

Accuracy

Precision

Regd. No.: 1834

ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

Patient Name: MR. GOURI SHANKAR DASH

Age / Gender: 34 years / Male

Patient ID: 20070

Referral: MEDI WHEEL

Collection Time: 14/02/2024, 11:23 AM

Reporting Time: 14/02/2024, 01:55 PM

Sample ID:

22074

Test Description	Value(s)	Reference Range	Unit
	Lipid P	rofile	
Cholesterol-Total Method: Spectrophotometry	192.29	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method: Serum, Enzymatic, endpoint	111.87	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method: Serum, Direct measure-PEG	48.07	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method: Enzymatic selective protection	121.85	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	22.37	6 - 38	mg/dL
CHOL/HDL Ratio Method: Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method: Serum, Enzymatic Note:	2.53	2.5 - 3.5	
8-10 hours fasting sample is required.			

END OF REPORT

Lab tecameian

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIÓLOGIST



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Sample ID:

Test Description	Value(s)	Reference Range	Unit
	LFT, Liver Fu	nction Test	
Bilirubin - Total	0.71	0.00 - 1.00	mg/dL
Method: Serum, Jendrassik Grof			222
Bilirubin - Direct	0.15	0.00 - 0.20	mg/dL
Method: Serum, Diazotization			1/22
Bilirubin - Indirect	0.56	0.10 - 0.80	mg/dL
Method: Serum, Calculated			2272
SGOT	21.36	8 - 33	U/L
Method: Serum, UV with P5P, IFCC 37 degree			2012
SGPT	26.74	3 - 35	U/L
Method: Serum, UV with P5P, IFCC 37 degree			
GGT-Gamma Glutamyl Transpeptidae	5.38	< 55	U/L
Method: Serum, G-glutamyl-carboxy-nitoanilide			**/*
Alkaline Phosphatase	88.14	53-128	U/L
Method: PNPP-AMP Buffer/Kinetic			/ 17
Total Protein	7.16	6.60 - 8.70	g/dL
Method : Serum, Biuret, reagent blank end point			/ 17
Albumin	4.11	3.50 - 5.30	g/dL
Method : Serum, Bromocresol green			/ 11
Globulin	3.05	2.00-3.50	g/dL
Method : Serum, EIA	(0.1892)		
A/G Ratio	1.35	1.2 - 2.2	
Method : Serum, EIA			

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Sample ID:

Test Description

Value(s)

Reference Range

Unit

Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing)

Method: Manual-Hemagglutination

RhD Factor (Rh Typing)

Method: Manual hemagglutination

"O"

Positive

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate

11

0 - 15

mm/hr

Method: EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- 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 and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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Collection Time: 14/02/2024, 11:23 AM

Reporting Time: 14/02/2024, 01:51 PM

Sample ID:

m-+ Description	Value(s)	Reference Range	Unit	_
Test Description				

HbA1C, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN),

5.08

%

BLOOD

Method: (HPLC, NGSP certified)

Estimated Average Glucose:

99.10

mg/dL

Interpretation

As per American Diabetes Association (ADA	HbA1c in %
Reference Group	HBATC III 78
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
	Age > 19 years
	Goal of therapy: < 7.0
Therapeutic goals for glycemic control	Action suggested: > 8.0
Therapeutic goals for glycome	Age < 19 years
	Goal of therapy: <7.5

Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212



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Sample ID:

est De	scription	Value(s)	Reference Range	Unit
10	240			
11	269			
12	298			
		Glucose, Fa	sting (FBS)	
Glucose	fasting	78.69	75 - 115	mg/dL
	: Fluoride Plasma-F, Hexokinase			
		Glucose, Post	Prandial (PP)	
Blood G	lucose-Post Prandial	104.56	70 - 140	mg/dL
Method	: Hexokinase			
		Creat	inine	
Creatin	ine	0.82	0.60 - 1.30	mg/dL
Method	1 : Serum, Jaffe			
		Uric acid	1, Serum	
Uric Ac	id	5.34	3.4 - 7.0	mg/dL
Method	d : Uricase, Colorimetric			
		BUN,	Serum	
BUN-B	lood Urea Nitroge	12	10 - 50	mg/dL
Metho	d : Serum, Urease			

