



भारत सरकार

Government of India



मनोज कुमार चौधरी

Manoj Kumar Chaudhary

जन्म तिथि / DOB : 18/04/1993

पुरुष / Male



2313 5301 9149

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: हरिश्चंद्र चौधरी, ग्राम-जरंगी,
पोस्ट-बाखरी केशो, बेला गोपी,
मुजफ्फरपुर, सरफुद्दीनपुर, बिहार,
843118

Address:

S/O: Harishchandra Chaudhary,
VILLAGE-JARANGI,
post-BAKHARI KESHO, Bela
Gopi, Muzaffarpur, Sarfuddinpur,
Bihar, 843118

2313 5301 9149



1947
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es Care Organisation

पूछताछ काउंटर
HELP DESK

विलिंग काउंटर
CASH COUNTER

 GPS Map Camera



Varanasi, Uttar Pradesh, India
44-B3, Durgakund, Bhelupur, Varanasi, Uttar Pradesh 221001, India
Lat 25.289216°
Long 82.993356°
20/10/24 10:46 AM GMT +05:30



PANACEA HOSPITAL

B 36/44 F.K KABIR NAGAR, DURGAKUND
TOLLFREE NO-18001233070. Whatsapp No - 8795832852
www.piire.org
panaceaquery@gmail.com|panaceahospitalit@gmail.com



OP Slip

Print Date : 20-Oct-2024 10:26AM



UHID No	:- UD-24250003864	OP No	:- OP-24250011694	OP Date	:- 20 Oct 2024 10:26AM
Patient Name	:- Mr MANOJ KUMAR CHAUDHARY	Age/Sex	:- 31 Y/Male	Mobile No	:- 8294907063
Father	:- HARISHCHANDRA CHAUDHARY	Department	:- GENERAL MEDICINE		
Pay Type	:- Cash	Consultant	:- Dr ASHUTOSH MISHRA (MBBS MD IMS BHU,MD)		
Token No	:- NOR. - 4	Paid/Bal	:- 0.00 /1130.00		
Patient Type	:- Normal				
Address	:- VILLAGE - JARANGI POST - BAKHARI KESHO BELA GOPI MUZAFFARPUR SARFUDDINPUR 843118,BIHAR				

BP	:- 128/88	Rx
height	:- 169	C/O
Weight (kg)	:- 68.7kg	chest pain on/off x 10 days
BMI	:- 24.0	• breathlessness during walking
CH - 86		• Bowching
NC - 34		• H/O Past: NO
WC - 91		
PR - 92 b/m		• H/O Family: -
SPO ₂ - 99%		• Mother CA +ve
PEFR - 300		• H/O Personal: -
		• Smoking occasionally
		• on medicine: -

Printed By : Ms. Anjali Prajapati
Created By : Ms. Anjali Prajapati

Facilities:

All clinical Biomedical & Hematology Investigations including Bone Marrow Examination VPT, Podiascan & Complete Foot Care (First Time in Purvanchal) All Hormonal Investigation by Chemiluminescent Method Visceral Fat by (AB-140) Ambulatory BP Monitoring CGMS & Insulin Pump Available PFT, 2D-ECHO (Color Doppler), Holter, TMT, Cardiac-3 available VIA, VILI, Colposcopy available Special Endocrinological Investigation Protocols.

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Panacea Pathology

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पूर्वांचल की सर्वोत्तम गुणवत्ता वाली पैथोलॉजी

UHID No :- UD-24250003864 **Booking No/Date** :- 61 / 20-Oct-2024 03:03 PM
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Father :- HARISHCHANDRA CHAUDHARY **OP No** :- OP-24250011694
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Consultant :- Dr ASHUTOSH MISHRA (MBBS MD IMS BHU)

HAEMATOTOLOGY

HBA1C -(BY GOLD STANDARD METHOD :HPLC) 5.3 Normal: 4.0 - 5.4 %
Prediabetic : 5.5 -6.3
Diabetes mellitus := 6.4

BLOOD GROUP ABO & RH FACTOR
BLOOD GROUP B
RH FACTOR POSITIVE

ESR 15 0.00 - 15.00 mm at 1 hr

BIOCHEMISTRY

LFT (LIVER FUNCTION TESTS)

