



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272669, 4250134



Patient Name : MR ABHINAV DHANYABAD



CMSH24/3342

Age/Gender : 35 Yrs/Male

Registration Date : 10/02/2024 12:51 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 10/02/2024 12:53 PM

Center : CMH OPD

Report Date : 10/02/2024 05:19 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.4	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	108	mg/dL	
Reference Range (Average Blood Sugar):			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Dr. Subhash Parmar
Consultant Pathologist



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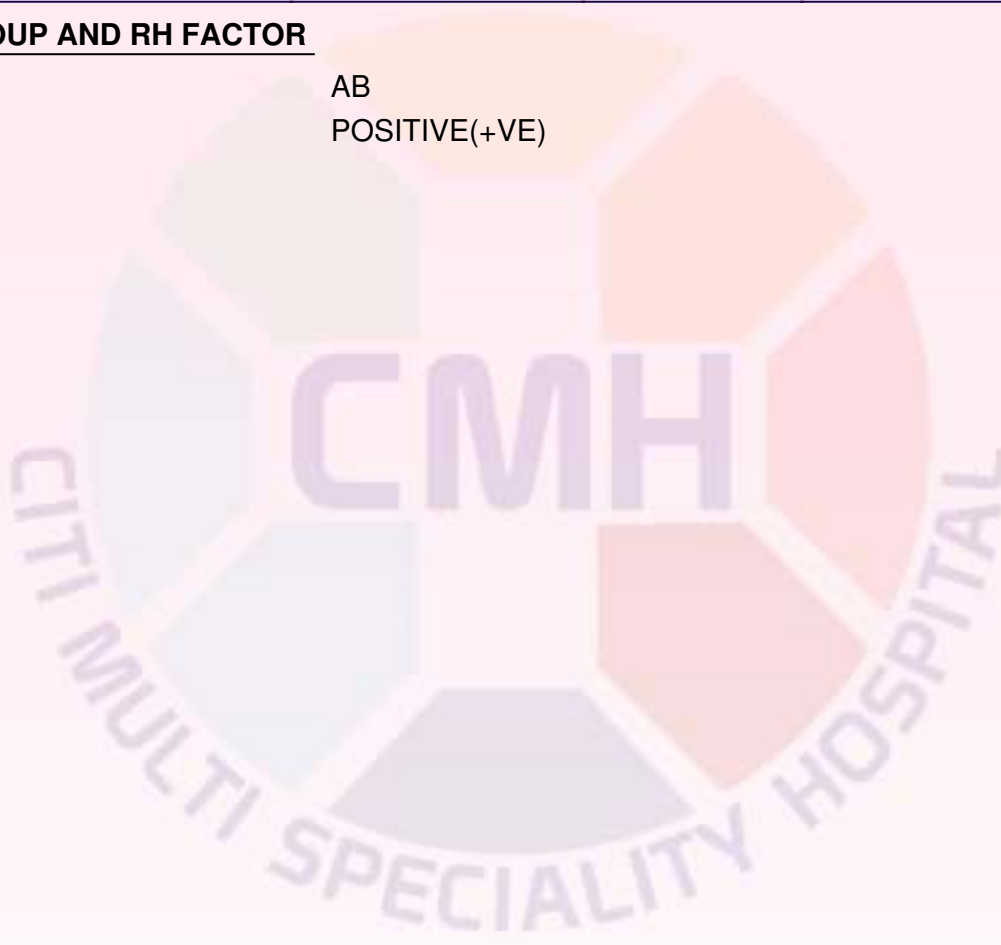


HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD GROUP AND RH FACTOR

ABO Type	AB		
Rh Factor	POSITIVE(+VE)		



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	21.4	mg/dl	15 - 50
Serum Creatinine	0.97	mg/dl	0.7 - 1.5
eGFR	101	ml/min	
Blood Urea Nitrogen-BUN	10.00	mg/dl	7 - 20
Serum Sodium	137.8	mmol/L	135 - 150
Serum Potassium	4.28	mmol/L	3.5 - 5.0
Chloride	103.0	mmol/L	94.0 - 110.0
Uric Acid	5.6	mg/dl	3.2 - 7.0

