

Patient Name: Mr. Surendra K. Patel MRN: 166000 Age: 40 Sex: M Date/Time: 6/04/21

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- IR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 169
W - 85
BD - 116/82
P - 91

USG → GB Polyp
← Surgeon's reference

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

Dr. Bhawna Garg
MBBS, DIF.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Patient NAME : Mr. SURENDRA KUMAR PATEL	Collected : 06/Apr/2024 10:01AM
Age/Gender : 40 Y 0 M 0 D /M	Received : 06/Apr/2024 10:43AM
UHID/MR NO : ILK.00039771	Reported : 06/Apr/2024 12:47PM
Visit ID : ILK.117200	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	15.1	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	45.2	%	40-54	Cell Counter
RBC Count	5.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	88.9	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	29.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.4	g/dl	30.0-35.0	Calculated
RDW	13.9	%	11-16	Calculated
Total WBC count (TLC)	6,000	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	53.4	%	50-70	Cell Counter
Lymphocytes	32.9	%	20-40	
Monocytes	8.4	%	01-10	Cell Counter
Eosinophils	4.6	%	01-06	Cell Counter
Basophils	0.7	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,199	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1970	per cumm	600-4000	Calculated
Monocyte (Abs.)	503	per cumm	0-600	Calculated
Eosinophil (Abs.)	277	per cumm	40-440	Calculated
Basophils (Abs.)	39	per cumm	0-110	Calculated
Platelet Count	2.50	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	20	mm 1st hr.	0-20	Wester Green
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SIN NO : 10454802

A. K. Raju

DR. ASHOK KUMAR
M.D. (PATH)

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	O	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC'S : Normocytic Normochromic RBC's.
No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.
No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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(Handwritten Signature)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	74.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	94.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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A. K. Jayaram

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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.7	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	116.89			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	20.07	mg/dL	13.0-43.0	Urease
Creatinine	0.9	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.6	mg/dL	3.5-7.2	Urease
Sodium	142.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	106.0	mmol/L	96-106	Direct ISE
Calcium	9.4	mg/dL	8.6-10.0	OCPC
Phosphorous	3.3	mg/dL	2.5-5.6	PMA Phenol
BUN	9.38	mg/dL	6.0-20.0	Reflect Spectrothoto

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A. K. Ashok Kumar

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

Type OF Sample	SERUM - F			
Total Cholesterol	231.0	mg/dl	up to 200	End Point
Total Triglycerides	143.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	52.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	179	mg/dL	<130	
LDL Cholesterol	150.4	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	28.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.44		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	28.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	26.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	71.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	29.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.7	g/dl	6.4-8.3	Biuret
Albumin	4.2	g/dL	3.5-5.2	BCG
Globulin	2.5	g.dl	2.0-3.5	Calculated
A/G Ratio	1.68	%	1.0-2.3	Calculated



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Age/Gender : 40 Y 0 M 0 D /M	Received : 06/Apr/2024 12:51PM
UHID/MR NO : ILK.00039771	Reported : 06/Apr/2024 02:17PM
Visit ID : ILK.117200	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM

Total PSA	0.57	ng/ml	0.0-4.0	CLIA
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NOTE :-

P.S.A is a highly specific for prostate tissue and may be increased in prostate cancer, benign prostate hyperplasia (BPH) and prostatitis. At present a cut off 4.1 ng/ml is used for prostate cancer screening.
PSA values greater then 10.0 ng/ml are highly predictive of cancer.
PSA levels by itself can not be used to detremine whether a patient has Prostate cancer confined to the organ.
Determination of Free PSA along with total PSA is usefull in the differentiation of Prostate cancer from benign condition.
After radical prostatectomy, serum PSA levels are (< 0.2 ng/ml), 93% of patients with undetectable serum PSA concentration have no clinical tumour recurrence.

Comments:-

1. False negative / positive results are observed in patiens receiving mouse monoclonal antibodies for diagnosis or therapy.
- 2.PSA total and free levels may appear consistently elevated/ depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
- 3.Results obtained with different assay kits cannot be used interchangeably.
- 4.All results should be corelated with clinical findings and result of other investigations.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.30	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	11.28	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.373	µIU/ml	0.35-5.50	Chemilluminisence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- sightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism).



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.025		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

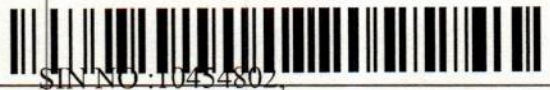
Microscopic Examination.

Pus Cells	1-2	/Hpf	0-2	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

***** End Of Report *****

(Handwritten Signature)

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Ref. By	HEALTH CHECKUP	Date	06.04.24

USG WHOLE ABDOMEN

The **Liver** is normal in size and outline. It shows a diffuse hyper echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, has normal wall thickness with small GB polyp ~3mm

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity.

Both **Kidneys** are normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen.

There is no evidence of ascites.

