

Booked For  
Chaturvedi N H Moradabad, Court Compound, Civil Lines,  
Moradabad, UP- 244001, - 244001  
Contact No. 9997041668

Processed By  
Moradabad, Pathkind Diagnostic Pvt. Ltd., Plot No 7,  
Commercial Yojna, Himgiri,, Kanth Road , Moradabad -  
244001, 244001  
Contact No. -8882210771

|                         |                    |                            |                          |
|-------------------------|--------------------|----------------------------|--------------------------|
| <b>Name</b>             | : Mr. RAVISH KUMAR | <b>Billing Date</b>        | : 10/03/2024 01:45:12 PM |
| <b>Age/Gender</b>       | : 33 Yrs/Male      | <b>Sample Collected on</b> | : 10/03/2024 01:45:14 PM |
| <b>P. ID No.</b>        | : 16022024310392   | <b>Sample Received on</b>  | : 10/03/2024 02:09:19 PM |
| <b>Accession No</b>     | : 1602202 43100017 | <b>Report Released on</b>  | : 10/03/2024 04:48:28 PM |
| <b>Referring Doctor</b> | : DR M S CHAUHAN   |                            |                          |
| <b>Referred By</b>      | :                  |                            |                          |

Report Status -Final

| Test Name | Result | Biological Ref. Interval | Unit |
|-----------|--------|--------------------------|------|
|-----------|--------|--------------------------|------|

**KIDNEY PROFILE**

**BIOCHEMISTRY**

|  |        |                 |        |
|--|--------|-----------------|--------|
| <b>Blood Urea Nitrogen</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i> | 13.88  | 8.87 - 20.50    | mg/dL  |
| <b>Blood Urea</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i>          | 29.71  | 19.00 - 44.00   | mg/dL  |
| <b>Creatinine</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i>          | 0.76   | 0.70 - 1.30     | mg/dL  |
| <b>BUN Creatinine Ratio</b><br><i>Sample : Serum</i><br><i>Method : Calculated</i>       | 18.27  | 10.00 - 20.00   | Ratio  |
| <b>Total Protein</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i>       | 7.73   | 6.40 - 8.30     | gm/dL  |
| <b>Uric Acid</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i>           | 6.97   | 3.40 - 7.00     | mg/dL  |
| <b>Sodium</b><br><i>Sample : Serum</i><br><i>Method : ISE</i>                            | 137.00 | 136.00 - 145.00 | mmol/L |
| <b>Potassium</b>   | 5.00   | 3.50 - 5.10     | mmol/L |



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| <b>Referring Doctor</b> : | DR M S C HAUHAN         |                              |                        |
| <b>Referred By</b> :      |                         |                              |                        |

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| Test Name  | Result | Biological Ref. Interval | Unit   |
| <i>Sample : Serum</i><br><i>Method : ISE</i>   |        |                          |        |
| <b>Chloride</b><br><i>Sample : Serum</i><br><i>Method : ISE</i>                          | 106.00 | 98.00 - 107.00           | mmol/L |
| <b>Albumin</b><br><i>Sample : Serum</i><br><i>Method : Spectrophotometry</i>             | 4.86   | 3.97 - 4.94              | gm/dL  |
| <b>Globulin</b><br><i>Sample : Serum</i><br><i>Method : Calculated</i>                   | 2.87   | 1.90 - 3.70              | gm/dL  |
| <b>Albumin Globulin A/G Ratio</b><br><i>Sample : Serum</i><br><i>Method : Calculated</i> | 1.69   | 1.00 - 2.10              | Ratio  |

### CLINICAL PATHOLOGY

#### Urine Routine & Microscopic Examination

*Sample : Urine, Random*

|   |             |             |     |
|---|-------------|-------------|-----|
| <b>Colour, Urine</b><br><i>Method : Manual</i>                        | Pale Yellow | Pale Yellow | --- |
| <b>Appearance</b><br><i>Method : Manual</i>                           | Clear       | Clear       | --- |
| <b>Specific Gravity</b><br><i>Method : Ionic concentration method</i> | 1.025       | 1.00 - 1.03 | --- |
| <b>pH</b><br><i>Method : Double indicator principle</i>               | 6.00        | 4.70 - 7.50 | --- |



