



GPS Map Camera

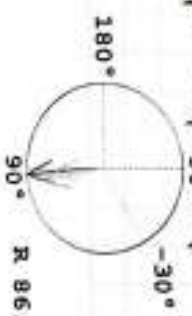
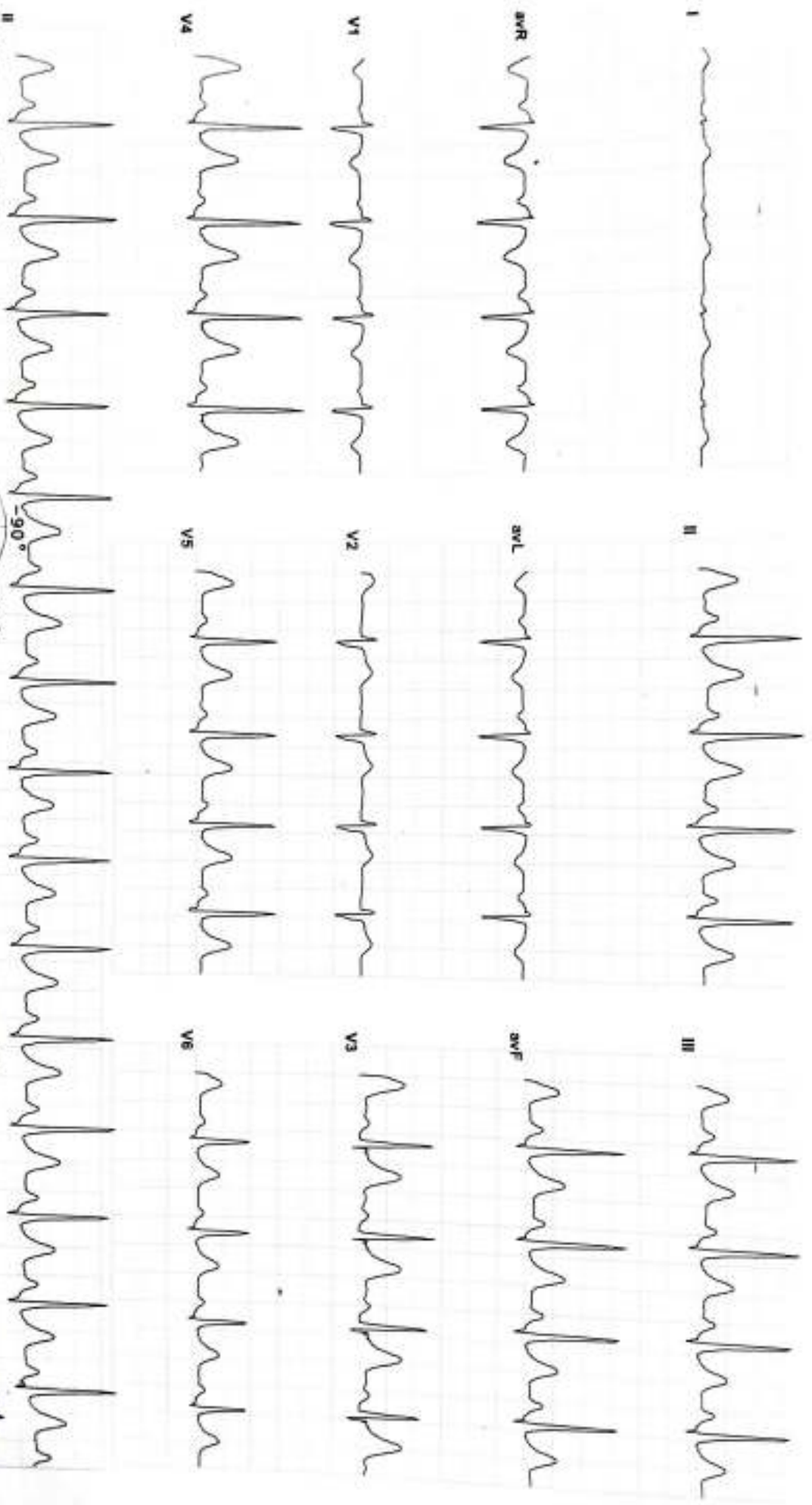


Raipur, Chhattisgarh, India  
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,  
Chhattisgarh 492001, India  
Lat 21.211126° Long 81.645609°  
05/11/24 10:38 AM GMT +05:30

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

**ECG**

731 / MR. ASHWANI BALA / 53 Yrs / M / 178Cms. / 82Kgs. / Non Smoker  
Heart Rate : 95 bpm / Tested On : 05-Nov-24 13:53:26 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 m/s  
/ Reled By.: MEDIWHEEL



Heart Rate : 95 bpm  
PR Interval : 144 ms  
QRS Duration: 86 ms  
QT/QTc Int : 358/419 ms  
P-QRS-T axis: 85.00 • 86.00 • 79.00 •

Axis  
R 96.00° T 79.00° P 85.00°

Reported By: *W. H. K. P. P. P.*

*Rajesh*  
**DR. RAJESH SHARMA**  
MD, PGDCC (Cardiologist)  
CGMC- 699/2007

DATE- 05-Nov-24

PATIENT NAME ..... MR. ASHWANI DAS BAIRAGI  
AGE/SEX ..... 39 YEAR / MALE  
REF. BY ..... BANK OF BARODA

### **SONOGRAPHY OF THE ABDOMEN**

PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)

**LIVER** : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

**GALL BLADDER** : Appears normal distended. Wall thickness appear normal. No obvious intraluminal calculus is seen.

**PANCREAS** : It is normal echogenicities and size, shape. Pancreatic duct is normal.

**SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.

**KIDNEY** : Right kidney measures 11.3 x 4.2 cm.  
Left kidney measures 9.4 x 5.1 cm.  
Both Kidneys are normal size, shape and position.  
Renal parenchymal echogenicities are normal.  
No evidence of any calculus or pelvicalyceal dilation.

**URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass /calculus.

**PROSTATE** : It is normal in size (vol- 18.2 cc), shape & smooth outlines.

**RETRO PERITONEUM** No evidence of lymphadenopathy / mass.

**FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.

#### **IMPRESSION:**

❖ No significant abnormality detected,

Needs clinical correlation & other investigations.



Dr. Hulesh Mandle, MD  
Consultant Radiologist

#### **Kindly Note:-**

- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जांच ही सही इलाज का आधार है...

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R.

