



GPS Map Camera

Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,
Chhattisgarh 492001, India
Lat 21.211109° Long 81.645634°
09/11/24 09:35 AM GMT +05:30





भारत सरकार

Government of India



आशीष वर्मा

Ashish Verma

जन्म तिथि/ DOB: 27/02/1989

पुरुष / MALE



3462 7184 3108

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

के - 8, दुबे कॉलोनी, मोवा, सर्दहू
(सरधु), रायपुर,
छत्तीसगढ़ - 492007

Address:

K - 8, DUBEY COLONY, MOWA,
Sardhoo (Sardhu), Raipur,
Chhattisgarh - 492007

3462 7184 3108



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Patient:

MR RASHMI VERMA

35 year / M

..... cm / kg

HR: 72/min

Axis:

SINUS RHYTHM
OTHERWISE NORMAL ECG

Intervals:

RR	838 ms	P (I1)	0.12 mV
P	184 ms	S (U1)	-0.65 mV
PR	154 ms	R (U5)	1.28 mV
QRS	90 ms	Sokol	2.85 mV
QT	368 ms		
QTc	396 ms		

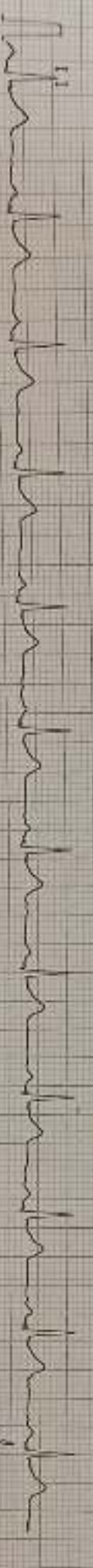
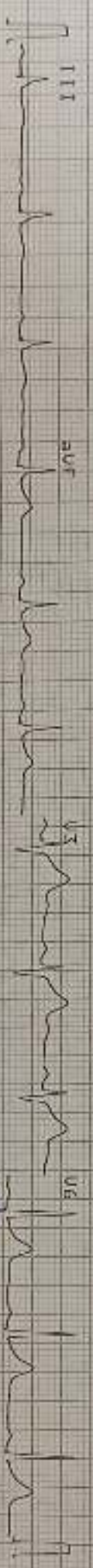
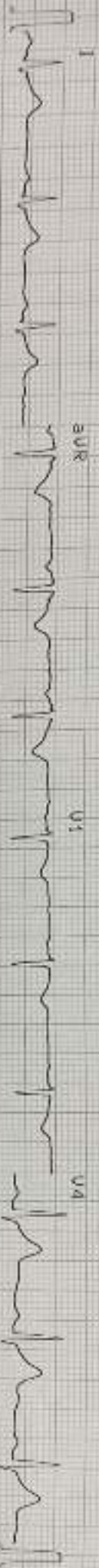
T 39 °

5.62

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



Dr. Rajesh Smartha

Dr. Rajesh Smartha
DR. RAJESH SMARMA
 MD, PGDCC (Cardiologist)
 CGMC - 6862007

Alvin

25 mm/s

2.05-35Hz F50 55F 505 Fr 08-NOV-24 22:14:10 PT-Zplus 4.14 (C) SCHILLER 90 AT-Zplus 4.14 CM



A Unit of Diagnostic Care with Trust

श्री साई इमैजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE- 09-Nov-24

PATIENT NAME MR. ASHISH VERMA
AGE/SEX 35 YEAR / MALE
REF. BY BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN

PROCEDURE DONE BY ULTRASOUND MACHINE Canon Aplio a450 (4D COLOR DOPPLER)

LIVER : The liver is normal in size, shape & contour with raised echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

GALL BLADDER : Appears normal distended. Wall thickness appear normal. No obvious intraluminal calculus is seen.

PANCREAS : It is normal echogenicities and size, shape. Pancreatic duct is normal.

SPLEEN : Spleen is normal size, shape and position. No focal lesion seen.