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.87	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.16	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.71	mg/dl	0.1 - 0.8
SGOT (AST)	24.3	U/L	0 - 35
SGPT (ALT)	19.4	U/L	0 - 45
ALKALINE PHOSPHATASE	105.0	U/L	40 - 140
TOTAL PROTEIN	7.21	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.05	g/dl	3.5 - 5.2
SERUM GLOBULIN	3.16	g/dl	1.8 - 3.6
A/G RATIO	1.28		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	192	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	151.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	42.7	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	119.10	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	30.20	mg/dL	6 - 38
CHOL/HDL RATIO	4.50		3.5 - 5.0
LDL/HDL RATIO	2.79		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>Fasting Blood Sugar</u>	81.8	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: >= 126

Method : Hexokinase

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,

Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Post-Prandial Blood Sugar

109.0

mg/dl

70 - 140

Method : Hexokinase

Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200

(on more than one occassion)

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.77	ng/mL	0.69 - 2.15
THYROXIN, (T4)	89.4	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.98	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5
Second Trimester : 0.2-3.0
Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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URINE ROUTINE

General Examination

Colour	Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030

Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	Occasional	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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COMPLETE BLOOD COUNT

Haemoglobin	15.6	gm/dL	12.0 - 16.0
RBC Count	5.24	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	45.2	%	40.0 - 54.0
Mean Corp Volume MCV	86.3	fL	80.0 - 100.0
Mean Corp Hb MCH	29.8	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	34.5	gm/dL	32.0 - 36.0
Platelet Count	3.68	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.4	10 ³ /cu.mm	4.0 - 11.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	64	%	40 - 70
Lymphocytes	30	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

Absolute Differential Count

Absolute Neutrophils Count	4.7	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	2.2	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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ESR - ERYTHROCYTE SEDIMENTATION RATE	05	mm/hr	0 - 09

Method: Wintrob's

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.



Dr. Subhash Parmar
Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10-02-2024		
NAME	MR. ABHINAV DHANYASAD		
AGE	35	Gender	M
HEIGHT(cm)	173	WEIGHT (kg)	73 kg.
B.P.	120/70 Ch.		
ECG	WNL		
X Ray	NORMAL		
Vision Checkup	Color Vision : No		
	Far Vision Ratio : No		
	Near Vision Ratio : No.		
Present Ailments	No. Any Present Ailments		
Details of Past ailments (If Any)	No. Any past Ailments.		
Comments / Advice : She / He is <input checked="" type="checkbox"/> Physically Fit	He is physically fit.		

Dr. SABYASACHI GUPTA

MBBS (Gold Medalist), MD (Med) (RCCP, J.U.K.)

Reg. No. 11071

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. ABHINAV DHANYABAD on 10-03-2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">Currently Unfit. <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">Unfit	<input checked="" type="checkbox"/>