05 Nov 2024 Study : Abdomen  
Name : ASHWANI DAS BAIRAGI 038Y / M



**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:

503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / NonSmoker

Date: 05.11.2024 Refd By: MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	082	46%	---	000	00	
Standing	00:14	0:10	00.0	00.0	01.0	083	47%	---	000	00	
ExStart	01:11	0:57	00.0	00.0	01.0	083	47%	---	000	00	
BRUCE Stage 1	04:11	3:00	01.7	10.0	04.7	108	61%	125/85	135	00	
BRUCE Stage 2	07:11	3:00	02.5	12.0	07.1	117	66%	130/90	152	00	
BRUCE Stage 3	10:11	3:00	03.4	14.0	10.2	142	80%	135/95	191	00	
PeakEx	10:16	0:05	01.1	00.0	10.3	144	81%	135/95	194	00	
Recovery	11:16	1:00	01.1	00.0	04.3	116	66%	130/90	150	00	
Recovery	11:51	1:35	01.1	00.0	01.0	105	59%	125/85	131	00	

**FINDINGS :**

- Exercise Time : 09:05
- Max HR Attained : 144 bpm 81% of Target 177
- Max BP Attained : 135/95 (mm/Hg)
- Max Workload Attained : 10.3 Good response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TMT Test is negative

*Dr. Rajesh Sharma*  
**DR. RAJESH SHARMA**  
 MID. PGDCC (Cardiologist)  
 CGMC- 686/2007

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 82

**BRUCE:Supine(0:07)**

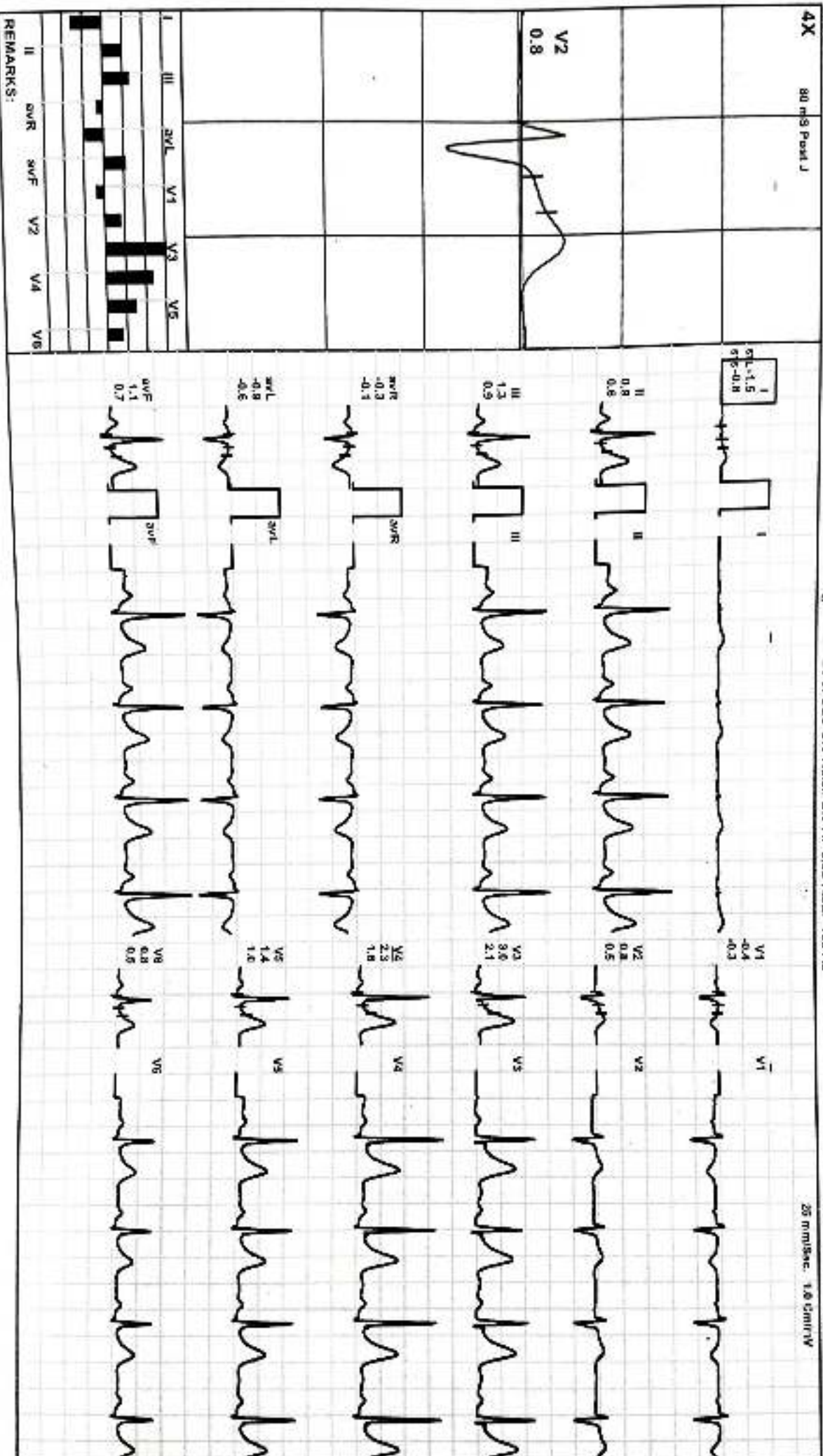


Date: 05 - 11 - 2024

METS: 1.0V 62 bpm 46% of THR BP: / / mmHg Raw ECG: BLC On/Notch On/ HF 0.05 HzLF 100 Hz

ExTime: 00:00 0.0 mVp, 0.0%

25 mm/Sec. 1.8 Cm/IV



REMARKS:

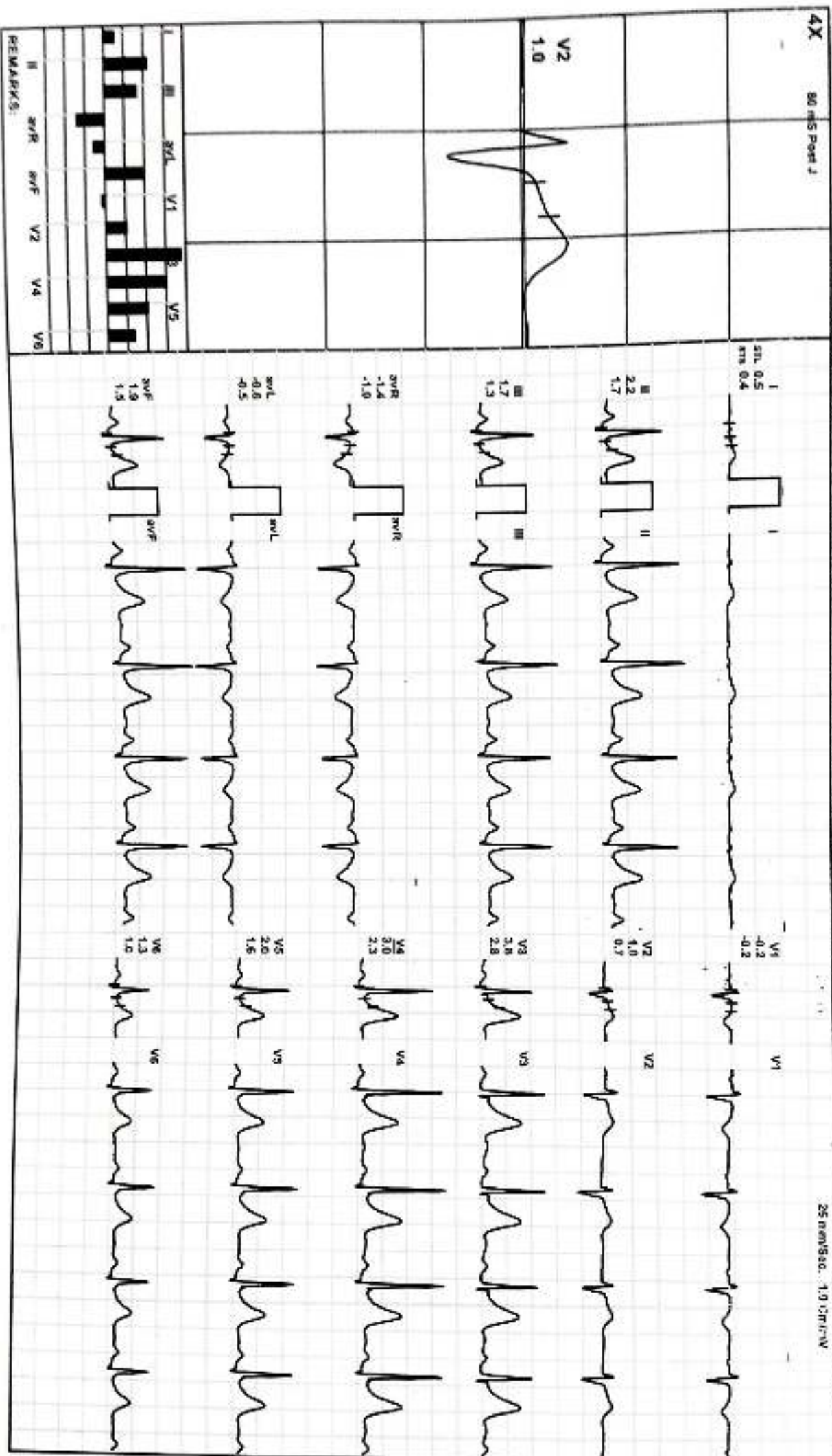
503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 83

Date: 05 - 11 - 2024

METS: 1.0/ 83 bpm 47% of THIR BP: ~~110~~ mmHg Raw ECG/ BLC On/Noch On/ HF 0.05 H2LF 100 Hz

ExtTime: 00:00 0.0 min, 0.0%

25 mm/Sec. 1.0 cm/mV





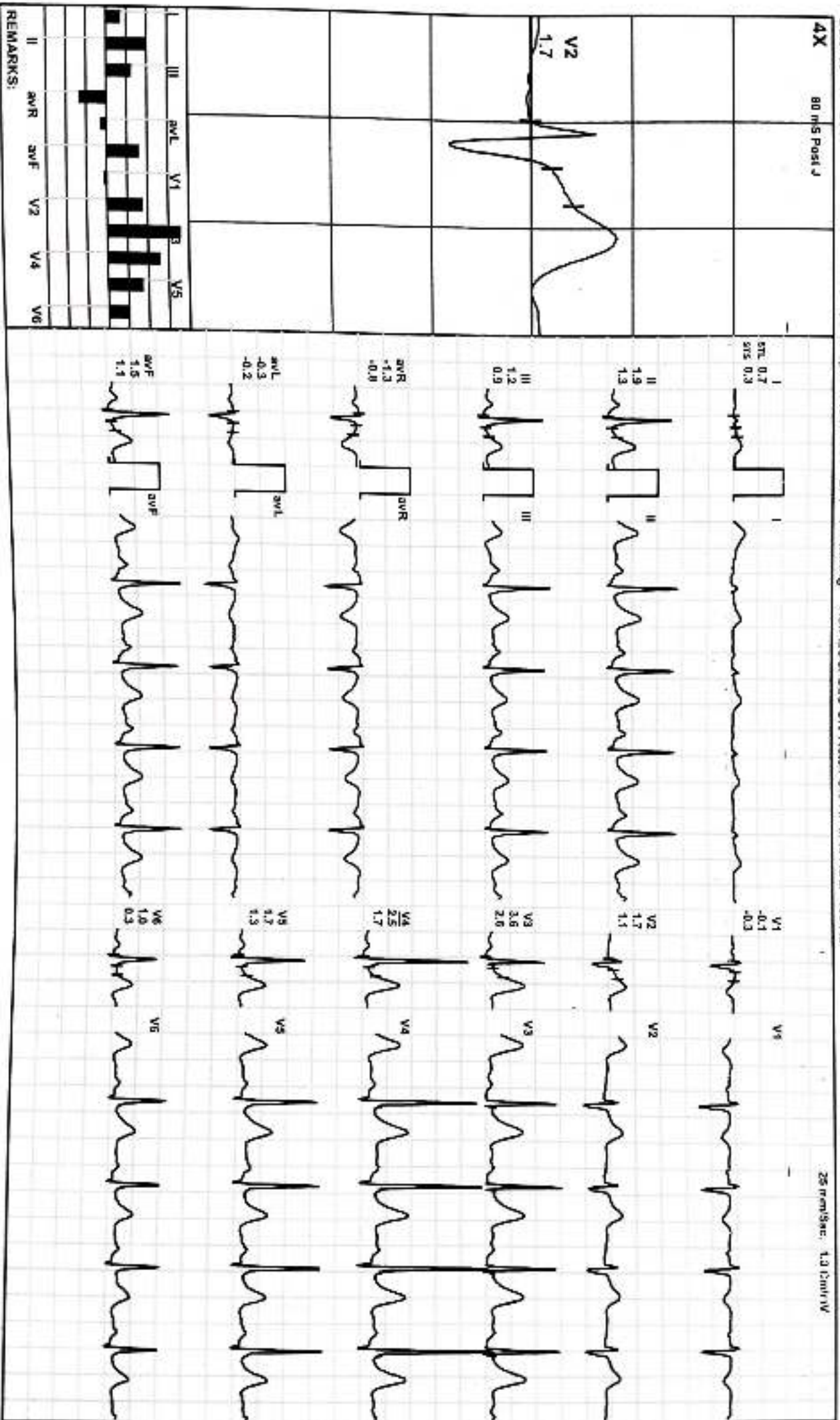
503 / MR. ASHWANI BALA / 43 YRS / M / 167 Cms / 53 KG / HR : 83