TOTAL BILIRUBIN 0.84 0.00 - 1.20 mg/dl
DIRECT BILIRUBIN 0.32 0.00 - 0.30 mg/dl
INDIRECT BILIRUBIN 0.52 0.20 - 0.70 mg/dl
SGOT 35.2 2.00 - 31.00 U/L
SGPT 40.2 10.00 - 45.00 U/L
ALKALINE PHOSPHATASE 69.2 25.00 - 140.00 U/L
TOTAL PROTIENS 7.1 6.60 - 8.70 g/dl
ALBUMIN 4.0 3.50 - 5.20 gm%
GLOBULIN 3.1 1.50 - 3.60 gms/dl

Lab Technician

Timing : 24/7 hrs

This Report is not valid for medico legal purpose

Consulting Pathologist

Dr. UMESH KUMAR
MBBS, MD (Pathologist)
MCI Reg. No. 41413

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Investigations	Observations	Biological Ref. Interval	Unit
A/G RATIO	1.23	2:1	RATIO
RFT (RENAL FUNCTION TESTS)			
BLOOD UREA	24.0	10.00 - 50.00	mg/dl
SERUM CREATININE	0.94	0.60 - 1.60	mg/dl
URIC ACID	3.9	3.60 - 7.70	mg/dl
ALKALINE PHOSPHATASE	69.0	25.00 - 140.00	U/L
TOTAL PROTIENS	7.1	6.60 - 8.70	g/dl
ALBUMIN	4.0	3.50 - 5.20	gm%
SERUM GLOBULIN	3.1	2.30 - 3.50	g/dl
CALCIUM	8.9	8.80 - 10.20	
PHOSPHORUS	4.2	2.50 - 5.00	
SERUM SODIUM NA+	138.2	135.00 - 155.00	mEq/Ltr
SERUM POTASIAM K+	3.70	3.60 - 5.50	mEq/Ltr
ICALCIUM	1.10	1.10 - 1.35	mmol/L
SERUM CHLORIDE CL+	105.2	98.00 - 110.00	mEq/Ltr

LIPID PROFILE

Lab Technician

Consulting Pathologist
 Dr. UMESH KUMAR
 MBBS, MD (Pathologist)
 MCI Reg. No. 41413

Timing : 24/7 hrs

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Investigations	Observations	Biological Ref. Interval	Unit
TOTAL CHOLESTROL	165.0	Desirable : - < 200 mg/dL Borderline: - 200 - 239 mg/dL High : - > 240mg/dL	mg/dl
TRIGLYCERIDES	117.0	35.00 - 160.00	mg/dl
HDL CHOLESTROL	48.0	35.30 - 79.50	mg/dl
LDL CHOLESTROL	91.0	<130	mg/dl
VLDL	23.40	<40	mg/dl
NON HDL	117.0	0.00 - 100.00	mg/dl
REMNANT CHOLESTROL	23.0	11.40 - 25.70	mg/dL
CHOLESTROL/ HDL RATIO	3.44	<3.0 LOW RISK, 3.0-5.0 AVG RISK, >5.0 HIGH RISK	ratio
LDL/HDL RATIO	1.90	<3	ratio

IMMUNOLOGY

THYROID PROFILE (T3,T4,TSH)

T3	1.0	0.60 - 1.81	ng/ml
T4	7.8	4.50 - 10.90	ug/dl
TSH	2.5	0.39 - 6.10	uIU/mL

THYROID PROFILE

Lab Technician

Timing : 24/7 hrs

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Consulting Pathologist
Dr. UMESH KUMAR
MBBS, MD (Pathologist)
M.D., Pathology
Reg. No. 41213

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Investigations	Observations	Biological Ref. Interval	Unit
Remarks:			
1. Total serum T3 and T4 concentration is dependent upon a multiplicity of factors: thyroid gland function and its regulation, thyroxin binding globulin (TBG) concentration, and the binding of T3 & T4 to TBG. Thus, total T3 & T4 concentration alone is not sufficient to assess the clinical status.			
2. A decrease in total tri - iodothyronine values is found with protein - wasting diseases, certain liver diseases & administration of testosterone, diphenylhydantoin or salicylates			
3. Serum TSH values may be elevated by pharmacological intervention, Domperidone, amiodazon, iodide, Phenobarbital, phenytoin have been reported to increase TSH levels			