KIDNEY : Right kidney measures 11.3 x 4.0 cm.
Left kidney measures 12.4 x 5.0 cm.
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal.
Right renal calculi size ~ 4.8 mm & 2.5 mm in middle calyx.
Left renal calculi size ~ 12.8 mm & 3.5 mm in lower calyx.
Left minimal hydronephrosis.
No evidence of hydronephrosis in right sides.

URINARY BLADDER: UB is well distended with normal wall thickness. No evidence of mass /calculus.

PROSTATE : It is normal in size, shape & smooth outlines.

RETRO PERITONEUM : No evidence of lymphadenopathy / mass.

FREE FLUID : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION:

- ❖ Fatty liver grade-I.
- ❖ Non- obstructive bilateral renal calculi.
- ❖ Left minimal hydronephrosis.

Advice – CT Urography

Needs clinical correlation & other investigations.



Dr. Hulesh Mandle, MD
Consultant Radiologist

Kindly Note:-

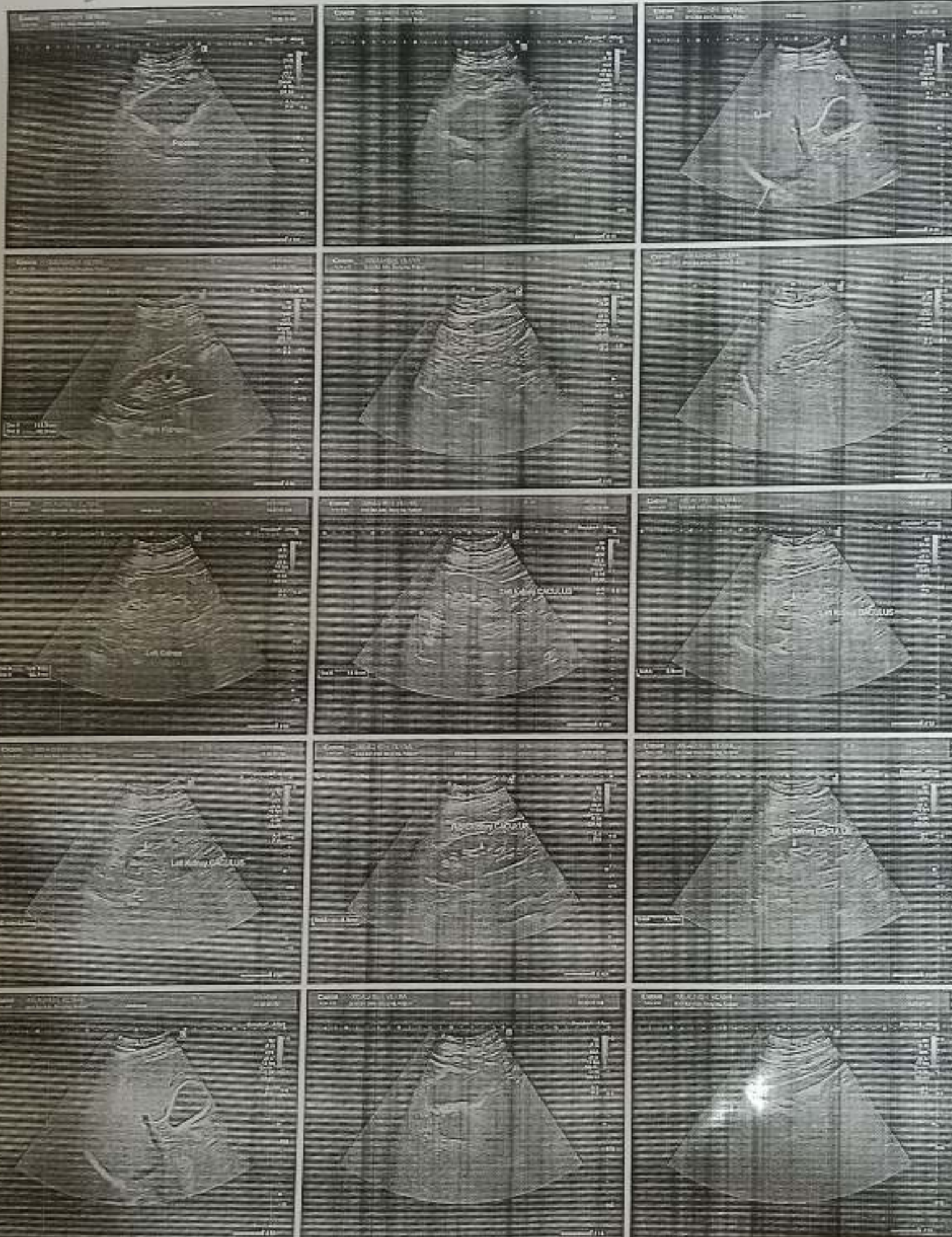
- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जाँच ही सही इलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

