



STAR HOSPITAL

(A unit of Magadh Nursing Home)
An ISO 9001:2015 Certified Hospital

Between East of Alok Petrol Pump &
West of Mahindra Show Room in
Bypass Fourlane, Fatuha Road,
Bari Pahari, Patna
Ph.: 9431046838, 9334269730, 7488893768

Mayank Mayuresh
39 ysm

Wt 91kg
HT 179cm
Age 40

Cam for annual Health check up
P/B 110/80 mmHg
Pulse 75/m
SpO2 99%

Follow up / Nil /
Siten

P/A S/L
Liver Spleen / Nil

Chest / Nil

Visin Ref $\left\{ \begin{array}{l} R 6/6 \\ L 6/6 \end{array} \right.$ Near $\left\{ \begin{array}{l} R N-6 \\ L N-6 \end{array} \right.$

Color - Normal

Chest x-ray Patient - Within Normal limit

ECG - Normal

Echo - Within Normal limit

USG of U/A - hepatomegaly with grade II fatty changes
Blod investigation - Within Normal limit except Blood sugar

ENT Consultation - Tympanic membrane intact No hearing loss



Sumit
27/07/24



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DR. ASHISH RANJAN SINGH

BDS (Hon) MU

Consultant Oral & Dental Surgeon

Ph.: 9470585838, 9852542738

DR. VINAY KUMAR

BDS, MIDA

Consultant Oral Dental Surgeon

Not for Medico Legal Purpose

Name: Mayank Mayuresh

Date: 27/7/24

Add:

Age/Sex: 34y/M

C/C:- Pt comes for Dental checkup

C/E:-

- Stain +

- Calculus ++

- Dental Caries wt $\frac{\quad}{8}$

- Tender on Percussion wt $\frac{\quad}{7}$

Adv:-

- Scaling to be dr.

- IOPA / RVG x-ray of $\frac{\quad}{8} \frac{\quad}{7}$ to be dr.



Ashish
27/7/24

नोट: यहाँ दाँत, मुँह एवं जबड़ा से संबंधित सभी रोगों का इलाज होता है।



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Ph.: 9431046838, 9334269730, 7488893768

Collection Date/Time : 27/07/2024/ 9:43:48 AM

Bill No : 24255298

Patient's Name : MAYANK MAYURESH

Referred By : Dr. Self

Reporting Date/Time 27/07/2024/ 4:39:26 PM

Uhid/Lab ID : 24251023 /

Age / Sex : 34 Years/Male

Bed No : //

BIO-CHEMISTRY EXAMINATION

Investigation Name	Result	Reference Range
BLOOD SUGAR FASTING	103 mg/dl	70 — 110
BLOOD SUGAR PP	140 mg/dl	70 — 140
GAMMA-GT	34.0 U/Lt	9 — 52 (Male: <55 (Female: <38)

KIDNEY FUNCTION TEST

BLOOD UREA	23.0 mg/dl	5.0 — 40.0
SERUM CREATININE	0.93 mg/dl	0.60 — 1.20
SERUM URIC ACID	4.61 mg/dl	3.4 — 7.0
BUN	10.74 mg/dl	7.5 — 23.0

LIPID PROFILE

TOTAL CHOLESTEROL	216 mg/dl	140 — 200
TRIGLYCERIDE	132 mg/dl	30 — 160
HDL CHOLESTEROL	54.0 mg/dl	35 — 90
VLDL CHOLESTEROL	26.4 mg/dl	06 — 32
LDL CHOLESTEROL	135.6 mg/dl	85 — 130
LDL /HDL RATIO	2.51	1.5 — 3.0
TC / HDL	4.00	

< 3.0 - Low Risk

3.0 - 5.0 Avg. Risk

> 5.0 High Risk





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Quality Control : by Human Chemistry Control (BIO-RAD,U.S.A)

URINE SUGAR

Nil(Pp)

HAEMATOLOGY EXAMINATION

BLOOD GROUP

ABO GROUP

RH TYPE

E S R

"O"

POSITIVE

17.0 mm/hr

0 — 15



LAB TECHNICIAN

Dr. T.K. Chakraverti
M.B.B.S. M.D
(Microbiology)
Reg. No.-35997/06

PATHOLOGIST
DR. T. K. CHAKARVERTI
MBBS, MD(MICRO)



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BIO-CHEMISTRY EXAMINATION

Investigation Name	Result	Reference Range
LIVER FUNCTION TEST		
SERUM BILIRUBIN		
TOTAL	0.71 mg/dl	0.3 — 1.0
DIRECT	0.29 mg/dl	0.1 — 0.3
INDIRECT	0.42 mg/dl	0.2 — 0.7
SGPT	47.0 Iu/LT	05 — 40
SGOT	51.0 U/Lt	05 — 40
SERUM ALKALINE PHOSPHATASE	94.0 U/Lt	Adult :- 39 - 137 U/L New born : 95 - 368 U/L (<14 yrs) :- 58 - 460 IU/L
SERUM PROTEIN		
PROTEIN	7.29 gm/dl	6.0 — 8.0
ALBUMIN	4.20 gm/dl	3.7 — 5.3
GLOBULIN	3.09 gm/dl	2.3 — 3.6
A : G RATIO	1.36	1.0 — 2.3