HAEMATOLOGY

CBC

HAEMOGLOBIN <small>DefaultMethod / test Machine</small>	15.2	13.00 - 16.00	gm/dl
TLC <small>Methology / Carm</small>	6300	4000.00 - 11000.00	Cells/cumm.
DLC DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	51	40.00 - 75.00	%
LYMPHOCYTES	42	20.00 - 45.00	%
EOSINOPHILS	02	1.00 - 6.00	%
MONOCYTES	05	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
PLATELET COUNT	2.15	1.50 - 4.10	lacs /cumm
PCV	48.2	33.00 - 42.00	%

Lab Technician

Consulting Pathologist
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MBBS, MD (Pathologist)
M.D., Pathology
MOR-REG. No. 41413

Timing : 24/7 hrs

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Investigations	Observations	Biological Ref. Interval	Unit
RBC <i>Methology / Carm</i>	5.75	4.50 - 5.50	million/cumm
MCV(MEAN CELL VOLUME)	84.2	83.00 - 101.00	fl
MCH(MEAN CELL HAEMOGLOBIN)	26.3	27.00 - 32.00	pg
MCHC	31.2	31.50 - 35.00	gm%
RDW-CV	14.2	11.00 - 16.00	%
RDW-SD	47.5	37.00 - 57.00	fl

BIOCHEMISTRY

BLOOD SUGAR FASTING

GLUCOSE 89.0 60.00 - 100.00 mg/dl

BIOCHEMISTRY

PPBS(POST PRANDIAL BLOOD SUGAR)

POST PRANDIAL BLOOD GLUCOSE(2 HR AFTER MEAL) 130.0 110.00 - 150.00 mg/dl

* END OF REPORT *

Lab Technician

Timing : 24/7 hrs

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Umesh
 Consulting Pathologist
 Dr. Umesh Kumar
 M.B.B.S. MD (Pathologist)
 M.C. Reg. No. 2222

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URINE EXAMINATION

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	25		ml
COLOR <i>Methology</i>	STRAW	CLEAR YELLOW	
APPEARANCE <i>DefaultMethod</i>	CLEAR	CLEAR	

CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.020	1.01 - 1.03	
PH	6.0	4.60 - 8.00	
GLUCOSE	NIL	60.00 - 100.00	mg/dl
PROTEIN-	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	2-4	2.00 - 3.00	/HPF
RBCS (RED BLOOD CELLS)	NIL	4.50 - 5.50	/HPF
EPITHELIAL CELLS	0-1		/HPF
CASTS	NOT SEEN	ABSENT	
CRYSTALS	NOT SEEN	ABSENT	

* END OF REPORT *

Lab Technician

Umesh Kumar
 Consulting Pathologist
 Dr. UMESH KUMAR
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 M.D. Pathology
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Dept. of Radiodiagnosis - 32 Slice CT Scan, 3D/4D USG, 2D ECHO, Colour Doppler, Intervention Procedures, Digital X-Ray

NAME: MR.MANOJ KUMAR JAISWAL

AGE/SEX: 31YRS /MALE

REF BY: DR: ASHUTOSH MISHRA (MD)