Dr. DR. S S. GUPTA (MO)
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



भारत सरकार

Government of India



आधार

Issue Date : 12/08/2015



अभिनव धनयबाद

Abhinav Dhanyabad

जन्म तिथि / DOB : 06/01/1989

पुरुष / Male



8525 2007 9907

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



8525 2007 9907

मेरा **आधार**, मेरी पहचान

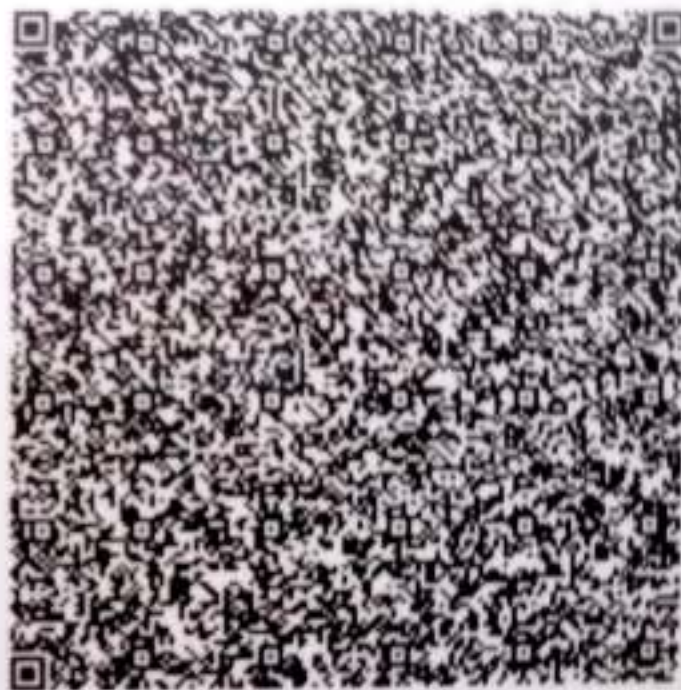


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: आत्मज: अशोक धनयबाद, हाउस न.
258, भारती निकेतन गोविन्दपुरा, भोपाल,
भोपाल, भोपाल, मध्य प्रदेश, 462001



Address: S/O: Ashok Dhanyabad,
House No. 258, Bharti Niketan
Govindpura, Bhopal, Bhopal, Bhopal,
Madhya Pradesh, 462001

8525 2007 9907



1947



help@uidai.gov.in



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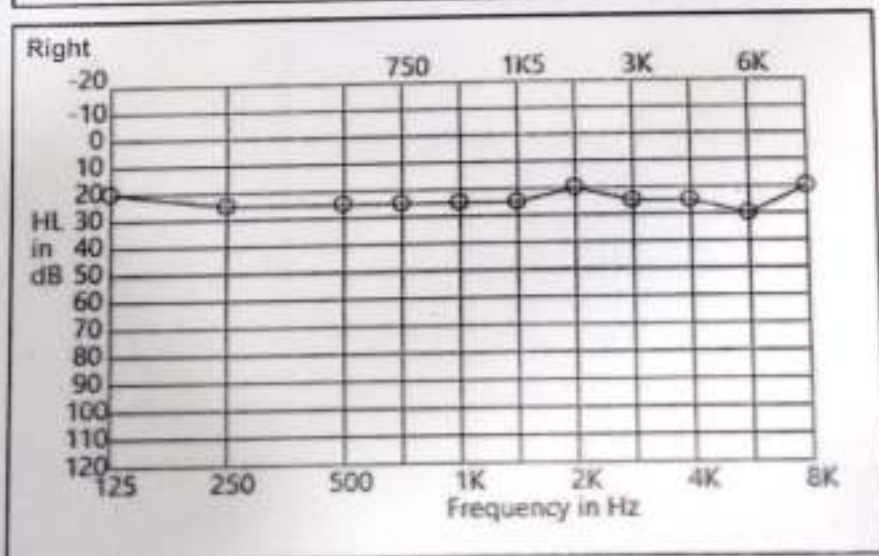
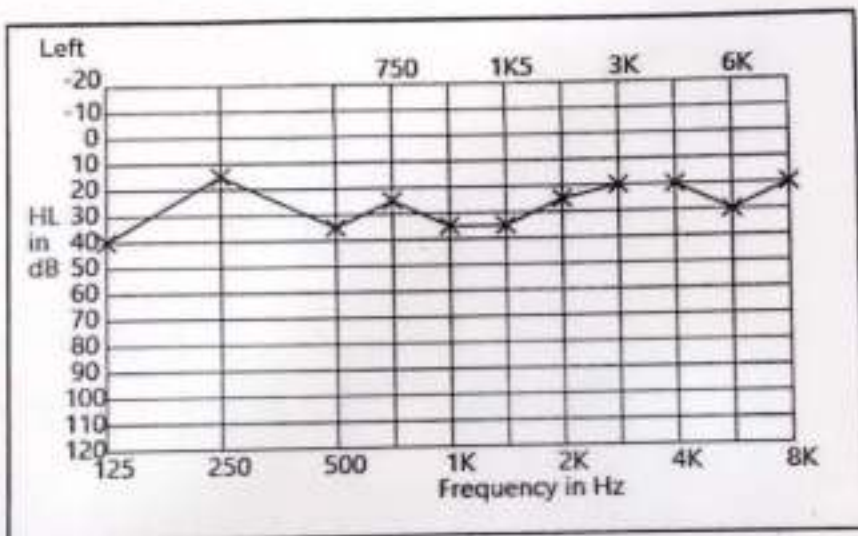
CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MR ABHINAV DHANYABAD	76	35	Male	8770842884
Address	Referred By	Date & Time		
RAM JANKI MANDIR BHOPAL	APOLLO CLINIC	10/02/2024		