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HAEMATOLOGY EXAMINATION

Investigation Name	Result	Reference Range
HGB	11.4 gm/dl	13 — 17
R.B.C	4.02 million/Cu mm	3.5 — 5.5
H.C.T	34.4 %	40 — 54
M.C.V	85.7 fl	73 — 91
M.C.H	28.3 pg	27 — 32
M.C.H.C	33.1 g/dL	31.5 — 34.5
PLATELET COUNT	1.53 Lakh's/Cu. mm	1.50 — 4.50
W.B.C	7200 /cu mm	4000 — 11000
DIFFERENTIAL COUNT		
NEUTROPHILS	60 %	40 — 70
LYMPHOCYTES	35 %	20 — 40
EOSINOPHILS	02 %	01 — 06
MONOCYTES	03 %	02 — 10
BASOPHILS	00 %	00 — 02



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HAEMATOLOGY EXAMINATION

Investigation Name	Result	Reference Range
GLYCOCYLATED HAEMOGLOBIN (HbA1c)	9.31 %	Normal < 8.0 % Good Control : 8.0 – 9.0 % Fair Control : 9.0 – 10.0 % Poor Control : > 10.0 %

INTERPRETATION :

HbA1c is an indicator of glycaemic control .HbA1c has been thought to represent average glycaemia over the past 6-8 wks.A pt. in stable control will have 50 % of their HbA1c formed in the month before sampling, 25 % is in the month before that & the remaining 25 % in the month 2-4.LEVEL OF HbA1c : < 5.3 % :- may represent an acute & chronic possibility for severe hypoglycaemia events < 5.4-5.7 % :-Represents a very good level of diabetic control (caution should be used to avoid hypoglycaemia).5.8-7.2 % :- Represents a good level of diabetes control (continue to monitor frequently and strive for a reduction of HbA1c level to between 5.8 - 7.0) .- 8.0 % : - Represents a fair level of diabetes control(Suggest physician//patient / evaluation to determine where improvement can be made. >8.0 % :- Represents a sub-optimal level of diabetic control.(This level represents a significant increase in the risk for developing possible chronic complications).Effective intervention is strongly suggested, along with specific diagnostic tests.



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IMMUNOLOGY EXAMINATION

Investigation Name	Result	Reference Range
THYROID PROFILE		
T3	0.61 ng/ml	0.52 - 1.90 ng/ml.
T4	8.34 µg/dL	M- 4.4 - 10.8 µg/dL. F - 4.8 - 11.6 µg/dL.
TSH	2.02 µIU/ml	0.30 - 6.02 µIU/ml.

Method :- Enhanced Pulse Chemiluminescence Assay by Lumax
Quality Control :- by appropriate lyphochek Immunoassay Plus Control(BIO-RAD,U.S.A).

The guidelines for pregnancy related reference ranges for T3,T4 & TSH :-

Levels in Pregnancy	Total T3 (ng/ml)	Total T4 (µg/dL)	TSH (µIU/ml)
1 st Trimester	0.52 - 1.90	6.6 - 12.4	0.1 - 2.5
2 nd Trimester	0.52 - 1.90	6.6 - 15.5	0.2 - 3.0
3 rd Trimester	0.52 - 1.90	6.6-15.5	0.3 - 3.0

The guidelines for age related reference ranges of T3,T4 & TSH :-

AGE	TOTAL T3 (ng/ml)	TOTAL T4 (µg/dL)	TSH (µIU/ml)
Premature Infants			0.8 - 5.2
CORD BLOOD	0.4 - 1.3	6.0 - 13.1	1.0 - 17.4
1 - 2 days	0.8 - 2.6	10.7 - 25.8	1.0 - 17.4
3 - 30 days	0.7 - 2.0	7.8 - 19.7	1.7 - 9.1
1 - 12 Months	1.0 - 2.3	5.4 - 13.8	0.8 - 9.1
1 - 7 years	1.2 - 2.0	5.3 - 12.3	0.8 - 8.2
7 - 13 years	1.1 - 2.0	6.0 - 11.1	0.7 - 7.0
13 - 18 years	1.0 - 1.8	4.9 - 10.7	0.7 - 5.7



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CLINICAL PATHOLOGY EXAMINATION

REPORT ON THE EXAMINATION OF URINE

PHYSICAL EXAMINATION

Volume	30 ml
Colour	Straw
Appearance	Clear
Sediments	Nil

CHEMICAL EXAMINATION

Specific Gravity	1.010
PH	6.5
SUGAR	Nil
ALBUMIN	Nil

MICROSCOPIC EXAMINATION

Erythrocytes / RBC	Nil /hpf
Pus Cells	0-1 /hpf
Epithelial Cells	1-2 /hpf
Casts	Nil
Crystals	Nil
YEAST CELLS	Absent
MICRO-ORGANISM	Absent
Others	Nil

-\$ End of Report \$:-



LAB TECHNICIAN

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Patient's Name : MAYANK MAYURESH

Age / Sex : 34 Years/Male

Referred By : Dr. Self

Bed No : //

HAEMATOLOGY EXAMINATION

Investigation Name	Result	Reference Range
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* PERIPHERAL BLOOD PICTURE, WHOLE BLOOD

Microscopy

RBCs are predominantly normocytic normochromic. No nucleated cell is noted.