DATE: 20/10/2024

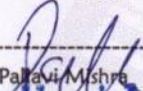
Echo - Cardiography

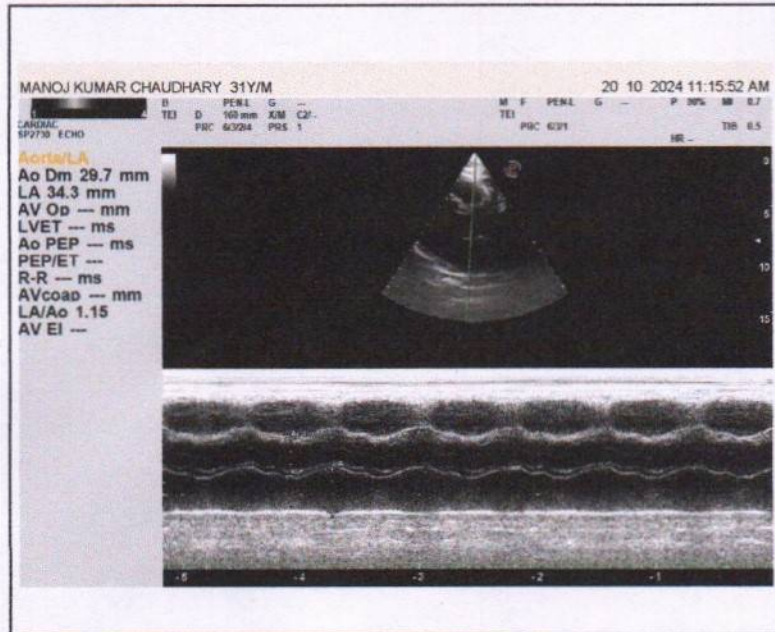
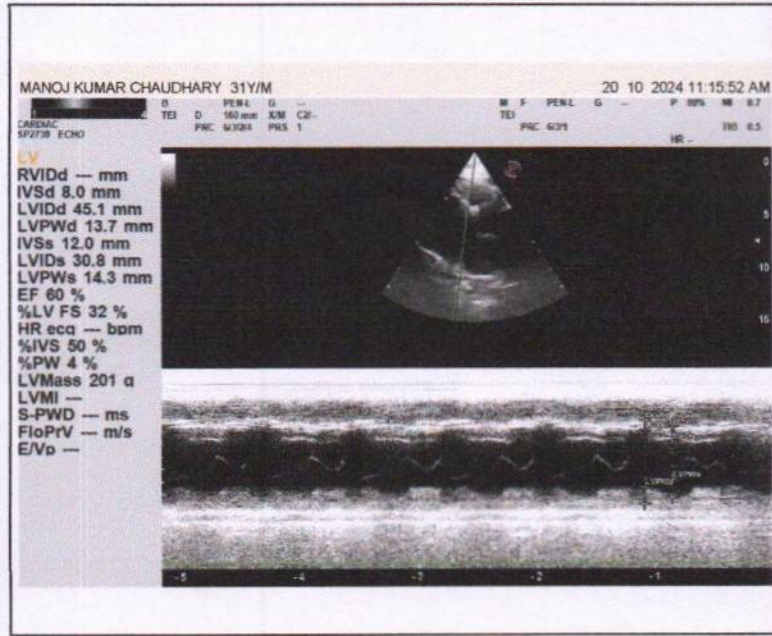
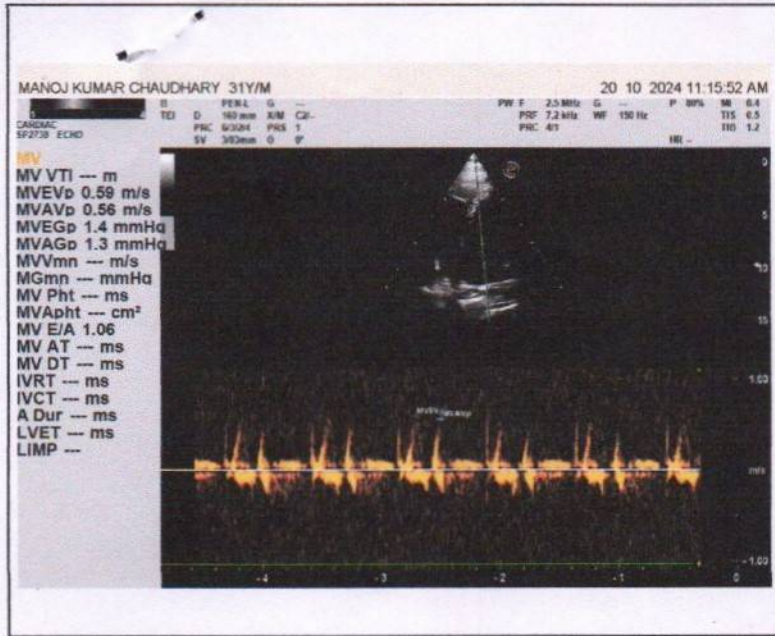
MITRAL VALVE Doppler	AML - normal morphology MV Flow - E - 0.5 A-0.5 E/A=1.06	PML - normal morphology MVA - 3.0 cm2 Mitral Regurgitation - No
TRICUSPID VALVE Doppler	Normal TV Flow -No	Tricuspid Regurgitation - No
PULMONARY VALVE Doppler	Normal PV Flow -No	Pulmonary Regurgitation - No
AORTIC VALVE Doppler	Trileaflet-No AV Flow - no	Aortic Regurgitation - No
MEASUREMENT	Aorta - 29.7 (20-38) mm IVS ed -8.0 (6 -12) mm LVID ed -45.1 (35 - 55) mm LVPW ed - 13.7 (6 -12) mm OA - 7 (> 5) mm	LA -34.3 (24-32) mm IVS es -12.0 (6 - 12) mm LVID es -30.8 (24 - 40) mm LVPW es - 14.3 (6 -12) mm EPSS - 5 (< 9) mm

