



भारत सरकार  
Government of India



सुशील विजयवर्गिया  
Sushil Vijayvargiya  
जन्म तारीख/DOB: 20/05/1987  
पुरुष/ MALE  
Mobile No: 8452056976

**3753 6394 4130**

माझे आधार. माझी ओळख

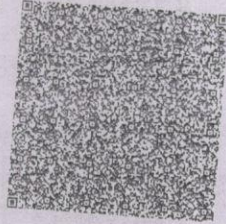


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पत्ता:  
S/O मदन विजयवर्गिय, 136, कनाडिया मार्ग, जैन मंदिर के  
पास, संवीद नगर, इंदौर, इंदौर तिलकनगर, इंदौर,  
मध्य प्रदेश - 452018

Address:  
S/O.Madan Vijayvargiy, 136, Kanadia Road,  
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Madhya Pradesh - 452018



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# Dept. of Pathology

(For Report Purpose Only)



PRN : 123412  
 Patient Name : Mr. VIJAYVARGIYA SUSHIL  
 Age/Sex : 36Yr(s)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

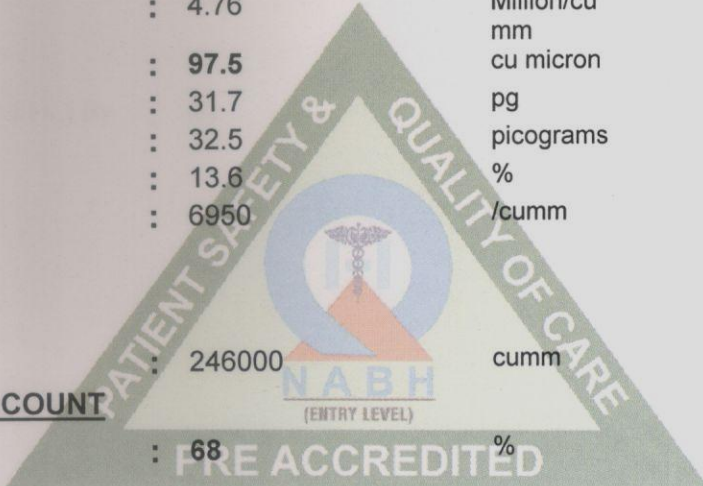
Lab No : 13440  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### HAEMATOLOGY

#### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.1	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 46.4	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.76	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 97.5	cu micron	76 - 96
M.C.H.	: 31.7	pg	27 - 32
M.C.H.C	: 32.5	picograms	32 - 36
RDW-CV	: 13.6	%	11 - 16
WBC TOTAL COUNT	: 6950	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 246000	cumm	150000 - 450000
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 68	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4726	µL	2000 - 7000
LYMPHOCYTES	: 27	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1876.50	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 139	µL	20 - 500
MONOCYTES	: 03	%	02 - 08
ABSOLUTE MONOCYTES	: 208.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100



Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Technician  
 Report Type By :- PEERZADE SHOYEB

Pathologist





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**PERIPHERAL BLOOD SMEAR**

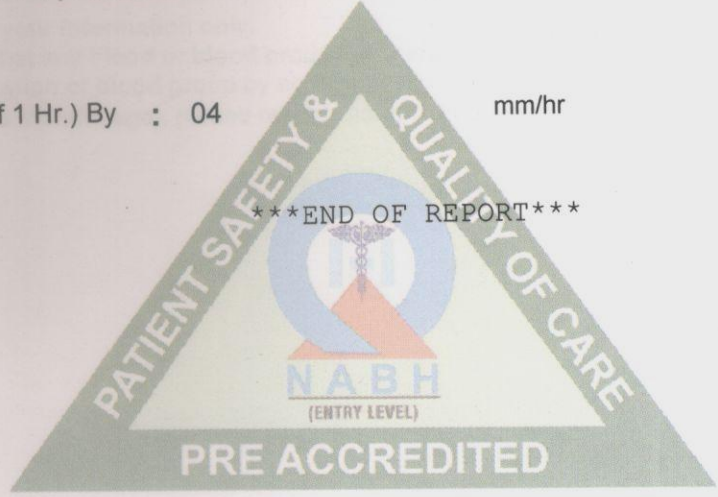
RBC MORPHOLOGY : Macrocytic Normochromic  
 WBC MORPHOLOGY : Within Normal Limits  
 PLATELETS : Adequate  
 PARASITES : Not Detected