09 Nov 2024 Study: Abdomen
Name: ASHISH VERMA 035Y / M



R

PA

MR ASHISH VERMA

Male / 35 year (Chest)

09/11/2024 10:07:08

MEDWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER

Name - Mr Ashish Verma, Age - 35/M, Ad - Moha, Date 9/11/24

ClO :- Routine Checkup

H/O DM : 2 year

on 6/12p
6/9

AR $\leftarrow -2.00 / -1.25 \times 77^\circ$
 $-1.25 / -1.25 \times 33^\circ$

Ant segment: Normal

- Ref $\leftarrow -0.75 / -0.50 \times 80^\circ$ (6/6)
 $-0.75 \times 90^\circ$ (6/6)

Fusley

0.5:1
max Head
AD only 2

IOP \leftarrow 16 mmHg
13 mmHg

Shrey

DIVYA JYOTI

EYE & DENTAL HOSPITAL

Quality Care By An AIIMS (New Delhi) Alumni

Dr. Dinesh Shrey
MD (AIIMS) New Delhi
Consultant Eye Surgeon
Reg. No.- CGMC/862/2007



Dr. Nidhi Thakur Shrey
BDS
Consultant Dental Surgeon
Reg. No.- CGDC/118/2008

— Mr Ashish Verma, Age— 35/M, Add— MOVA. Date
9/11/24

Pt came for routine check-up

- PE —
- OC. corneal $\frac{5}{6}$
 - M/O Rct & crown $\frac{6}{6}$ (4 yrs ago)
 - minor chipping gear. $\frac{5}{6}$.
 - Gen r, Clna etc.

- Adv. —
- Restorations
 - oral prophylaxis

Dr. NIDHI THAKUR SHREY
Dental Surgeon (BDS)
Regd. No.-CGDC/118/2008
Divya Jyoti Eye & Dental Hospital
Santoshi Nagar, Raipur (C.G.)

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:

Report

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / NonSmoker
 Date: 09 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	066	36 %	118/78	077	00	
Standing	00:17	0:12	00.0	00.0	01.0	066	36 %	118/78	077	00	
ExStart	01:02	0:45	00.0	00.0	01.0	091	49 %	118/78	107	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	140	76 %	125/85	175	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	169	91 %	130/90	219	00	
PeakEx	09:24	2:22	03.4	14.0	09.6	188	102 %	138/98	259	00	
Recovery	10:02	0:38	01.1	00.0	03.3	171	92 %	138/98	235	00	

FINDINGS :

Exercise Time : 08:22
 Max HR Attained : 188 bpm 102% of Target 185
 Max BP Attained : 138/98 (mm/Hg)
 Max Workload Attained : 9.6 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : Negative TMT

Ajish
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CCMC- 606/2007

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 66

BRUCE:Supine(0:07)