CONCLUSION All cardiac chamber dimensions are WNL
No valvular abnormalities
Good LV systolic function present Modified Simpson's method (4C, 2C) (LVEF-60%)
No diastolic dysfunction present (E/A = 1.06)
No pericardial effusion
No RWMA
Intact IAS / IV
No PAH
No intra cardiac mass /thrombus /vegetation

IMPRESSION Normal Echocardiogram


Niraj Mishra
Physician Assistant
(PIIRE)


Dr. Pallavi Mishra
MBBS, MD (General Medicine)
Echocardiography Specialist, MIAE
Women Cardiologist
Diabetocardiologist
MCT No. A-57033





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Dept. of Radiodiagnosis - 32 Slice CT Scan, 3D/4D USG, 2D ECHO, Colour Doppler, Intervention Procedures, Digital X-Ray

NAME: MANOJ KUMAR CHAUDHARY
REF.DR. ASHUTOSH MISHRA(MD)

AGE/SEX:31YRS/MALE
DATE: 20/10/2024

ULTRASOUND WHOLE ABDOMEN REPORT

Liver: Normal in size(140mm), shape, & echogenicity. Intra & extra hepatic biliary radicals & vascular structures are normal. Margins are smooth and regular.

Gall bladder: Normally distended with echo free lumen.

Portal vein: Normal in course and caliber.

CBD diameter: Visualized part normal in course & caliber.

Pancreas: Normal in size, shape & echogenicity. Margins are smooth & regular. No diffuse/ focal lesion seen. Pancreatic duct not visualized.

Spleen: Normal in size , shape & echogenicity. Margins are smooth & regular. No diffuse / focal lesion seen.

Kidney: Right kidney: 10.1x4.8cm, Left kidney: 9.8x4.9 cm.
 Both normal in size, shape echogenicity & position. Cortical-medullary differentiation is maintained. Pelvicalyceal system normal. No evidence of any calculus/mass lesion seen
 No hydronephrosis/ hydroureter seen. No suprarenal mass lesion.

Urinary bladder: Normally distended with normal wall thickness. No echogenic foci lumen or diverticula seen. Both VUJ appears normal. No evidence of calculus / mass lesion seen.

Prostate: Normal in size(30x37x34mmVol20.7ml), shape & echogenicity.

Others: No free fluid in peritoneal cavity.
 No free fluid in bilateral pleural cavity.
 No evidence of significantly enlarged retroperitoneal/ mesenteric lymph nodes noted.

IMPRESSION: - NO OBVIOUS SONOLOGICAL ABNORMALITY SEEN.

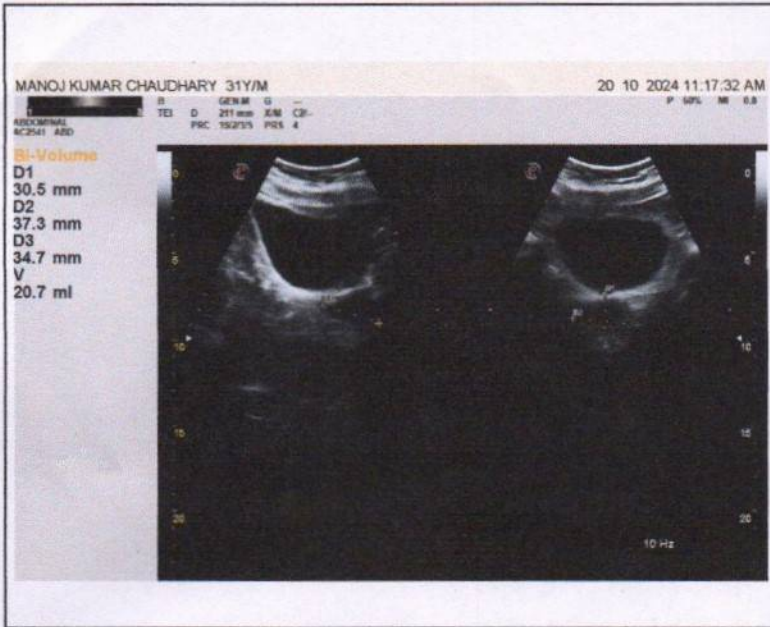
Please correlate clinically and further investigations.