Date: 05 - 11 - 2024

MEETS: 1.0/ 83 bpm 47% of THR BP: ---/--- mmHg Raw ECG/ SLC OV NAD99 OV HF D.015 HELLF 100 Hz

EXTIME: 00:09 0.0 mph, 0.0%

25 mm/Sec 1.0 (mV/IV)



REMARKS:  
 I aVL V1 V5  
 II aVR aVF V2 V4 V6





503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 108

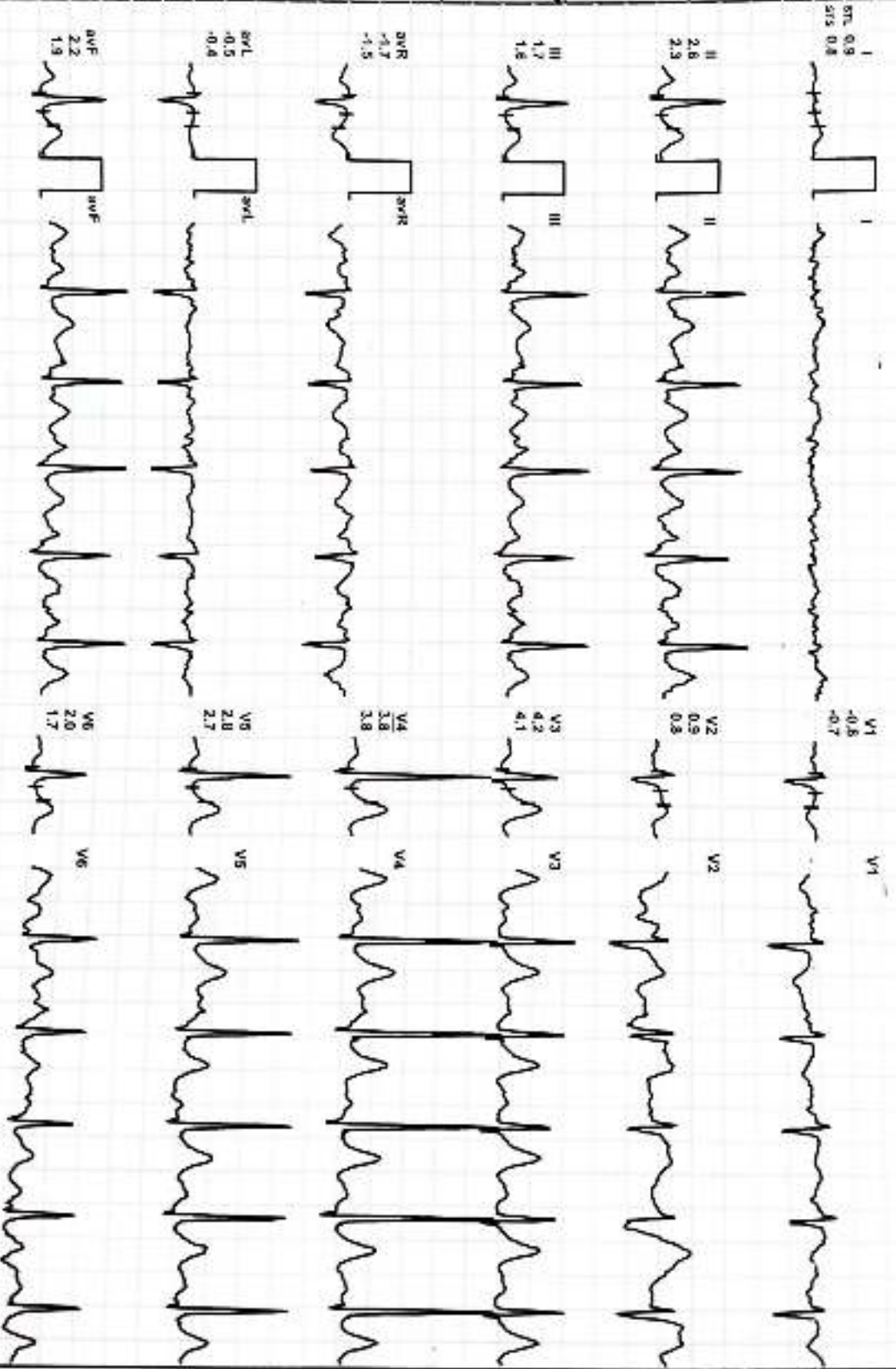
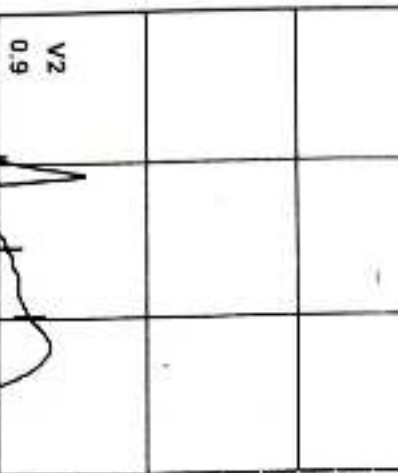
Date: 05-11-2024

METS: 4.7 / 108 bpm 81% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Noch On/ HF 0.05 Half 100 Hz

ExTime: 03:00 1.7 mph 10.0%

25 cm/Sec. (0.1cm/IV)

4X 80 ms Paper J



Lead	PR (s)	QRS (s)	QT (s)	QTc (s)
I	0.16	0.08	0.38	0.38
II	0.16	0.08	0.38	0.38
III	0.17	0.09	0.38	0.38
aVR	0.17	0.09	0.38	0.38
aVL	0.15	0.08	0.38	0.38
aVF	0.17	0.09	0.38	0.38
V1	0.16	0.08	0.38	0.38
V2	0.16	0.09	0.38	0.38
V3	0.17	0.09	0.38	0.38
V4	0.17	0.09	0.38	0.38
V5	0.17	0.09	0.38	0.38
V6	0.17	0.09	0.38	0.38