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|---|---|--------------------------|------|
| <b>Glucose</b><br>Method : Benedict's Method            | Not Detected  | Not Detected             | ---  |
| <b>Protein</b><br>Method : Sulphosalicyclic acid Method | Not Detected  | Not Detected             | ---  |
| <b>Ketones</b><br>Method : Rothera's Method             | Not Detected  | Not Detected             | ---  |
| <b>Blood</b><br>Method : Microscopy                     | Not Detected  | Not Detected             | ---  |
| <b>Bilirubin</b><br>Method : Fouchets Method            | Not Detected  | Not Detected             | ---  |
| <b>Urobilinogen</b><br>Method : Ehrlich's Reaction      | Normal  | Normal                   | ---  |
| <b>Nitrite</b><br>Method : Nitrite Test                 | Not Detected  | Not Detected             | ---  |
| <b>Pus Cells</b><br>Method : Microscopy                 | 0-1   | 0-5                      | /hpf |
| <b>RBC</b><br>Method : Microscopy                       | Not Detected  | Not Detected             | /hpf |
| <b>Epithelial Cells</b><br>Method : Microscopy          | 2-3   | 0-5                      | /hpf |
| <b>Casts</b><br>Method : Microscopy                     | Not Detected  | Not Detected             | ---  |
| <b>Crystals</b><br>Method : Microscopy                  | Not Detected  | Not Detected             | ---  |
| <b>Bacteria</b><br>Method : Microscopy                  | Not Detected  | Not Detected             | ---  |
| <b>Remarks</b><br>Method : Manual                       | Microscopic examination has been performed on urine sediment. |                          |      |



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Age/Gender : 33 Yrs/Male  
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Accession No : 1602202 43100017  
Referring Doctor : DR M S CHAUHAN  
Referred By :

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**HAEMOGRAM(CBC+ESR)**

**HAEMATOLOGY**

**Complete Blood Count (CBC)**

Sample : Whole Blood, EDTA

|   |                |                |                  |
|---|----------------|----------------|------------------|
| <b>Haemoglobin (Hb)</b><br>Method : Photometric                 | 14.90          | 13.00 - 17.00  | gm/dL            |
| <b>Total WBC Count / TLC</b><br>Method : Impedance              | 4.10           | 4.00 - 10.00   | thou/ $\mu$ L    |
| <b>RBC Count</b><br>Method : Impedance                          | 4.97           | 4.50 - 5.50    | million/ $\mu$ L |
| <b>PCV / Hematocrit</b><br>Method : Impedance                   | 44.60          | 40.00 - 50.00  | %                |
| <b>MCV</b><br>Method : Calculated                               | 89.80          | 83.00 - 101.00 | fL               |
| <b>MCH</b><br>Method : Calculated                               | 30.00          | 27.00 - 32.00  | pg               |
| <b>MCHC</b><br>Method : Calculated                              | 33.40          | 31.50 - 34.50  | gm/dL            |
| <b>RDW (Red Cell Distribution Width)</b><br>Method : Calculated | 13.20          | 11.80 - 15.60  | %                |
| <b>Neutrophils</b><br>Method : VCS Technology & Microscopy      | <b>33.00 L</b> | 40.00 - 80.00  | %                |
| <b>Lymphocytes</b><br>Method : VCS Technology & Microscopy      | <b>60.00 H</b> | 20.00 - 40.00  | %                |
| <b>Eosinophils</b><br>Method : VCS Technology & Microscopy      | 5.00           | 1.00 - 6.00    | %                |