Dr. Rahul Kumar Tiwari
 MBBS, MD (Radiodiagnosis)
 MCI Reg. No. 57557

Note: (1) This report is not valid for medico-legal purposes.
 (2) In case of any discrepancy due typing error, please get it Rectified immediately.

Disclaimer: This report is not valid for Madicolegal or Judicial Purpose. Radiological diagnosis is solely interpretation of images produced by tissue & may not be always conclusive.

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Lab Attached with CMC Under EQAS Scheme

Dept. of Radiodiagnosis - 32 Slice CT Scan, 3D/4D USG, 2D ECHO, Colour Doppler, Intervention Procedures, Digital X-Ray

NAME:MR.MANOJ KUMAR CHAUDHARY
REF BY: DR. ASHUTOSH MISHRA (MD)

AGE/SEX: 31 YRS / MALE
DATE:20/10/2024

X-RAY CHEST (PA VIEW)

- Bilateral lung fields appear normal.
- Trachea and mediastinum appear normal in position.
- Both hila appear normal in size and are symmetrical.
- Transverse cardiac diameter is within normal limits.
- Great vessels appear normal
- Both CP angles appear clear. Normal position and contour diaphragms noted.
- Bony rib cage and soft tissue shadows appear normal.

IMPRESSION

- **No obvious abnormality noted in the chest radiograph.**

Thanks for reference.

Dr. Rahul Kumar Tiwari
Radiologist
MBBS, MD (Radio Diagnosis)
MCI Reg. No. 57557

Disclaimer: This report is not valid for Madicolegal or Judicial Purpose. Radiological diagnosis is solely interpretation of images produced by tissue & may not be always conclusive.