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Sample ID:

Test Description	Value(s)	Reference Range	Unit
	Thyroid Profile	(T3, T4, TSH)	
T3-Total	1.33	0.87 - 2.73	ng/dL
Method : CLIA T4-Total	8.74	6.09 - 12.23	ug/dL
Method : CLIA TSH-Ultrasensitive	1.94	0.45 - 4.50	uIU/mL
Method : CLIA			

SH	Т3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 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 14 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 & Range Range 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 Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

END OF REPORT

Lab technician

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Reporting Time: 14/02/2024, 01:50 PM

Sample ID:

Test Description

Value(s)

Reference Range

Absent

Unit

/hpf /hpf /hpf

Urine(R/M) Routine Examination of Urine

General Examination

Colour		
	PALE YELLOW	Pale Yellow
Transparency (Appearance)	CLEAR	Clear
Deposit	Absent	Absent
Reaction (pH)	Acidic 5.5	4.5 - 7.0
Specific gravity	1.010	1.005 - 1.030
Chemical Examination		
Urine Protein (Albumin)	Absent	Absent

Microscopio Evamination

Urine Glucose (Sugar)

Microscopic Examination			
Red blood cells	Absent	0-4	
Pus cells (WBCs)	1 - 2 /HPF	0-9	
Epithelial cells	2 - 3 /HPF	0-4	75
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

Absent

END OF REPORT

Lab teefinician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

Cas	5 2						
RATE 81 brm R-R 734 ms 734 ms 00.85 3.00 ms 00.70 ms 10.00 ms 10.0	SINUS RHYTHM LOW ORS VOLFAGE	SINUS RHYTHM LOW QRS VOLTAGES IN PRECORDIAL LEADS	SS				
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A HEALTHCARE SERVI

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NAME:-GOURI SHANKAR DASH

AGE:- 34YRS

Patient ID:- 01

REFERRAL:-MEDI-WHEEL

DATE:-14.02.2024

SEX :-MALE

CHEST X-RAY PA VEIW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

Dr.Bhagaban Pradhan M.D.(Radio diagnosis)

ConsultantRadiologist



For eyes like new

2nd Floor, BMC-1,BMC Bhawani Mall, Saheed Nagar, Bhubaneswar - 751007 Khurda, Odisha

Ph: 0674-2549511,2549722

Mob - 8118052200

E-mail: bhubaneswar@dragarwal.com

Patient:

MR. GOURI SHANKAR DASH

Age/Sex:

34 years 0 months /Male

Doctor:

Dr. CHANDRA SEKHAR SAHOO

Facility:

Dr. Agarwal's Health Care Ltd,

Contact:

7978084778

Appt. Dt:

Bhubaneswar 14 Feb'24

MEI NO.

BHU/42171 24

Address

BHADRAK, Bhadrak H.O, Bhadrak,

ODISHA 0

Note Dt:

14 Feb 24

OPD SUMMARY

HISTORY

Visit: General Checkup Chief Complaints: None

Ophthalmic History: None

Systemic History: H/O having mild cold @ 7 days

no H/O cough/fever at present

Allergies: None

REFRACTION

	А.	
-2		
1 1		

CETTINE	THEFT	-11-
Cerator	111451	V .

		Value	Axis
ł	<h< td=""><td>43.50</td><td>150</td></h<>	43.50	150
ł	<v< td=""><td>44.00</td><td>60</td></v<>	44.00	60

Avg. K: 43.75

Cyl: -0.50

Auto Refraction:

	Sph	Cyl	Axis
Dry	0.00	-0.50	135
	42		155
			**
Dilated			
			-

L/OS

Keratometry:

	Value	Axis
Kh	43.25	70
Κv	44.00	160

Avg. K: 43.63

Cvl: -0.75

Auto Refraction:

	Sph	Cyl	Axis
Dry	+0.50	-1.00	80
Dilated			
		155	**

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION)

PLEASE CONTACT: MOBILE NO 8118052202

କରୁରୀ ଜାଳୀନ ପରିସ୍ଥିତି: ଯେପରିକି ଆଖି ଯନ୍ତଶା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ଦୃଷି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉକ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨)



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