Anisocytosis + Poikilocytosis +

Reticulocyte count is normal, indicating normal bone marrow response.

WBC: Normal in count and morphology. No immature cell is noted.

IMPRESSION: Normal Study

-\$ End of Report \$:-



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No: 06.

Mr. Mayank Mayuresh. 34/M

Refd. by Star Hospital.

July 27, 2024.

U. S. G. of Whole Abdomen

LIVER: Enlarged and parenchyma shows increased echotexture. Intra hepatic ducts and vessels are within normal limits. Right lobe measures 152 mm and Left lobe measures 82 mm in cranio caudal length.

GALL BLADDER: Normal in shape and size. Lumen is echofree. GB wall is of normal thickness.

C.B.D. & PORTAL VEIN: No abnormality seen. CBD measures 3.1 mm and PV 8.6 mm in caliber.

PANCREAS: Normal in shape, size and echotexture.

BOTH KIDNEYS: Right kidney measures 115 mm x 38 mm. Left kidney measures 112 mm x 43 mm. No mass, cyst or calculus. P C S Not Dilated. No Hydronephrosis. The C M D is well maintained.

SPLEEN: Normal in shape, size and echopattern. Size measures 91 mm x 35 mm. SV – Normal.

URINARY BLADDER: Echofree and no abnormality seen. UB wall is of normal thickness. Pre void urine volume 370 ml and post void residual urine volume 10 ml. (insignificant)

PROSTATE: Normal in shape, size and echotexture. Weight = 15 Grams, approx.

OTHER: No evidence of ascites/peritoneal collection. No basal pleural effusion. No enlarged lymph nodes. No mass, lump or abscess in iliac scan.

OPINION: Hepatomegaly with grade ' II ' fatty changes.
No evidence of ascites or enlarged LN.



llh
Consultant Sonologist



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ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

Patient's Name :Mr. MAYANK MAYURESH

Age/Sex :34YR /M

Date 27/07/24

2D & M MODE ECHOCARDIOGRAPHY

Left ventricle

EDD:	44	mm (20 - 28 mm / m ²)	ESD:	27	mm (13 - 21 mm / m ²)
IVS:	09	mm (9-11 mm)	PW:	09	mm (6 -11 mm)
Ejection fraction:	66% (70 ± 8%)		FS:	35	%(34 - 44 %)
IVS:	Intact		LV clot	Absent	

Left atrium/ Aorta 35/28 mm
 Right ventricle Normal
 Right atrium Normal
 Pericardium Normal with no pericardial effusion

2D:

Normal LA/LV size and normally contracting left ventricle.
No LVH, No RWMA

Mitral valve

AML/ PML: Normal
 Tricuspid valve Normal
 Aortic valve Normal
 Pulmonary valve Normal

Continuous & Pulse Wave Doppler study

Valve	Velocity (m/sec)			Gradient (mmHg)			Valve area (PHT Method)	Regurg.
	Peak	Mean	EDV	Peak	Mean	EDG		
Mitral	E=1.0 A=0.6			4.0	1.6		4.6	Nil
Tricuspid	E=0.6 A=0.4			1.2	0.4			Nil
Aortic	1.2			5.6	1.6			Nil
Pulmonary	0.9			3.4	1.3			Nil





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Colour Flow Imaging

No TR, No PR/ AR/ MR

No Shunt Flow

COMMENTS:

- ◆ Normal all chamber size.
- ◆ Normal LV/RV filling pressure
- ◆ Normal contracting LAD, RCA & LCx regions
- ◆ Normal LV diastolic function
- ◆ No LVH,
- ◆ Normal Diastolic Flow (E/A-1.30, E/e'-7)
- ◆ LVEF = 66%
- ◆ No PAH, No RWMA
- ◆ All cardiac valves are normal
- ◆ No MS /TS/AS/ PS /AR/PR
- ◆ No clot / vegetation / pericardial effusion.

IMPRESSION:

Normal LA & LV CAVITY

Normal LV & RV systolic function

Normal Diastolic flow (E/A-1.3, E/e'-6)

No RWMA, LVEF - 66%.

SIGNATURE
DR. RANJEET KUMAR
(CONSULTANT CARDIOLOGY)
MBBS, PGDCC, CCEBDM
EX-Senior Registrar, RTIICS, KOLKATA





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MR. MAYANK MAYURESH 34 YRS /M.
Refd. by Star Hospital.

27 JULY, 2024.

X-Ray Chest PA View:-

The lung fields are clear.
Both C P angles are clear.
The heart is normal.



mayank mayuresh
Male 34Years

cm Kg / mmHg
Room No. :

HR	69	bpm
P	112	ms
PR	168	ms
QRS	87	ms
QT/QTc	391/421	ms
PORS/T	43/15/15	°
RV5/SVI	1.75/10.539	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