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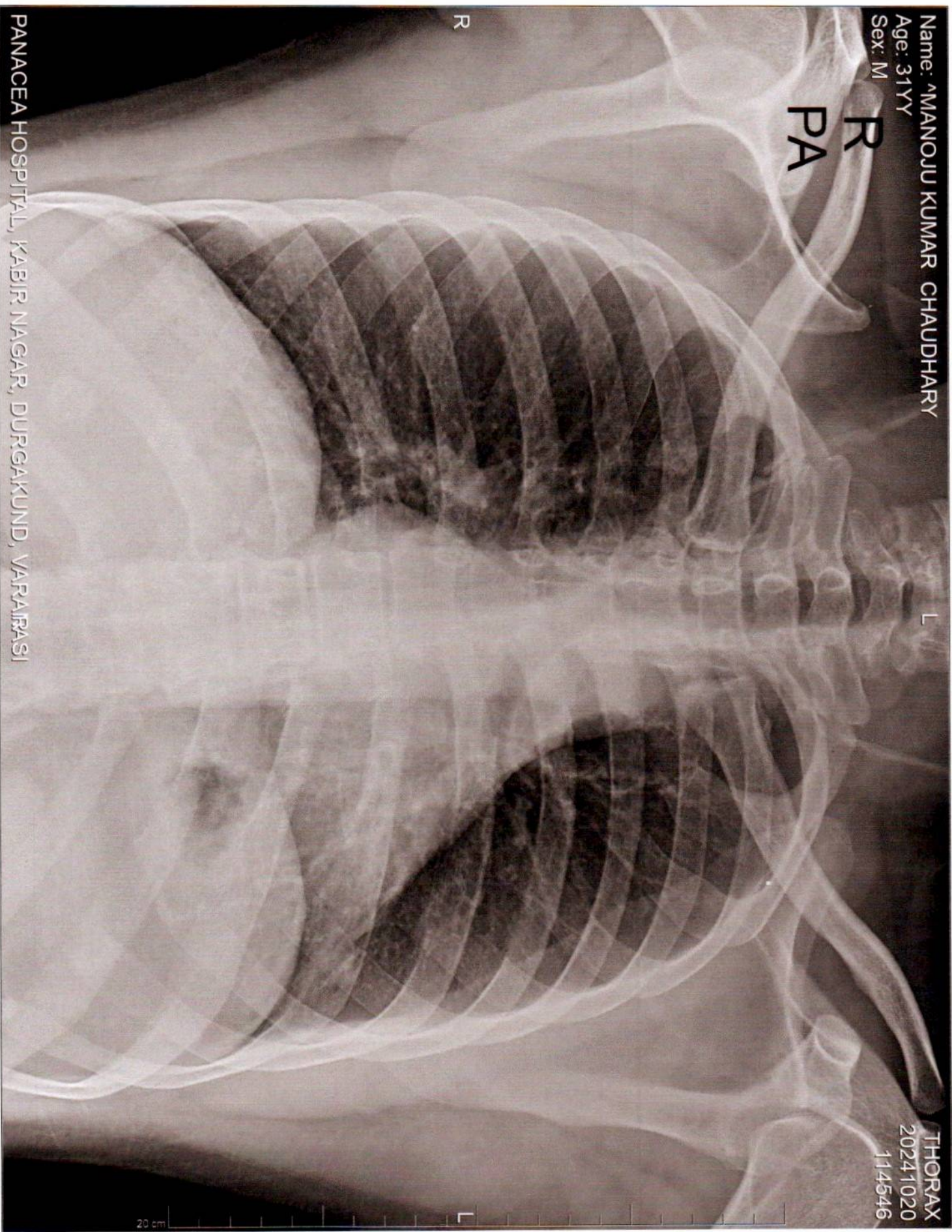
Name: MANOJU KUMAR CHAUDHARY

Age: 31YY

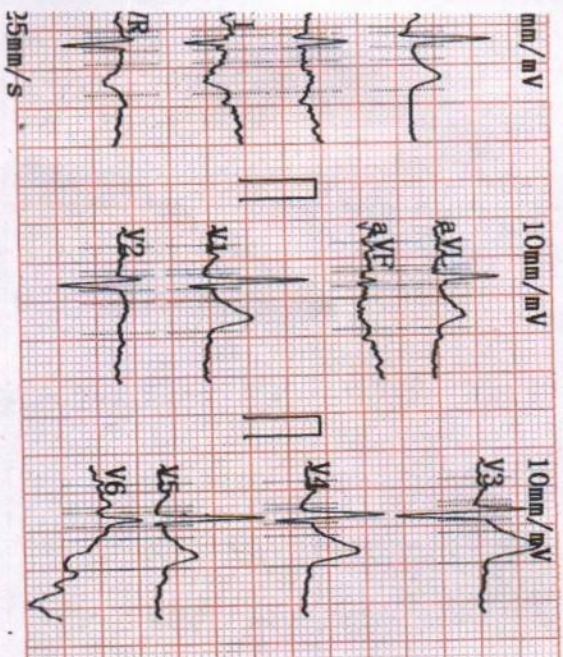
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PANACEA HOSPITAL, KABIR NAGAR, DURGAKUND, VARANASI



2024-10-20 11:23

ID :
 Name : Manoj
 Sex : M
 Height :
 SYS :
 DIA :
 HR : 88 bpm
 PR Interval : 149 ms
 P Duration : 120 ms
 QRS Duration : 79 ms
 T Duration : 165 ms
 QT/QTc : 311/376 ms
 P/QRS/T Axis : -29.7 / -17.1 / -29.0 deg
 R (V5) / S (V1) : 1.42 / 0.19 mV
 R (V5) + S (V1) : 1.62 mV

Weight : 31 kg

Normal Sinus Rhythm,
 Midingling Left axis deviation,
 possible old inferior MI,
 ST depression, possible inferior Myocardial ischemia.

Report need physician confirm

<< Conclusions >>

Physician _____

Dr. Pallab Misra
 MBBS, MD (General Medicine)
 MCI Reg. No. 52033