Interpretation

NORMAL HEARING STUDY

Doctor/Audiologist

DR S S GUPTA [MD]

Dr. SABYASACHI GUPTA
MSBS (Gold Medalist) MD (Med) LRCP (UK)
Reg. No. 11671





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MIC - 215 216, Gustom Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 9755 - 4230134
Mobile No. : 7771008060, 8319214664, 9303135719



ASHIMAY - SHANKHABAD

10/02/2024

35/m

clo
NO, COMPLEXT
IN CXC
⇒

O/C

VA { R.C. = 100%
L.C. = 100% }



- = NO, ANY FRESH-COMPLEXT in Both eye.
- = NO, WATERS-DISCHARGE in Both eye.
- = CLEAR-VISION in Both-eye.

CITI MULTI SPECIALITY HOSPITAL
Gustom Nagar,
Govindpura, Bhopal (M.P.)
DR. 9755 4272669

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



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Mobile No. : 7771088666, 8319214464, 9303130719



DIET CHART FOR PATIENTS/ आहार तालिका

Date: 10/02/2024

Dietician Name: Dr. P. P. Verma Email: citimultispecialityhospital@gmail.com
 Patient Name: M. Abhinav Diagnosis: / Age/Sex: 35
 Height (cm): 173 cm Weight (Kg) 58.8.11 BMI 24.3
 Type of Diet: High protein, Low salt
 Total Kcal: 3-4 Kcal/day Total Protein: 3-15 g/day
 Total Fat: 1-2 g/day Total Fluids: 4-5 Liter

Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूँ वाली)	<u>Breakfast</u> <u>Tea. Biscuit.</u>
Milk दूध/ Soup सूप/ Poha पोहा/ Dalia दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / आलू परांठा/ पनीर	
Roti रोटी / Rice चावल (साठ रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	<u>Lunch</u> <u>Roti cereal dal.</u> <u>Salaji salad.</u>
Fruit फल / अंकुरित अनाज (मूग/चना/मोठ) / Sattu सतु / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk बटर	
Tea चाय/ Milk दूध / coffee काफी / Chana +Puffed Rice चना + मूठमूठ / Dhokla डोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मखाने	<u>Dinner</u> <u>Roti, khichri</u> <u>Salad, Dahiya</u>
Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया	
Milk दूध/ Butter Milk बटर / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट	

Only Oil : 1 Teaspoon gm/day Salt नमक: 2-3 gm/day - Ghee : 1-2 gm/day
 5 gm = 1 चम्मच (छोटा)

CITI MULTISPECIALITY HOSPITAL
 MIG-215, 216, Gautam Nagar,
 Govindpur, Bhopal (M.P.)
 Ph : 8755-4272669

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
 Food Corporation of India, Ayushman Bharat

संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खाएँ, पेट भर न खाएँ तथा बहुत भूख लगाने की राह माँ देखें।
- भोजन हमेशा सीधे बैठकर धीरे - धीरे अच्छे से चबाकर खाएँ तथा भोजन के समय टी.वी. न देखें।
- रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुके।
- यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चले या हल्का व्यायाम करें।
- अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें।