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| Test Name  | Result    | Biological Ref. Interval | Unit           |
| <b>Monocytes</b><br><i>Method: VCS Technology &amp; Microscopy</i>   | 2.00      | 2.00 - 10.00             | %              |
| <b>Basophils</b><br><i>Method: VCS Technology &amp; Microscopy</i>   | 0.00      | 0.00 - 2.00              | %              |
| <b>Absolute Neutrophil Count (ANC)</b><br><i>Method: Calculated</i>  | 1353.00 L | 2000.00 -<br>7000.00     | / $\mu$ L      |
| <b>Absolute Lymphocyte Count</b><br><i>Method: Calculated</i>  | 2460.00   | 1000.00 -<br>3000.00     | / $\mu$ L      |
| <b>Absolute Eosinophil Count (AEC)</b><br><i>Method: Calculated</i>  | 205.00    | 20.00 - 500.00           | / $\mu$ L      |
| <b>Absolute Monocyte Count</b><br><i>Method: Calculated</i>  | 82.00 L   | 200.00 - 1000.00         | / $\mu$ L      |
| <b>Absolute Basophil Count</b><br><i>Method: Calculated</i>  | 0.00 L    | 20.00 - 100.00           | / $\mu$ L      |
| <b>Platelet Count</b><br><i>Method: Impedance</i>  | 160.00    | 150.00 - 410.00          | thou/ $\mu$ L  |
| <b>MPV (Mean Platelet Volume)</b><br><i>Method: Calculated</i>   | 14.70 H   | 6.80 - 10.90             | fL             |
| <b>Erythrocyte Sedimentation Rate (ESR)</b><br><i>Sample: Whole Blood, EDTA</i><br><i>Method: Modified Westergren Method</i> | 6.00      | 0.00 - 10.00             | mm 1st<br>Hour |

### HAEMATOLOGY

#### Blood Group

*Sample: Whole Blood, EDTA*

#### Blood Grouping

*Method: Slide and tube agglutination*

#### Rh (D) Typing

A

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Positive

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Method: Forward/Reverse by tube agglutination

**HbA1C (Glycosylated Hemoglobin)**

Sample: Whole Blood, EDTA

**HbA1c**

Method: High Performance Liquid  
Chromatography (HPLC)

5.80 H

Non Diabetic : <  
5.7

%

Pre Diabetic  
Range : 5.7 - 6.4

Diabetic Range :  
>= 6.5

Goal of Therapy :  
< 7.0

Action Suggested  
: > 8.0

**Mean Plasma Glucose**

Method: Calculated

119.76 H

0.00 - 116.00

mg/dL

**BIOCHEMISTRY**

**Glucose Post Prandial**

Sample: Plasma Fluoride - Post Prandial

Method: Hexokinase

**Glucose, Post-Prandial**

83.27

70.00 - 140.00

mg/dL

**Thyroid Profile Total**

Sample: Serum

Method: ECLIA

**Total T3 (Triiodothyronine)**

1.38

0.80 - 2.00

ng/mL

**Total T4 (Thyroxine)**

6.74

5.10 - 14.10

µg/dL

**TSH 3rd Generation**

2.640

0.27 - 4.20

µIU/mL

**Lipid Profile**

Sample: Serum



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| <b>Liver Function Test (LFT)</b>                                 |         |                          |       |
| <i>Sample : Serum</i>  |         |                          |       |
| <b>Bilirubin Total</b><br><i>Method : Spectrophotometry</i>      | 0.77    | 0.00 - 1.20              | mg/dL |
| <b>Bilirubin Direct</b><br><i>Method : Spectrophotometry</i>     | 0.08    | 0.00 - 0.20              | mg/dL |
| <b>Serum Bilirubin (Indirect)</b><br><i>Method : Calculated</i>  | 0.69    | 0.00 - 0.90              | mg/dL |
| <b>SGOT / AST</b><br><i>Method : Spectrophotometry</i>           | 39.09   | 0.00 - 40.00             | U/L   |
| <b>SGPT / ALT</b><br><i>Method : Spectrophotometry</i>           | 49.59 H | 0.00 - 41.00             | U/L   |
| <b>AST / ALT Ratio</b><br><i>Method : Calculated</i>             | 0.79    | -                        | Ratio |
| <b>Alkaline Phosphatase</b><br><i>Method : Spectrophotometry</i> | 79.87   | 40.00 - 129.00           | U/L   |
| <b>Total Protein</b><br><i>Method : Spectrophotometry</i>        | 7.73    | 6.40 - 8.30              | gm/dL |
| <b>Albumin</b><br><i>Method : Spectrophotometry</i>              | 4.86    | 3.97 - 4.94              | gm/dL |
| <b>Globulin</b><br><i>Method : Calculated</i>                    | 2.87    | 1.90 - 3.70              | gm/dL |
| <b>Albumin Globulin A/G Ratio</b><br><i>Method : Calculated</i>  | 1.69    | 1.00 - 2.10              | Ratio |