REMARKS

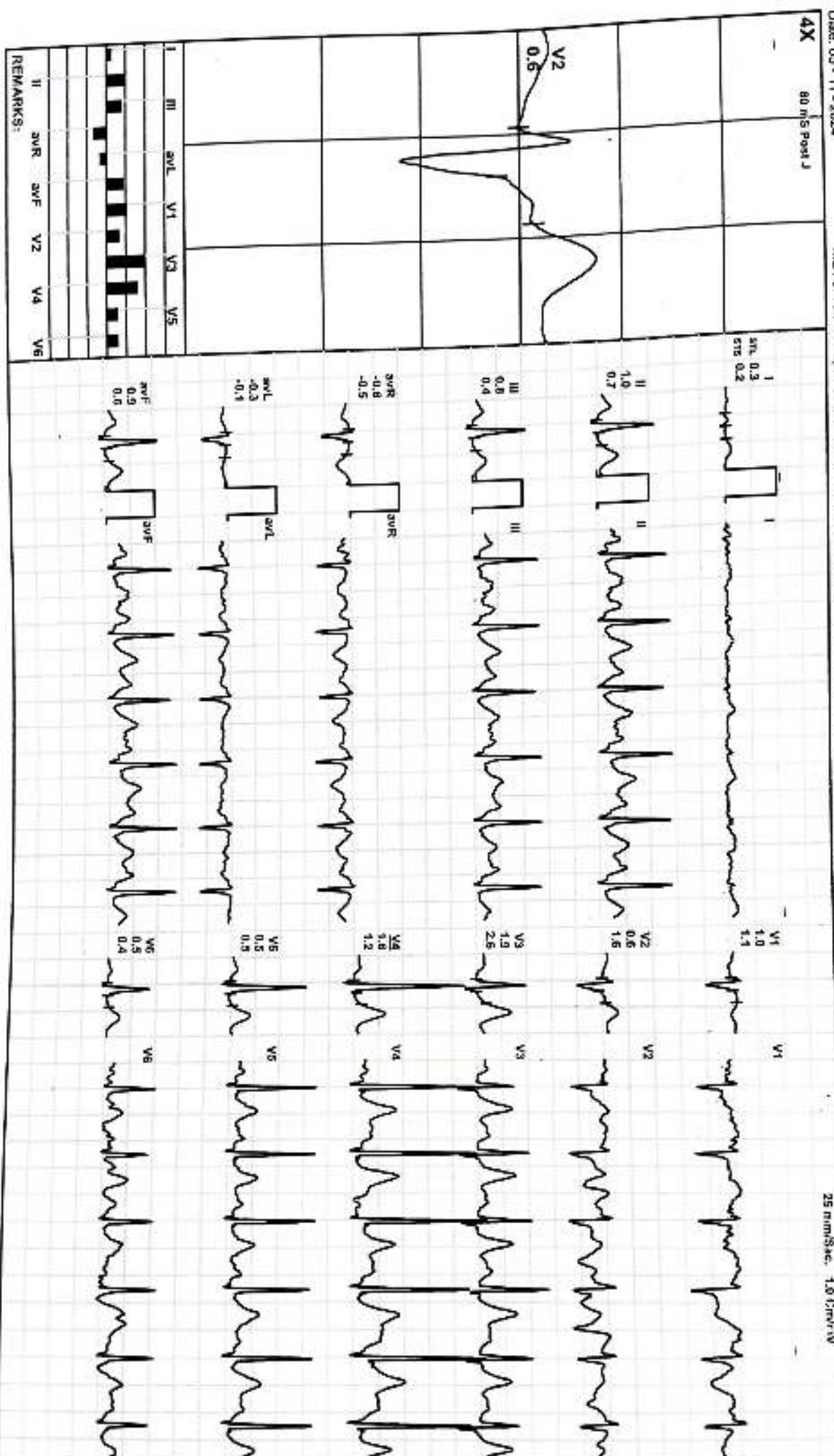
503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 117

Date: 05 - 11 - 2024

METS: 7.1/ 117 bpm 68% of THR BP: 130/90 mmHg Raw ECG/ BLC On Nelson CM HF 0.05 Hz/LE 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

25 mm/3sec, 1.0 cm/mV



REMARKS:

Date: 05 - 11 - 2024

METS: 10.2/ 142 bpm 80% of THR BP: 135/95 mmHg Raw ECG/ BLC On/ Watch On/ HF 0.05 Hz/F 100 Hz

ExTime: 09:00 3.4 min, 14.0%  
25 r/mS/s: 1.0 Cm/r/V

4X 60 r/s Post J

5TL 0.1  
5TR 0.5



V1

0.7

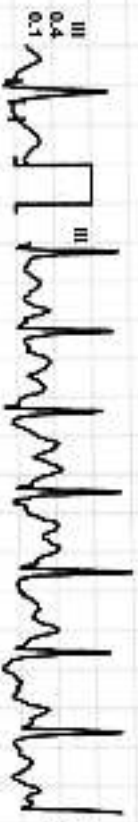
V1



V2

0.8

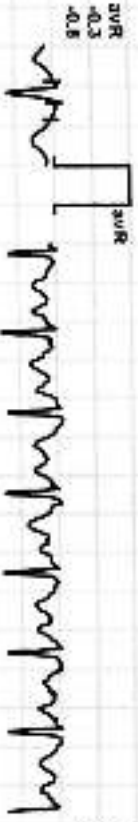
V2



V3

1.3

V3



V4

0.5

V4



V5

0.3

V5



V6

0.3

V6



V2

0.6

I	III	aVL	V1	V3	V5

REMARKS:  
II aVR aVL aVF V1 V2 V3 V4 V5 V6

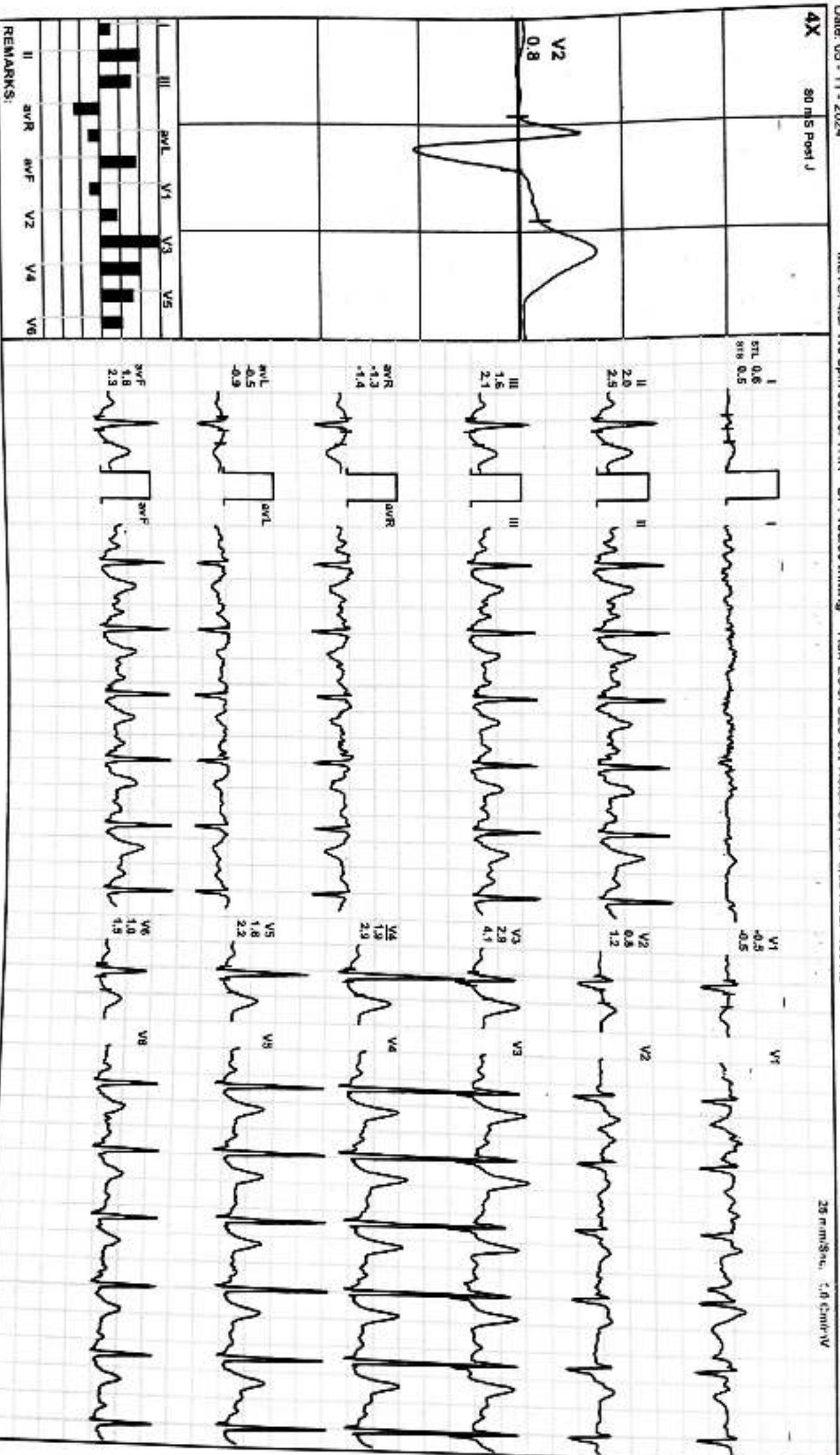
503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 116

