

Date → 20/11/23

Densica Dental

Mr. Vijay. M. Bahadur.

Pt c/o mild sensitivity in teeth.

T/t adv.

Rx.

Sky NM toothpaste.

Dr. Shaifali

8120909043.



Name : Mr. VIJAY M BAHADUR Age : 39Yr 0Mth 22Days Gender : Male
 UHID : ASHB.0000022828 / BPLAH4649 W/BNo/RefNo : AHC
 SIN \ LRN : 65905 \ 65904 \ 65906 \ 25729
 Specimen : Blood
 Ref Doctor : Dr. Gopal Batni



Collected on : 20-NOV-2023 04:17:52 PM Received on : 20-NOV-2023 05:15:32 PM Reported on : 20-NOV-2023 08:56:53 PM

MEDIWHEEL FULL BODY ANNUAL CHECKUP

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE - SERUM / PLASMA (FASTING)	86	70-100	mg/dL
GLUCOSE - PLASMA (FASTING)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	115	70-140	mg/dL
GLUCOSE - PLASMA - (POST PRANDIAL)			
CHOLESTEROL - SERUM / PLASMA	217 *	Desirable: <200 Borderline High: 200-239 High >240	mg/dL
HDL CHOLESTEROL - SERUM / PLASMA	38 *	>40	mg/dL
LDL CHOLESTEROL - SERUM / PLASMA	174 *	Optimal: <100 Above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190	mg/dL
TRIGLYCERIDES - SERUM / PLASMA	155 *	Normal<150 Borderline high 150-199 High 200-499 Very high: ≥ 500	mg/dL
VLDL CHOLESTEROL - SERUM	31 *	15-30	
TOTAL CHOLESTEROL AND HDL RATIO INTERPRETATIVE[2]TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO (Calculated)	5.7 *	3.5-5.0	



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PROTEIN TOTAL - SERUM / PLASMA			
PROTEIN TOTAL - SERUM	7.4	6.6-8.3	g/dL
ALBUMIN - SERUM	4.3	3.5-5.2	g/dL
GLOBULIN - SERUM			
GLOBULIN	3.1	2.6 - 4.6	g/dL
ALBUMIN/GLOBULIN RATIO			
ALBUMIN AND GLOBULIN RATIO	1.4	0.9-2.0	
AST (SGOT) - SERUM	17	< 50	U/L
ALT(SGPT) - SERUM / PLASMA			
ALT(SGPT) - SERUM	18	<50	U/L
BILIRUBIN, TOTAL - SERUM			
BILIRUBIN TOTAL	0.8	0.3-1.2	mg/dL
BILIRUBIN CONJUGATED (DIRECT) - SERUM			
BILIRUBIN CONJUGATED (DIRECT)	0.2	<0.2	mg/dL
BILIRUBIN UNCONJUGATED (INDIRECT) - SERUM			
BILIRUBIN UNCONJUGATED (INDIRECT)	0.6	0.1-1.2	mg/dL
ALKALINE PHOSPHATASE - SERUM/PLASMA			
ALKALINE PHOSPHATASE - SERUM	84	30-120	U/L
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM			
GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	28	0 - 55	U/L
CREATININE - SERUM / PLASMA	0.76	0.72 - 1.18	mg/dL
URIC ACID - SERUM / PLASMA	7.1	3.5-7.2	mg/dL
BUN (BLOOD UREA NITROGEN)	8.5	Male: <50yrs 8.87-20.5 mg/dl Male:>50yrs 8.41-25.7 mg/dl	mg/dL
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.25	0.60-1.81	ng/ml



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TOTAL T4: THYROXINE - SERUM	12.33	5.01 - 12.45	µg/dL
TSH: THYROID STIMULATING HORMONE - SERUM	2.31	0.35-5.50	µIU/mL

Report Status:Final

* END OF REPORT *

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153991



Printed On : 22-NOV-2023 12:39:22 PM

Dr Anupriya Chanda
Consultant Pathologist

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Name : **Mr. VIJAY M BAHADUR** Age : 39Yr 0Mth 22Days Gender : Male
 UHID : ASHB.0000022828 / BPLAH4649 W/BNo/RefNo : AHC
 SIN \LRN : 65908 \ 65909 \ 25729
 Specimen : Urine
 Ref Doctor : Dr. Gopal Batni



Collected on : 20-NOV-2023 05:04:41 PM Received on : 20-NOV-2023 05:05:12 PM Reported on : 20-NOV-2023 05:13:25 PM