The **Urinary Bladder** is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology

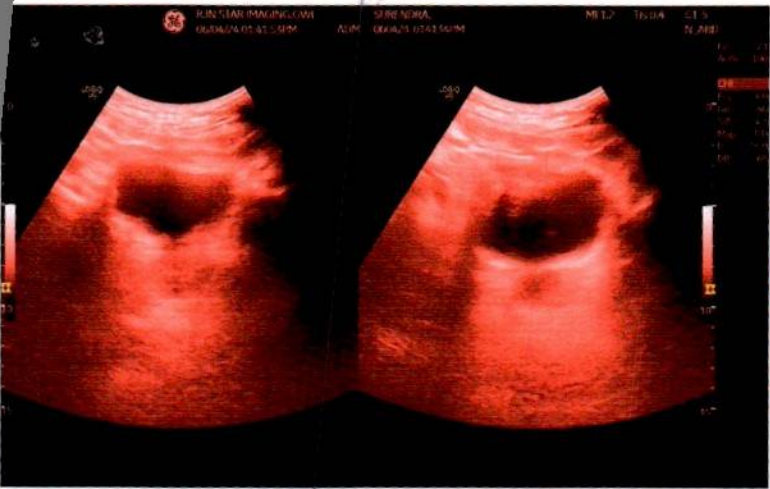
The **Prostate** is normal in size.. It shows a uniform parenchymal echogenicity and smooth outlines with no evidence of focal or diffuse lesion seen.

Impression:-

- **Fatty liver**
- **Small GB polyp**

Please correlate clinically.

DR. ANOOP ARYA (SINGHAL)
DMRD, DNB (RADIODIAGNOSIS)



Patient name	MR. SURENDRA KUMAR PATEL	Age/sex	40Y/M
Ref. By	166007	Date	06.04.24

XRAY CHEST (PA VIEW)

- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

Please correlate clinically.

DR. ANOOP ARYA (SINGHAL)
DMRD, DNB (RADIO DIAGNOSIS)

surendra kumar patel
Male

40 Years

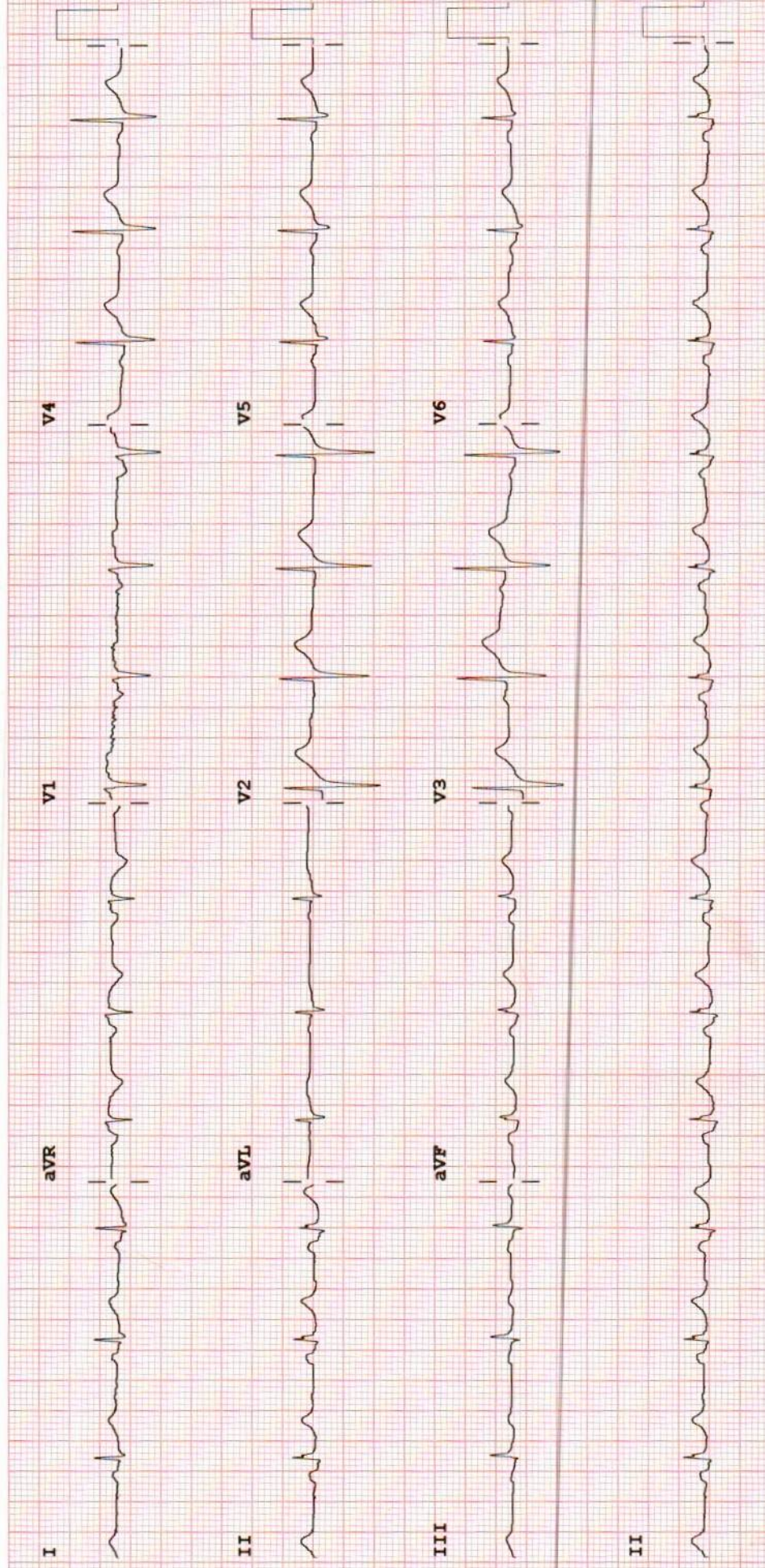
Rate 82 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline low voltage, extremity leads.....all extremity leads <0.6mV

PR 148
QRS 82
QT 363
QTc 424

--AXIS--
P 54
QRS 61
T 49
12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?