लिवर के स्वास्थ्य हेतु भोजन का चयन :

- गेहूँ के आटे में 1:3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
- खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़, टमाटो केचप, कोक, कार्बोनेटेड ड्रिंक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें।
- आहार में अंकुरित अनाज का उपयोग करें, सोया मिल्क तथा नारियल तेल को भोजन में शामिल करें।

नोट :

1. किसी भी चीज में ऊपर से नमक न डालें।
2. अत्यधिक तेज मसालों का उपयोग न करें।
3. अत्यधिक तली हुई चीजें जैसे समोसा, कचोरी, सेव, पपड़, भजिया, आदि का उपयोग न करें।
4. खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, मत्तू पाउडर, सिके चने आदि का उपयोग करें।

CITI MULTISPECIALITY HOSPITAL
MIG-215, 16, Gautam Nagar,
Govindpur, Bhopal (M.P.)
Ph : (U) 55-4072669



CITI MULTI SPECIALITY HOSPITAL

MIG - 215 216, Gaudin Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755- 4250134
Mobile No. : 7771008860, 8318214864, 9303135719



Miss MR ABHINAV

AGE - 35Y/M

REF: BY-APPOLO CLINIC

DATE ;10/2/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ Normal great vessel relationship
- ❖ ALL cardiac valve are normal
- ❖ Normal Four chambered heart
- ❖ Normal LV size with normal LV function LVEF- 70%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION

Normal LV size with normal LV function LVEF- 70%

Dr. S. S. GUPTA (M.D.)
Reg. No. 11671

CONSULTANT ECHOCARDIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked.

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Food Corporation of India, Ayushman Bharat

CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MR ABHINAV 35

Patient Id: 100224-142156

Date: 10/02/2024

Birthdate:

Sex: Male

Accession #:

Perf.Physician:

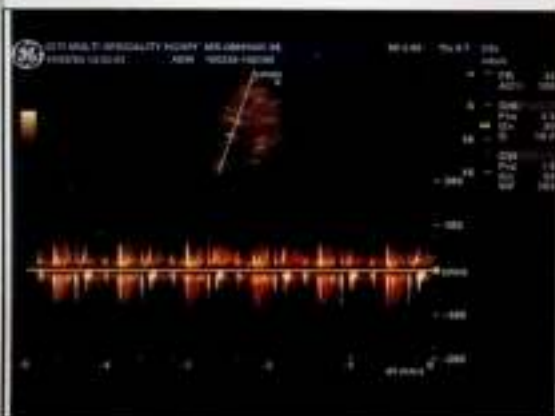
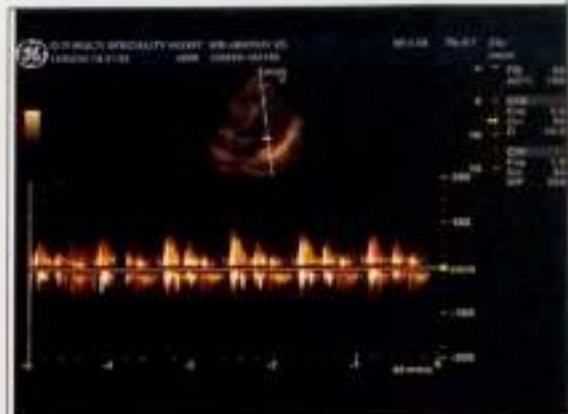
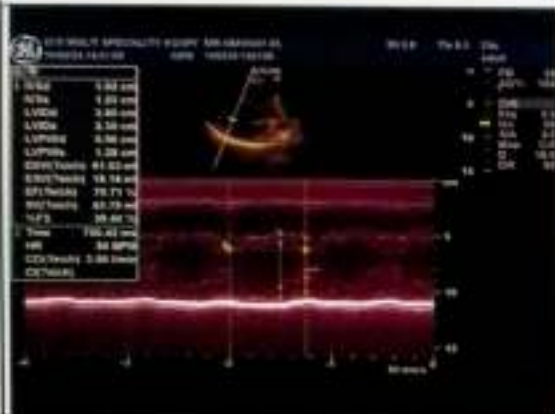
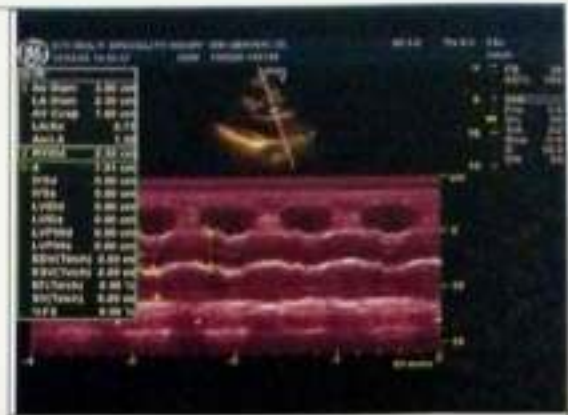
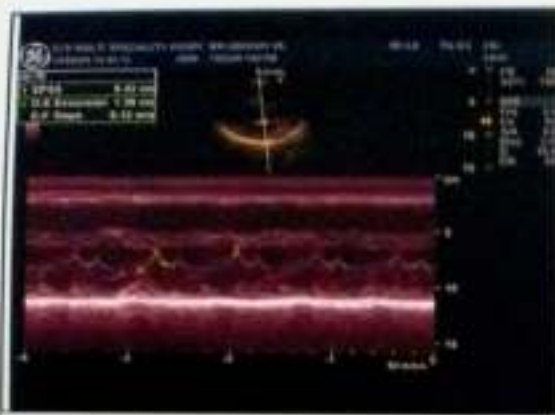
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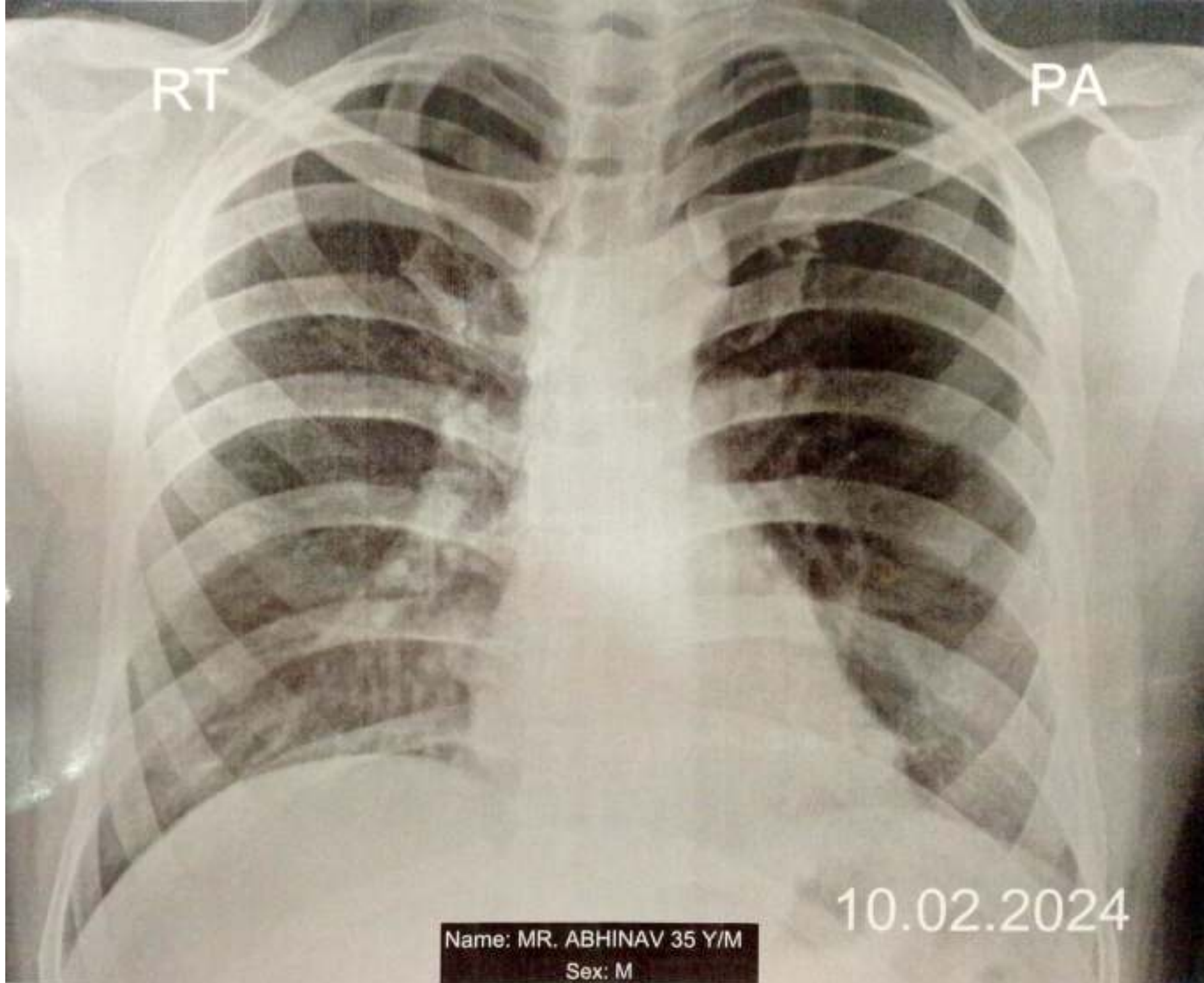
Operator: ADM