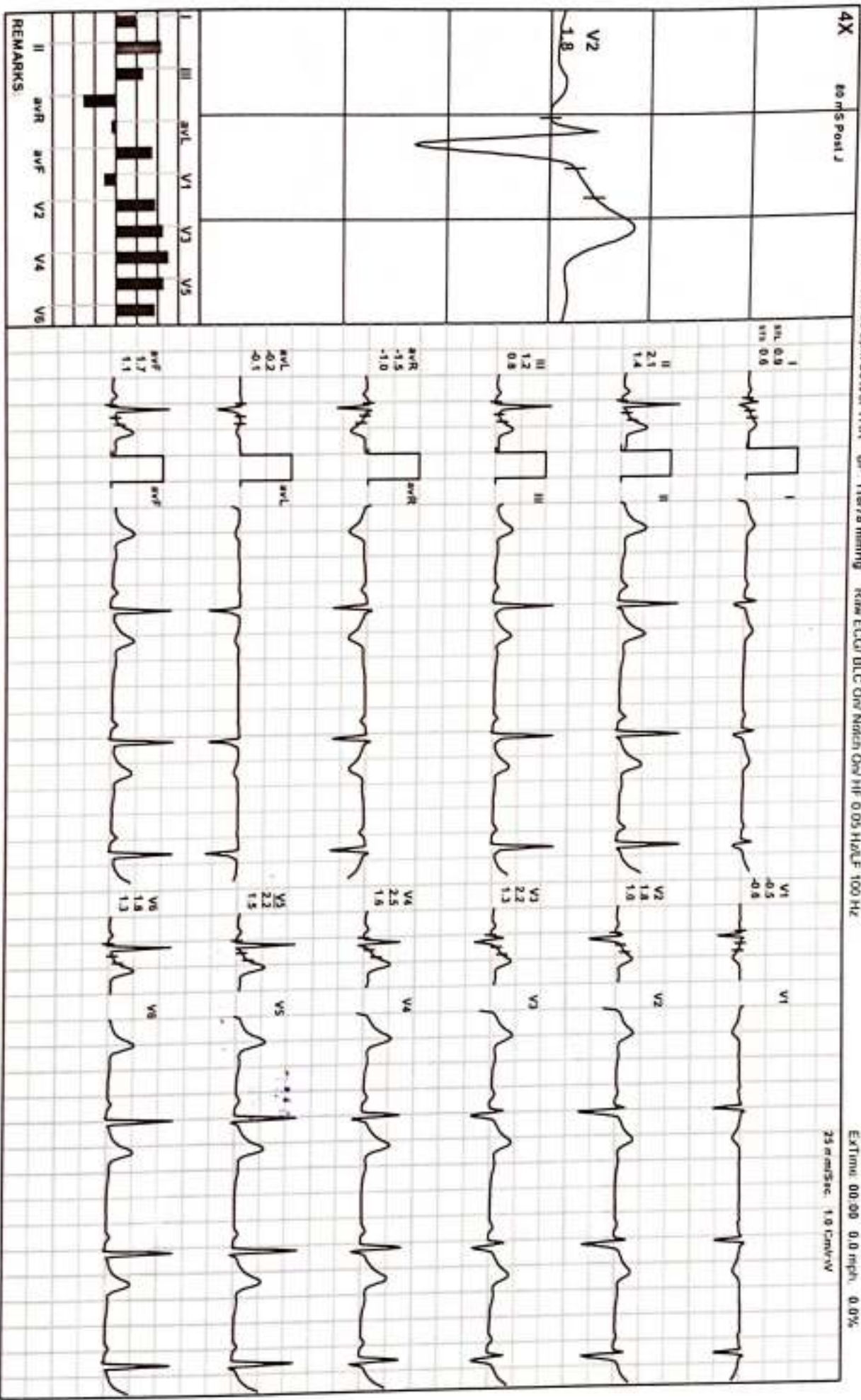


Date 09 - 11 - 2024

METS 1.07/66 bpm 36% of THIR Bp 118/78 mmHg Raw ECG/ D/C On/ Match On/ HF 0.05 H/ALP 100 Hz

EXTIME: 00:00 0.0 mph 0.0%

25 mm/5Sec 1.0 Cm/IV



REMARKS

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 YRS / M / 171 Cms / 81 Kg / HR : 66

BRUCE: Standing(0:12)