MEDIWHEEL FULL BODY ANNUAL CHECKUP

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
CBC			
HAEMOGLOBIN	14.9	13.0-17.0	g/dL
Packed cell volume (Calculated)	43.6	38.3-48.6	%
RBC COUNT (Impedance)	4.18 *	4.50-5.90	Million/ul
MCV-	104.2 *	80-100	fl
MCH-	35.7 *	27-32	pg
MCHC-	34.2	32-36	g/dL
RDW (Derived from RBC histogram)	13.7	11.8 - 14.5	%
TLC COUNT	6.76	4.0-11.0	10 ³ /mm ³
DIFFERENTIAL COUNT			
Neutrophils	50	40-80	%
Lymphocytes	41 *	20-40	%
Monocytes	7	2-10	%
Eosinophils	2	1-6	%
Basophils	0	0-2	%
Platelet Count (Impedance)	336.2	150-450	10 ³ /mm ³
Mean Platelet Volume	8.6	6.5-12.0	fl
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27 *	0-15	mm/1st hr
URINE ROUTINE (CUE)			
MACROSCOPIC EXAMINATION			
Specific Gravity (Automated – Reflectance Spectrometer)	1.020	1.005 - 1.025	
Colour (Naked Eye Examination)	Pale-Yellow		



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Transparency:(Naked Eye Examination)	Clear		
pH(Automated – Reflectance Spectrometer)	Acidic		
Protein :(Automated – Reflectance Spectrometer/Sulpho salicylic acid method)	Nil		
Sugar:(Automated - Reflectance Spectrometer/ Benedict's Test)	Nil		
Ketone(Automated – Reflectance Spectrometer/Rothera's test)	Nil		
Bilirubin: (Automated – Reflectance Spectrometer/Fouchet's method)	Nil		
Cells:			
RBC(Automated - Reflectance spectrometer/Microscopy/Flow cytometric)	Nil		
Pus Cells(Automated – Reflectance spectrometer/Microscopy/Flow cytometric)	1-2	0.0 - 5.0/HPF	/hpf
Epithelial Cells(Microscopic /Flow cytometric)	1-2	<20	/hpf
Yeast Cells	Absent		
Bacteria	Absent		
Casts:(Microscopic /Flow cytometric)	Absent	ABSENT	
Crystals:(Microscopic /Flow cytometric)	Absent		



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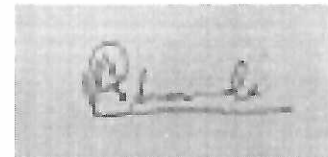


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* END OF REPORT *

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153991



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Consultant Pathologist

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UHID : ASHB.0000022828 / BPLAH4649 W/BNo/RefNo : AHC
SIN ILRN : 65907 \ 25729
Specimen : Blood
Ref Doctor : Dr. Gopal Batni



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MEDIWHEEL FULL BODY ANNUAL CHECKUP

<u>TEST NAME</u>	<u>RESULT</u>
BLOOD GROUPING AND TYPING (ABO and Rh)	
ABO Group:	O
Rh (D) Type:	Positive
Report Status:Final	

* END OF REPORT *

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725449

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Dr.Samir Singh
CONSULTANT-BLOOD BANK





Out Patient Assessment Form

Apollo Hospital, Bhopal

Place Patient Label Here

Mr. vijay M. Behadur

If label not available, write Pt. Name UHID No. IP
No Age, Sex, Date, Name of Treating Physician

Date : 20/11/23 Time : 9:15 Am Consultant Name : H.C.

Pain Assessment **Nursing Assessment**

<p style="font-size: 0.8em;">0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Hurts Even More 8 Hurts Whole Lot 10 Hurts Worst</p>	Height 182 cm	Weight : 137.3 kg	Pulse : 79/m	BP : 141/82
Allergies (if any) NO.			Falls risk : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Oral hygiene : Poor <input type="checkbox"/>			Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	

Investigation Ordered

SpO₂ → 99%

BMI → 41.5

Chief complains past medical / surgical history. Diagnosis, Treatment Plan, Current Medications & Follow - up advice :

Patient Education (Patient Is Briefed on Following) Cost May Vary In Course Of Disease

Proposed Care Plan Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Outcome : Yes <input type="checkbox"/> No <input type="checkbox"/>
Expected Cost : Yes <input type="checkbox"/> No <input type="checkbox"/>	Admission Advice : Yes <input type="checkbox"/> No <input type="checkbox"/>

Consultant Signature	Date : Time
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