M-MODE & PW

D-E Excursion	1.39 cm
E-F Slope	0.12 m/s
EPSS	0.43 cm
Ao Diam	3.00 cm
LA Diam	2.30 cm
AV Cusp	1.66 cm
LA/Ao	0.77
Ao/LA	1.30
RVIDd	2.35 cm
IVSd	1.02 cm
LVIDd	3.80 cm
LVPWd	0.96 cm
IVSs	1.23 cm
LVIDs	2.30 cm
LVPWs	1.28 cm
EDV(Teich)	61.93 ml
ESV(Teich)	18.14 ml
EF(Teich)	70.71 %
%FS	39.44 %
SV(Teich)	43.79 ml
Time	750.42 ms
HR	80 BPM
CO(Teich)	0.00 l/min

Print Date: 2/10/2024





RT

PA

10.02.2024

Name: MR. ABHINAV 35 Y/M
Sex: M



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MID - 215 218, Ghatam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 9771008660, 9319214664, 9303135719



Patient- Name:	MR. ABHINAV	Age/Sex:	35Y/M
Referred. By:	INS	Date:	10.02.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angles Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

IMPRESSION

No Significant Abnormality.

Dr. SANJAY
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
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80G -215 216, Gauram Nagar, Dewasbura, Bhopal-462023 (M.P.)
Phone No. : 8755 - 4250134
Mobile No. : 7771008668, 8318214864, 9303115719



Name : MR. ABHINAV
Age/Sex : 35years/M
Date : 10 /02/24

USG ABDOMEN

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : Gall bladder seen as an anechoic thin walled cavity with normal size and shape. No cholelithiasis or mass lesions seen. CBD is normal in calibre.

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

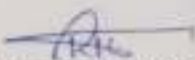
Kidneys : Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal and maintained bilaterly. No caliceal dilatation seen on either side.

Urinary bladder : Urinary bladder is normal and contents are echofree.

Prostate: Prostate is normal size shape weight and echotexture .(18.49)

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascitis seen.