Date: 05 - 11 - 2024

METS: 4.3/ 116 bpm 66% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Noich On/ HF 0.05 Hz/LF 100 Hz

EXTIME: 09:05 1.1 mph. 0.0%

28 min/Sec. 1.0 Cm/IV



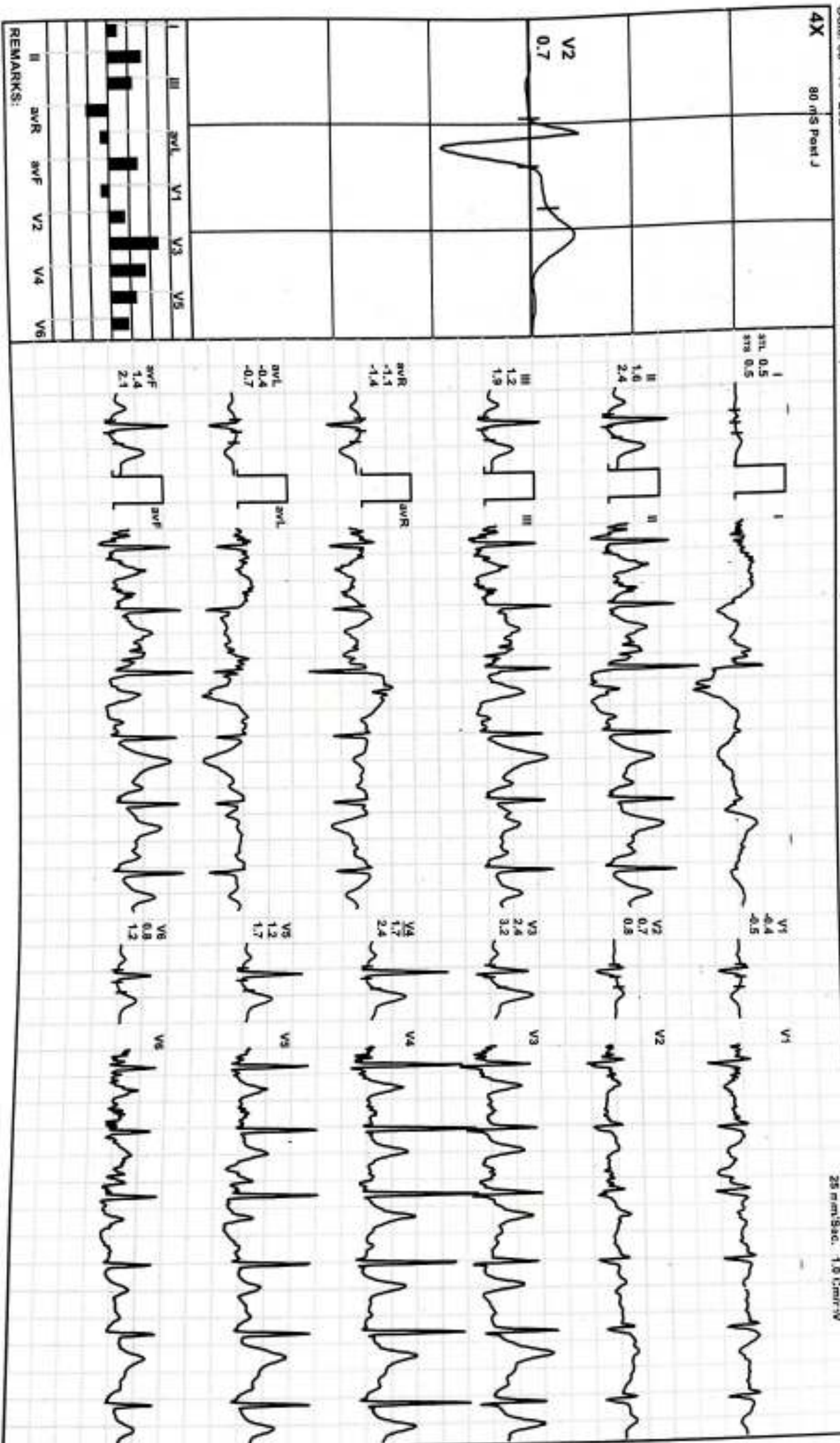
REMARKS:

503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 105

Date: 05 - 11 - 2024

METS: 1.0/ 105 bpm 59% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Neath On/ HF 0.05 HALF 100 Hz