**Interpretation**

**Glucose Post Prandial**

The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq$  or  $\geq$  126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or  $\geq$  200 mg/dL on at least 2 occasions. If fasting plasma glucose values are between 100 to 125 mg/dL, then patient is considered to be prediabetic and should look at lifestyle modifications and be on follow up



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### Creatinine

**Clinical Significance:**

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

### Sodium

**Clinical Significance:**

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

### Potassium

**Clinical Significance:**

Potassium ( $K^+$ ) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

### Chloride

Chloride ( $Cl^-$ ) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.

### Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and



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monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.

- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimoto's thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

**Uric Acid**

Clinical Significance:

This is the final product of purine metabolism. Normal uric acid levels are equal to those of increased purine synthesis, increased metabolic turnover, acute dietary purine intake, increased intake with excessive consumption of certain drugs. Elevated levels are seen in chronic renal failure, severe hepatic failure disease with reduced purine synthesis, defective renal tubular reabsorption, over-treatment of hypertension with diuretics, as well as some cancer therapies.

**Total Protein**

Clinical Significance:

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

**Liver Function Test (LFT)**

Indications for liver function assessment includes:

- Screen for liver infections, such as hepatitis
- Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working
- Measure the severity of a disease, particularly scarring of the liver (cirrhosis)
- Monitor possible side effects of medications

**Albumin**

\*Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tumor damage and inflammation, malabsorption of amino acids, and increased renal excretion (eg, nephrotic syndrome). Hypoalbuminemia is seen in dehydration.\*



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### Lipid Profile

COMMENTS / INTERPRETATION :

Lipid Profile consist of Triglycerides, Cholesterol and other Apoprotein fractions in serum. The levels reflect the status of lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipoproteins. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD).

NCEP (ATP III) Guidelines.

### Urine Routine & Microscopic Examination

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content ( pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

### Erythrocyte Sedimentation Rate (ESR)

The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.

### Blood Group

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

### HbA1C (Glycosylated Hemoglobin)

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 1-4 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.

### Complete Blood Count (CBC)



160220243100017



Booked For  
Chaturvedi N H Moradabad, Court Compound, Civil Lines,  
Moradabad, UP- 244001, - 244001  
Contact No. -9997041668

Processed By  
Moradabad, Pathkind Diagnostic Pvt. Ltd., Plot No 7,  
Commercial Yojna, Himgiri, Kanth Road , Moradabad -  
244001, - 244001  
Contact No. -8882210771

|                         |                           |                            |                          |
|-------------------------|---------------------------|----------------------------|--------------------------|
| <b>Name</b>             | : Mr. RAVISH KUMAR        | <b>Billing Date</b>        | : 10/03/2024 01:45:12 PM |
| <b>Age/Gender</b>       | : 33 Yrs/Male             | <b>Sample Collected on</b> | : 10/03/2024 01:45:14 PM |
| <b>P. ID No.</b>        | : 16022024310392          | <b>Sample Received on</b>  | : 10/03/2024 02:09:19 PM |
| <b>Accession No</b>     | : <b>1602202 43100017</b> | <b>Report Released on</b>  | : 10/03/2024 04:48:28 PM |
| <b>Referring Doctor</b> | : DR. M. S. CHAUHAN       |                            |                          |
| <b>Referred By</b>      | :                         |                            |                          |