IMPRESSION : normal study


CONSULTANT SONOLOGIST

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Food Corporation of India, Ayushman Bharat



10:20:42(1014282) Name: Mr. Ghayathul Zaman/s 0.5-30Hz AC: 01f 10mm/mv



I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

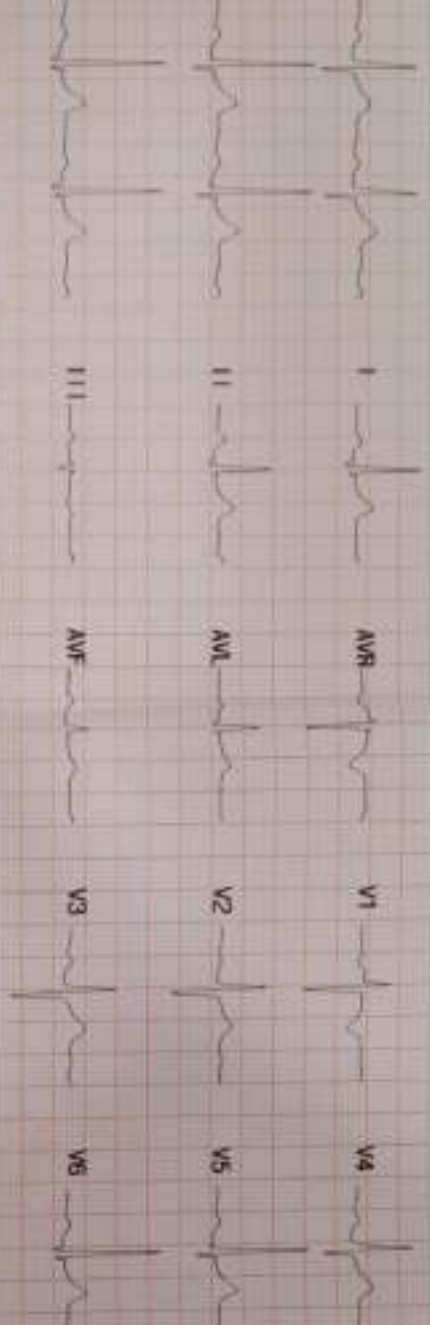
V6

III

aVL

aVF

Of qualification: cmh
Doctor: DR. S. S. GUPTA



ID : 20240210142421
 Name : mr draryabhad
 Sex : Male
 Age : 35
 HR : 77 bpm
 R-R : 791 ms
 P-R : 190 ms
 QRS : 91 ms
 QT/QTc : 370/419 ms
 P/QRS/T : 49/ 27/ 31
 RS/SV1 : 1.416/-0.913 mV
 RS+SV1 : 0.503 mV
 QTcf : 0.467

001: Sinus Rhythm
 171: Normal ECG

Dr. SABYRACHH GUPTA
 MBBS (Gold Medalist), MD (Medical Education),
 Reg. No. 31671
 Heteronice Report Confirmed by:


02-10-2024 14:24:41


 16/10/2024

RED - HAZARDOUS
YELLOW - CENTRAL
PURPLE - STATE
ORANGE - STATE
GREEN - STATE

2. Report it.
 - Dispose of used needles promptly in sharps disposal containers.
3. Call for help.
 - Complete annual blood borne pathogen training.
4. Get treated.
 - Get your Hepatitis B vaccines.
5. ID source patient.
 - Report all sharp related injuries to your supervisor & ensure appropriate follow-up.
6. Get follow-up care.
 - (BME) Program only in the office of occupational safety.



 **GPS Map Camera**



Google

Bhopal, Madhya Pradesh, India
M-216, Janata Quarter Internal Rd, Gautam Nagar, Housing Board Colony,
Maharana Pratap Nagar, Bhopal, Madhya Pradesh 462016, India
Lat 23.235103°
Long 77.441127°
10/02/24 11:26 AM GMT +05:30