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

**ESR**

ESR MM ( AT The End of 1 Hr.) By : 04 mm/hr  
 Westergren Method Male : 0 - 15  
 Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



*Ajay A Gangshettiwar*

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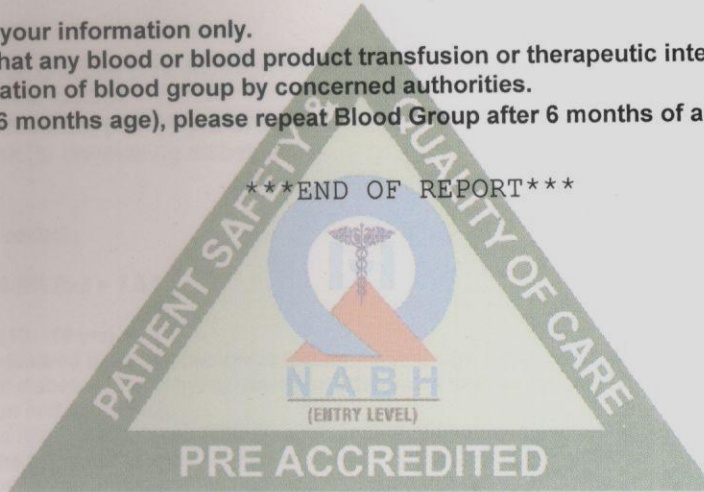
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"  
RH FACTOR : POSITIVE

**NOTE :** This is for your information only.  
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.  
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

\*\*\*END OF REPORT\*\*\*



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For Free Home Collection Call : 9545200011





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## BIOCHEMISTRY

### HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC : 5.9 %

Non - diabetic (Normal) : : < 5.7  
 Pre - diabetes : : > or = 5.7 - < 6.5  
 Diabetes : : > or = 6.5

#### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

**For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :**  
 5.7 % - 6.5 % : Increased risk for developing diabetes.  
 >= 6.5 % : Diabetes

#### Therapeutic goals for glycemic control :

- Adults : < 7%
- Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
- School age (6-12 yrs) : < 8%
- Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

\*\*\*END OF REPORT\*\*\*

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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting : 109 MG/DL 60 - 110  
 Blood Sugar Level PP : 122 MG/DL 70 - 140

#### CALCIUM

CALCIUM (serum) : 10.0 MG/DL 8.4 - 10.4

#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum) : 22 MG/DL 0 - 45  
 UREA NITROGEN (serum) : 10.27 MG/DL 7 - 21  
 CREATININE (serum) : 0.8 MG/DL 0.5 - 1.5  
 URIC ACID (serum) : 5.4 MG/DL Male : 3.5 - 7.2  
 Female : 2.6 - 6.0