**Report Status -Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|-----------|--------|--------------------------|------|
|-----------|--------|--------------------------|------|

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

\* This is an amended report and will override the last report released on 10 Mar 2024 at 02:34 PM

\*\* End of Report \*\*

**Authenticated By**



Dr. Manish Kumar Singh  
MD PATHOLOGY



160220243100017

# BMI Calculator

Age  ages: 2 - 120  
 Gender  Male  Female  
 Height  cm  
 Weight  kg

Result

BMI = 27.3 kg/m<sup>2</sup> (**Overweight**)



- Healthy BMI range: 18.5 kg/m<sup>2</sup> - 25 kg/m<sup>2</sup>
- Healthy weight for the height: 47.4 kg - 64 kg
- Lose 6.0 kg to reach a BMI of 25 kg/m<sup>2</sup>.
- BMI Prime: 1.09
- Ponderal Index: 17.1 kg/m<sup>3</sup>

*Handwritten note:*  
 Peris 94.1 kg  
 27.3/m<sup>2</sup>



by Calculator.net

Mr. Ravish

Age 120 80

Weight 30 kg 20 kg

| Lead | I   | II  | III | aVR | aVL | aVF |
|------|-----|-----|-----|-----|-----|-----|
| PR   | 100 | 105 | 140 | 85  | 80  | 80  |
| QTc  |     |     |     |     |     |     |

| Lead | I   | II  | III | aVR | aVL | aVF |
|------|-----|-----|-----|-----|-----|-----|
| PR   | 100 | 105 | 140 | 85  | 80  | 80  |
| QTc  |     |     |     |     |     |     |

| Lead | I   | II  | III | aVR | aVL | aVF |
|------|-----|-----|-----|-----|-----|-----|
| PR   | 100 | 105 | 140 | 85  | 80  | 80  |
| QTc  |     |     |     |     |     |     |

Interpretation of the above ECG report

Normal ECG

Normal ECG



Dr. [Signature]





**OPD Prescription**

UHID No.: U-387/24

OPD No.: OP-755

Queue No: 01

Name : Mr. KUMAR RAVISH

Department : INTERNAL MEDICINE & ACUTE GERIATRIC

Date: 12-Mar-2024

S/D/W/o : Mr. HARDEV PRASAD

Dr. MANDEEP CHAUHAN

Time: 05:07:15 PM

33Y 11M 18D/ Male, 8896444241

OPD Type : Gen Fee : Rs 400.00

Valid Till : 17-Mar-2024

|            |         |            |           |            |            |         |
|------------|---------|------------|-----------|------------|------------|---------|
| BP: 120/80 | Height: | Weight: 70 | BMI: 27.3 | Pulse: 103 | Temp: 97.1 | RBS: 83 |
|------------|---------|------------|-----------|------------|------------|---------|

Allergies:

History & Complaints:

Examination:

Provisional / Final Diagnosis:

Nutritional Screening:

Advice:

(Lifestyle / Rehab / Diet)

Follow up:

Date:

Time:

Contact:

Name & Signature of The Consultant with Stamp:

*Internal medicine*  
 CNS - WNL  
 CVS - S12 (M)  
 PEX - B/L - A/E ↑  
 Abdom. No f (M) - tender

*Provisional*  
 Blood oral hygiene observed.  
 a minimal plaque accumulation.  
 No evidence of caries or cavities. Mod.  
 Pericardial effusion revealed.  
 Healthy gums.  
 Drug Allergies:  
 No signs of

*EM ↑*  
 Normal otoscopic examination, No sign of  
 infection or inflammation in the ear. No AC.  
 or sinusitis. Normal hearing acuity.  
 UIC used aseptically. 20/20 in both eyes.  
 Pupils equal round, and reactive to  
 extraocular movements. intact.  
 Lens clear. No evidence of cataract or  
 opacities.

