEX/M

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DATE : 08.10.2024

Complain Of : No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

WEARING GLASSES : YES/NO

(IF YES PLEASE MENTION THE POWER)

DISTANCE VISION:

(With / without PGP)

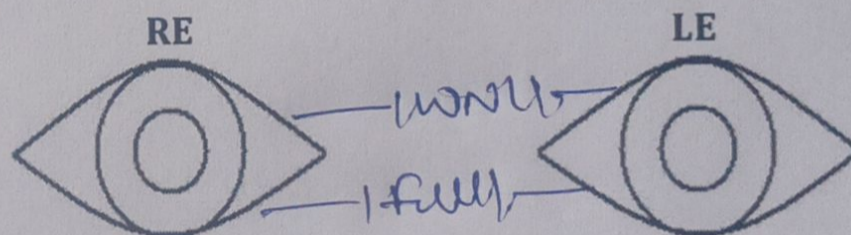
RE 6/6 LE 6/6

NEAR VISION:

(With / without PGP)

RE N/6 LE N/6

EXTERNAL EYE EXAMINATION:



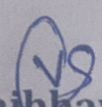
EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT


Dr. Vaibhav Sharma
Ophthalmologist
Reg. No. MCI/10-37782



Dr. Ruprela's
NMS Diagnostics & Imaging
"अचूक निदान" स्वस्थ जीवन की ओर...

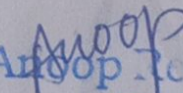
TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MR. PRADEEP KUMAR AGE-40/M HE UNDERGONE ENT EXAMINATION ON 08/10/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP


Dr. Anoop Tekha Mudgal
MS, ENT
Reg. No.: CGMC- 5083/2014



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PERIPHERAL SMEAR EXAMINATION

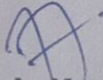
RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.

END OF REPORT


Dr. Avishesh Kumar Singh
MD (Pathologist)