ExTime: 09:05 1.1 mph. 0.0%  
25 mm/Sec. 1.0 I/cm-V



# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

## ST Measurements



503 / MR. ASHWANI BALA / 43 Yrs / M / 167 Cms / 53 Kg / HR : 90

Date: 05 - 11 - 2024

Prepared : BRUCE

STL(mm)Supine	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
80 @ms Standing	-1.5	0.9	1.3	-0.3	-0.9	1.1	-0.4	0.8	3.0	2.3	1.4	0.8	0.5
ExStart	0.5	2.2	1.7	-1.4	-0.6	1.9	-0.2	1.0	3.8	3.0	2.0	1.3	1.0
Stage 1	0.7	1.9	1.2	-1.3	-0.3	1.5	-0.1	1.7	3.6	2.5	1.7	1.0	0.3
Stage 2	0.9	2.6	1.7	-1.7	-0.5	2.2	-0.8	0.9	4.2	3.8	2.8	2.0	0.8
Stage 3	0.3	1.0	0.8	-0.6	-0.3	0.9	1.0	0.6	1.9	1.6	0.5	0.5	0.2
PeakEx	0.1	0.5	0.4	-0.3	-0.1	0.4	0.7	0.6	1.3	0.5	0.3	0.3	0.8
Recovery	0.1	0.5	0.4	-0.3	-0.1	0.4	0.7	0.6	1.3	0.5	0.3	0.3	0.8
Recovery	0.6	2.0	1.6	-1.3	-0.5	1.8	-0.5	0.8	2.9	1.9	1.6	1.0	0.5
Recovery	0.5	1.6	1.2	-1.1	-0.4	1.4	-0.4	0.7	2.4	1.7	1.2	0.8	0.5

STL(μVs)	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	5.0	22.9	18.0	-14.2	-6.6	20.4	-3.3	8.8	35.2	30.5	21.0	13.8
Standing	5.0	22.9	18.0	-14.2	-6.6	20.4	-3.3	8.8	35.2	30.5	21.0	13.8
ExStart	6.3	18.0	11.7	-12.3	-2.8	14.8	-1.6	15.3	31.9	24.7	16.7	11.6
Stage 1	5.3	16.4	11.0	-11.0	-2.9	13.7	-5.6	6.4	26.4	24.0	18.0	13.7
Stage 2	1.3	5.7	4.4	-3.7	-1.7	5.0	7.0	4.3	11.4	9.5	2.6	3.4
Stage 3	-0.3	-0.5	0.0	0.4	-0.3	-0.3	5.0	3.2	2.7	-1.4	-1.1	-0.7
PeakEx	1.6	1.2	-0.7	-1.6	1.3	0.3	4.7	5.6	6.4	-0.2	0.8	-0.3
Recovery	3.0	9.7	5.3	-7.1	-0.6	7.5	1.7	9.2	21.0	13.4	9.4	7.8
Recovery	3.8	13.9	10.1	-9.0	-3.3	11.9	-3.1	6.4	21.2	15.6	11.2	7.5

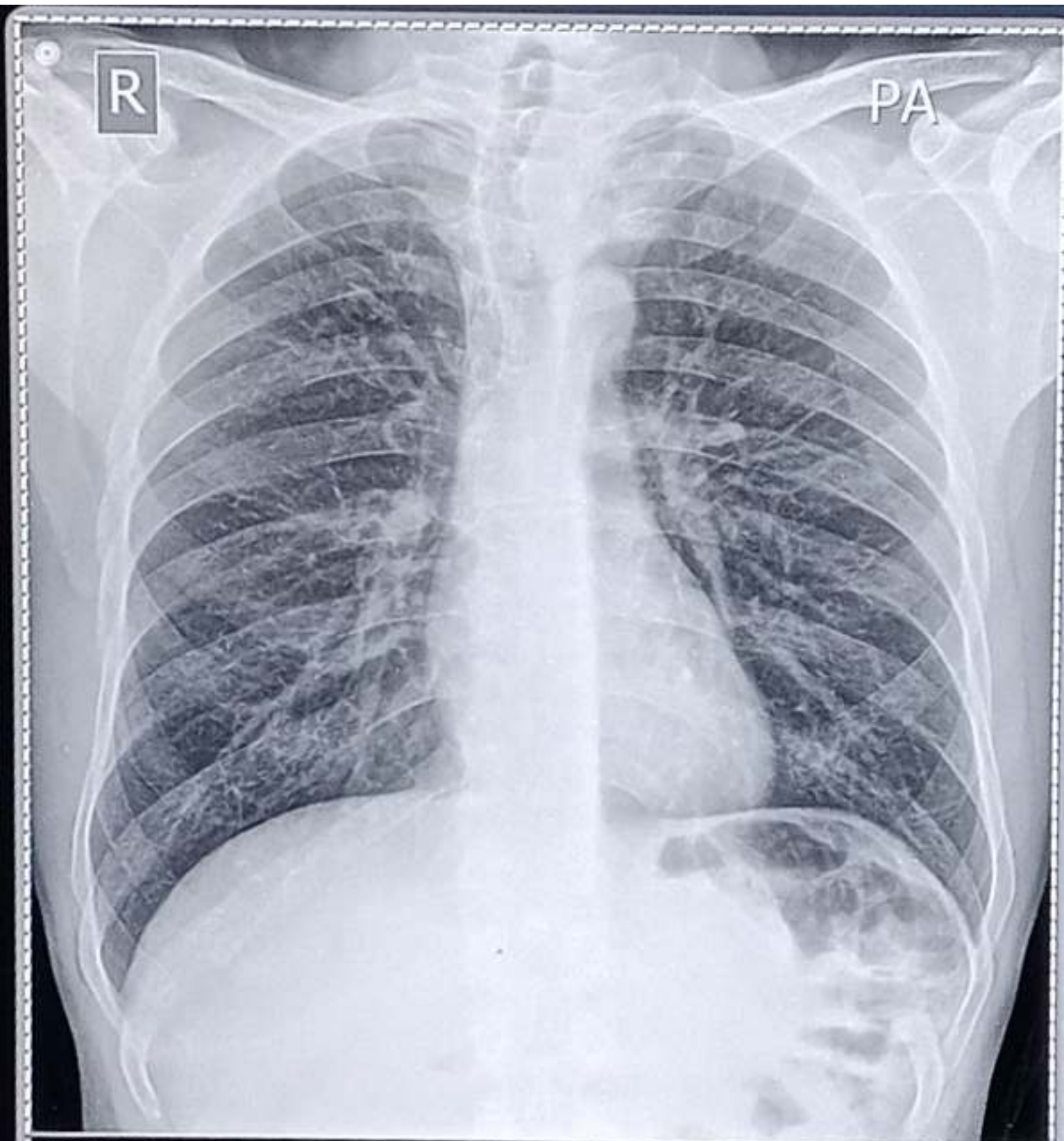
# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