Dr. M.S. CHAUHAN  
 (M.B.B.S) FELLOW-NEUROSCIENCE  
 CONSULTING NEUROPHYSICIAN  
 DEPT. NEUROSCIENCE (ORPIN HOSPITAL)  
 REG. NO. 78413



R



RAVISH KUMAR 33M 08 CHEST PA 12-Mar-24 04:36 PM  
DR. DEEPANSHU GUPTA VARDAN DIAGNOSTIC CENTRE



OPD Prescription

UHID No.: U-387/24  
Name : Mr. KUMAR RAVISH  
S/O/W/o : Mr. HARDEV PRASAD  
33Y 11M 18D/ Male, 889644 4241  
Address : BILARI

OPD No.: OP-757  
Department : DIETETICS & NUTRITION  
Dr. MEHAK  
OPD Type : Gen Fee : Rs 200.00

Queue No: 01  
Date: 12-Mar-2024  
Time: 05:12:07 PM  
Valid Till : 17-Mar-2024

|            |         |            |           |            |            |         |
|------------|---------|------------|-----------|------------|------------|---------|
| BP: 120/80 | Height: | Weight: 70 | BMI: 21.8 | Pulse: 103 | Temp: 97.1 | RBS: 83 |
|------------|---------|------------|-----------|------------|------------|---------|

Allergies:

History & Complaints:

Examination:

*waiter. 34 cm. mixed diet.*  
*to A/Bund.*  
*According*

Provisional/Final Diagnosis:

Nutritional Screening:

Advice:  
(Lifestyle / Rehab / Diet)

*maintain a well balanced diet rich in fruits, vegetables, whole grains, lean proteins and healthy fats.*

*- include a variety of food to ensure adequate intake of vit and minerals.*  
*- limit intake of sugary snacks and sweetened beverages.*  
*Drinks plenty of water to maintain adequate hydration.*

Follow up:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact: \_\_\_\_\_

Investigations:



Name & Signature of The Consultant with Stamp:

**DR. UMA GUPTA**

MBBS, DCP

Senior Consultant Pathologist



**Vardan**  
**DIAGNOSTIC CENTRE**

PNDT Reg. No.:  
022 (Unit-1)  
183 (Unit-2)

**Dr. Deepanshu Gupta**

MBBS, DMRD

Consultant Radiologist & Sonologist  
Ex. Radiologist  
GTB Medical College (New Delhi)  
Max Hospital (New Delhi)  
Coloured USG Training at  
Medanta Hospital (Gurgaon)  
University Hospital Hongkong (Macau)  
Ph.: 0591-3550614 (Unit-1)  
Ph.: 7879514444 (Unit-2)

PATIENT'S NAME : RAVISH KUMAR AGE / SEX 33 Yrs/ MALE  
REF. BY Dr. : M.S CHAUHAN SIR MBBS,MD DATE 12-Mar-24

ULTRASOUND REPORT

- LIVER** : Liver is normal in size, & homogenous in echotexture. It is measuring 132 mm in size. Echogenicity of liver parenchyma is raised. Intra-hepatic biliary channels are normal in calibre
- GALL BLADDER** : Gall bladder is normal in size & shape. Gall Bladder wall is normal in thickness. No evidence of calculus is seen.
- C.B.D. & P.V.** : C.B.D is normal in caliber. No lithiasis is seen in visualized part of CBD. Portal vein is normal in diameter
- PANCREAS** : Pancreas is normal in size, shape & echotexture.
- SPLEEN** : Spleen is normal in size. It is measuring 101 mm.
- Rt. KIDNEY** : Normal in size, shape & echotexture. It is measuring 104 x 54 mm in size. Cortical Echogenicity is normal. Cortical thickness is normal. Cortico medullary differentiation is maintained. No evidence of calculus or hydronephrosis is seen.
- Lt. KIDNEY** : Normal in size, shape & echotexture. It is measuring 101 x 54 mm in size. Cortical Echogenicity is normal. Cortical thickness is normal. Cortico-medullary differentiation is maintained.
- PERITONEAL CAVITY** : No evidence of free ascites / lymphadenopathy is seen in abdomen
- URINARY BLADDER** : Normal in size & shape. No evidence of mass / calculus is seen.
- PROSTATE** : Normal in size shape and echotexture measuring 33x29x29 mm vol of 15 cc. A small prostatic cyst measuring 9x8 mm seen.
- IMPRESSION** :  
**GRADE 1 FATTY CHANGES IN LIVER**  
**SMALL PROSTATIC CYST**  
**SUGGESTED : LFT/CLINICAL CORRELATION**