#### SERUM ELECTROLYTES

SERUM SODIUM : 142 mEq/L 136 - 149  
 SERUM POTASSIUM : 4.3 mEq/L 3.8 - 5.2  
 SERUM CHLORIDE : 105 mEq/L 98 - 107

\*\*\*END OF REPORT\*\*\*



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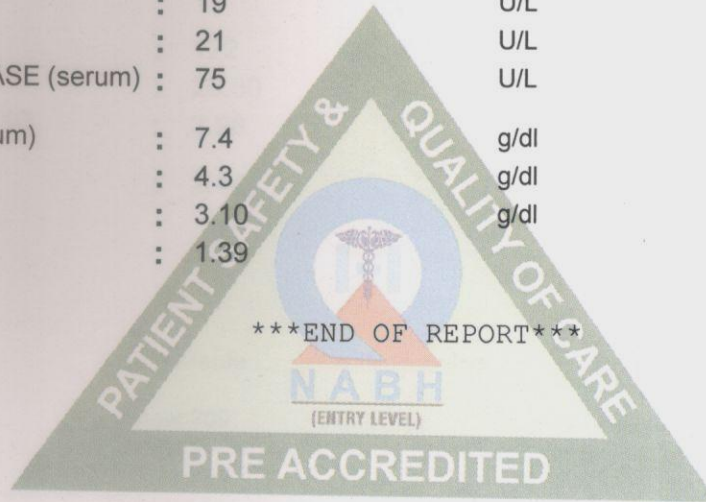
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.8	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.50	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 19	U/L	0 - 35
S.G.P.T (serum)	: 21	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 75	U/L	Male : 53 - 128 Female : 42 - 98
PROTEINS TOTAL (serum)	: 7.4	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.3	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 3.10	g/dl	1.8 - 3.6
A/G RATIO	: 1.39		1:1 - 2:2

\*\*\*END OF REPORT\*\*\*



*(Signature)*

Technician

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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 199	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 129	MG/DL	0 - 150
HDL (serum)	: 50	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 122	MG/DL	0 - 130
VLDL (serum)	: 25.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.98		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.44		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

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### ENDOCRINOLOGY

#### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.42	ng/mL	0.80 - 2.00
T4 - Total (Thyroxin)	: 9.46	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormones (Ultra TSH)	: 1.66	µIU/mL	0.27 - 4.20

Method :- serum by ECLIA

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

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### CLINICAL PATHOLOGY

#### URINE ROUTINE

##### PHYSICAL EXAMINATION

QUANTITY : 10 ML  
COLOUR : PALE YELLOW  
APPEARANCE : CLEAR  
REACTION : ACIDIC  
SPECIFIC GRAVITY : 1.020

##### CHEMICAL EXAMINATION

PROTEIN : TRACE  
SUGAR : ABSENT  
KETONES : ABSENT  
BILE SALTS : ABSENT  
BILE PIGMENTS : ABSENT  
UROBILINOGEN : NORMAL

##### MICROSCOPIC EXAMINATION

PUS CELLS : 3-5 /hpf  
RBC CELLS : 1-2 /hpf  
EPITHELIAL CELLS : 1-2 /hpf  
CASTS : ABSENT /hpf  
CRYSTALS : ABSENT  
OTHER FINDINGS : ABSENT  
BACTERIA : FEW

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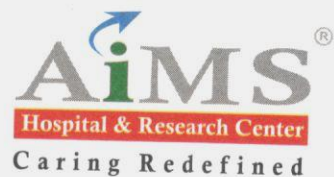
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For Free Home Collection Call :- 9545222211





**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 23-MAR-2024      REP. DATE : 23-MAR-2024  
NAME : MR. VIJAYVARGIYA SUSHIL  
PATIENT CODE : 123412      AGE/SEX : 36 YR(S) / MALE  
REFERRAL BY : HOSPITAL PATIENT

**CHEST X-RAY PA VIEW**

**OBSERVATION :**

Both lungs appear clear.  
Heart and mediastinum are normal.  
Diaphragm and both CP angles are normal.  
Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

No significant abnormality noted in the present study.

-Kindly correlate clinically.

**DR. SAURABH PATIL**  
**(MBBS, MD RADIOLOGY)**  
**CONSULTANT RADIOLOGIST**



## Dept. of Radiology

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### USG ABDOMEN AND PELVIS (MALE)

#### OBSERVATION :

**Liver** : Is normal in size , shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber.

**G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size , shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.3 x 4.2 cm.

Left kidney measures : 9.9 x 4.5 cm.

**Urinary bladder** : Moderately distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

#### IMPRESSION :

**No significant abnormality noted in the present study.**

- Kindly correlate clinically.

Dr. SAURABH PATIL  
(MBBS, MD(RADIOLOGY))