503 / MR. ASHWANI BALA / 43 Yrs / Male / 167 Cm / 53 Kg / Non Smoker



Time	HR	PR Int	QRS Wid	QRS Axis	QTc	P (uV)	R (uV)	S (uV)	T (uV)	Min. J Leads for (J & P)	Min. Post JRR Var (%)	VEB (Counts)	Missed Beats (Counts)
(Min.)	(bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(uV)	(%)	(Counts)	(Counts)
00 : 30	87	230	60	88	421	479	2506	-804	1001	-339 V2	-387	0	0
01 : 00	88	178	60	85	450	289	2363	-737	806	-168 V1	-93	0	0
01 : 30	90	164	60	87	441	370	2462	-734	883	-154 V1	-87	0	0
02 : 00	100	200	58	86	474	-408	2434	-744	812	-221 V1	-269	0	0
02 : 30	104	188	58	89	446	352	2384	-685	625	-188 V1	-160	0	0
03 : 00	106	190	59	88	441	377	2400	-684	745	-185 V1	-146	0	0
03 : 30	108	190	58	90	441	323	2520	-692	786	-175 V1	-99	0	0
04 : 00	110	188	58	90	446	-324	2499	-674	808	-183 V1	-241	0	0
04 : 30	112	120	66	88	429	380	2430	-724	757	-419 V1	-303	0	0
05 : 00	114	172	58	87	437	361	2457	-720	770	-174 V2	-86	0	0
05 : 30	116	174	58	87	433	380	2564	-719	827	-201 V1	-158	0	0
06 : 00	117	168	58	87	425	373	2482	-706	845	-195 V1	-140	0	0
06 : 30	117	168	58	88	416	376	2530	-709	816	-83 aVL	-70	0	0
07 : 00	122	168	58	88	420	392	2475	-697	803	-171 V2	-341	0	0
07 : 30	123	162	56	87	291	-516	2437	-688	938	-268 V2	-258	0	0
08 : 00	133	134	59	85	435	474	2389	-701	740	-145 V1	-196	0	0
08 : 30	135	146	56	84	417	468	2460	-747	741	-139 V1	-103	0	0
09 : 00	136	142	58	88	416	563	2514	-720	839	-135 V1	-124	0	0
09 : 30	140	138	58	89	413	518	2482	-717	757	-140 V1	-103	0	0
10 : 00	144	132	56	88	409	500	2412	-748	742	-109 V1	-62	0	0
10 : 30	122	154	58	88	397	434	2436	-709	884	-141 V1	-125	0	0
11 : 00	118	148	58	87	418	451	2546	-713	1037	-172 V1	-139	0	0



MR. ASHWANI BAIRAGI

Male / 39 year Chest

05/11/2024 12:42:15

BANK OF BARODA

SIRE SAI ADVANCE IMAGING & DIAGNOSTIC CENTER





PT. NAME	:- MR. ASHWANI DAS BAIRAGI	Sample Collected On	:- 05/11/2024
PT. AGE/SEX	:- 39 Y / M	Report Released On	:- 06/11/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10559
Company	:- -	TPA	:- MEDIWHEEL

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	81.3	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	110.2	mg/dl	70 - 140
Uric Acid	4.7	mg/dL	3.5 - 8.5
Blood Urea Nitrogen (BUN)	15.0	mg/dL	7 - 18
Serum Creatinine	1.1	mg/dl	0.66 - 1.25
Cholesterol	169.3	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	99.1	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	43.6	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	105.88	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	19.82	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.88		0 - 5.0
LDL/HDL Ratio		ratio	0 - 3.5

### Clinical Significance :

#### Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

#### Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

CHECKED BY

सही जॉब ही सही डॉलाज का आधार है...



<b>PT. NAME</b>	<b>:- MR. ASHWANI DAS BAIRAGI</b>	<b>Sample Collected On</b>	<b>:- 05/11/2024</b>
<b>PT. AGE/SEX</b>	<b>:- 39 Y / M</b>	<b>Report Released On</b>	<b>:- 06/11/2024</b>
<b>MOBILE NO</b>	<b>:- 00</b>	<b>Accession On</b>	<b>:- 10</b>
<b>Ref. By.</b>	<b>:- SELF</b>	<b>Patient Unique ID No.</b>	<b>:- 10559</b>
<b>Company</b>	<b>:- -</b>	<b>TPA</b>	<b>:- MEDIWHEEL</b>

Bilirubin - Total	0.87	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.24	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.63	mg/dl	0 - 1.1
SGOT (AST)	40.3	U/L	17 - 59
SGPT (ALT)	30.1	U/L	21 - 72
Alkaline phosphatase (ALP)	108.3	U/L	38 - 126
Total Proteins	6.8	g/dl	6.3 - 8.2
Albumin	4.0	g/dl	3.5 - 5.0
Globulin	<b>2.80</b>	g/dl	2.3 - 3.6
A/G Ratio	1.43		1.1 - 2.0
Gamma GT	32.6	U/L	<55

## Clinical Significance :

## Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

## Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

## Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

## Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

## Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

T3 ( Triiodothyronine )	<b>100.3</b>	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	5.1	ug/dl	4.6 - 12.5
TSH	1.39	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जॉब ही सही डॉक्टर का आधार है...



PT. NAME	:- MR. ASHWANI DAS BAIRAGI	Sample Collected On	:- 05/11/2024
PT. AGE/SEX	:- 39 Y / M	Report Released On	:- 06/11/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10559
Company	:- -	TPA	:- MEDIWHEEL

## CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
<b>URINE R/M</b>			
Appearance	Clear		Clear
Specific Gravity	1.010		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<b><u>Microscopic Examination</u></b>			
Epithelial cells	02-03	/HPF	0 - 5
PUS CELLS	04-05	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	<b>Absent</b>		Not Detected
Crystals	<b>Absent</b>		Not Detected
Bacteria	<b>Absent</b>		Not Detected
Reaction (pH)	<b>Acidic</b>		
<b><u>Chemical Examination</u></b>			
Others	Not detected		
<b><u>Physical Examination</u></b>			
Colour	Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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PT. AGE/SEX	:- 39 Y / M	Report Released On	:- 06/11/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10559
Company	:- -	TPA	:- MEDIWHEEL

## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" B "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

### W.B.C. Indices

TOTAL WBC COUNT	5800	/cumm	4000 - 11000
NEUTROPHILS	60	%	40 - 70
LYMPHOCYTES	33	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	14.2	gm/dL	12.5 - 16.5
RBC COUNT	4.55	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	40.8	%	37.5 - 49.5
MCV	89.7	fL	80 - 95
MCH	31.1	pg	26 - 32
MCHC	34.80	g/dl	32 - 36
RDW-CV	14.0	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	207000	/ $\mu$ L	150000-400000
MPV	8.9	fl	7.0 - 11.0
PDW	16.1	%	12 - 18
P-LCR	19.9	%	13 - 43
ESR	15	after 1 hr	0 - 15
Advice			Correlate Clinically

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सही जॉब ही सही डॉलाज का आधार है...



PT. NAME	:- MR. ASHWANI DAS BAIRAGI	Sample Collected On	:- 05/11/2024
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HbA1C-Glycosylated Haemoglobin	5.2	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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## Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

### SPECIAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
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PSA (Total)	1.03	ng/ml	0.0 To 4.00
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--- End Of Report ---

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