**DR. UMA GUPTA**

MBBS, DCP

Senior Consultant Pathologist

Printing Error is Possible so always correlate with clinical findings and bring report for correction

- डिजिटल एक्स-रे, (300 MA Siemens) कलर (डिजिटल) अल्ट्रासाउण्ड, कलर डॉपलर, चायोफिजिकल प्रोफाइल, एन.टी.स्कैन, लेवल 2+ डायग्नोस्टिक एण्ड थैरापीयूटिक ट्रेनिंग (Pleural, Liver Abscess, Ascitic) इको कार्डियोग्राफी, पूरे शरीर का सीटी स्कैन, एम.आर.आई. एवं पैथोलॉजी
- उत्तर भारत की सर्व प्रथम मशीन GE America's Latest Voluson S10 BT 2018 Modal के द्वारा अल्ट्रासाउण्ड की सुविधा उपलब्ध है।
- यू.पी. में सर्वप्रथम सबसे एडवांस इटली की (My Lab Class Esoate) अल्ट्रासाउण्ड मशीन द्वारा अल्ट्रासाउण्ड की सुविधा।
- पैथोलॉजी लैब, सुन, पेशाब व बलगम की जाँच- 6 बजे से 8 बजे तक

REPORT ARE NOT VALID FOR MEDICO LEGAL PURPOSE. IMPRESSIONS ARE PROFESSIONAL OPINION NOT ABSOLUTE DIAGNOSIS

UNITE - 1 : VARDAN DIAGNOSTIC CENTRE H.No.-2, Near Eid Gah Choraha, Lajpat Nagar, Moradabad

Ph.: 0591-3550614, 0591-2490352, 8218002245 | www.vardannursinghome.biz.in

**DR. DEEPANSHU GUPTA**

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Consultant Radiologist & Sonologist



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|                  |                             |           |           |
|------------------|-----------------------------|-----------|-----------|
| PATIENT'S NAME : | RAVISH KUMAR                | AGE / SEX | 33 Yrs/ M |
| REF. BY Dr. :    | M.S CHAUHAN SIR<br>MBBS, MD | DATE      | 12/3/2024 |

**X-RAY CHEST P-A VIEW**

BONY CAGE AND SOFT TISSUES SHADOWS ARE NORMAL.

TRACHEA AND MEDIASTENUM ARE CENTRAL.

THERE IS NO MEDIASTENUM SHIFT.

BILATERAL HILAR SHADOWS ARE NORMAL.

BILATERAL LUNG FIELDS SHOW NORMAL BRONCHO-VASCULAR MARKINGS.

CARDIAC SHADOW IS NORMAL IN SIZE

BILATERAL COSTO PHRENIC ANGLES ARE CLEAR.

BILATERAL HEMI- DIAPHRAGM ARE NORMAL IN POSITION

**SUGGESTED : CLINICAL CORRELATION.**

SERVING SINCE 40 YEARS

**DR. UMA GUPTA**

MBBS, DCP

Senior Consultant Pathologist

**DR. DEEPANSHU GUPTA**

MBBS, DMRD

Consultant Radiologist & Sonologist

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- पैथोलॉजी सैब, खुन, पेशाब व बलगम की जाँच- 6 बजे से 8 बजे तक

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