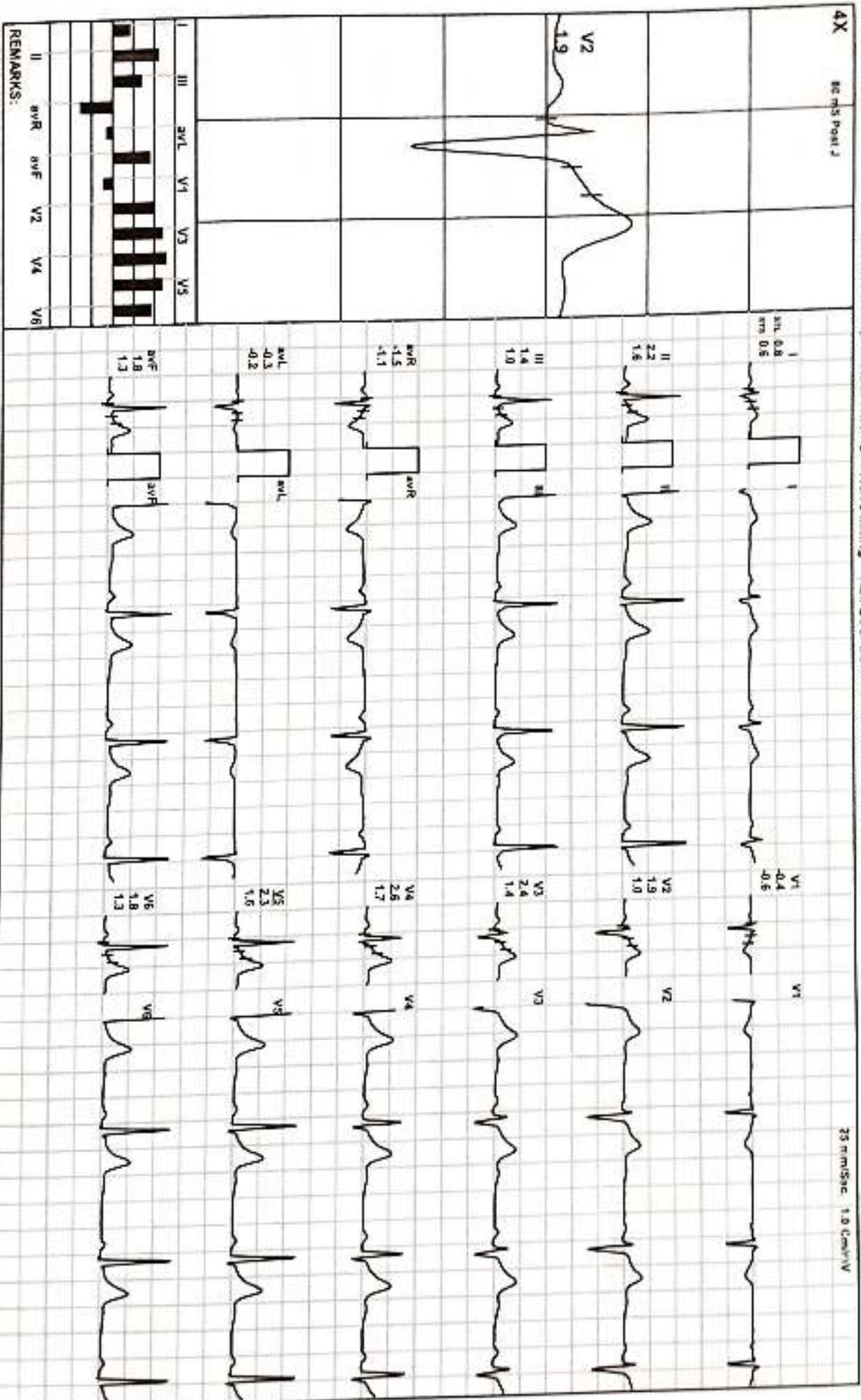
Date: 09 - 11 - 2024

METS: 1.01 66 bpm 36% of THR BP: 118/78 mmHg Raw ECG: ELC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 00:00 0.0 min 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/IV



REMARKS:



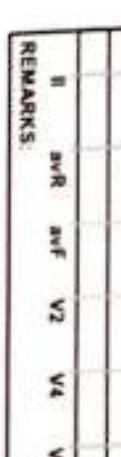
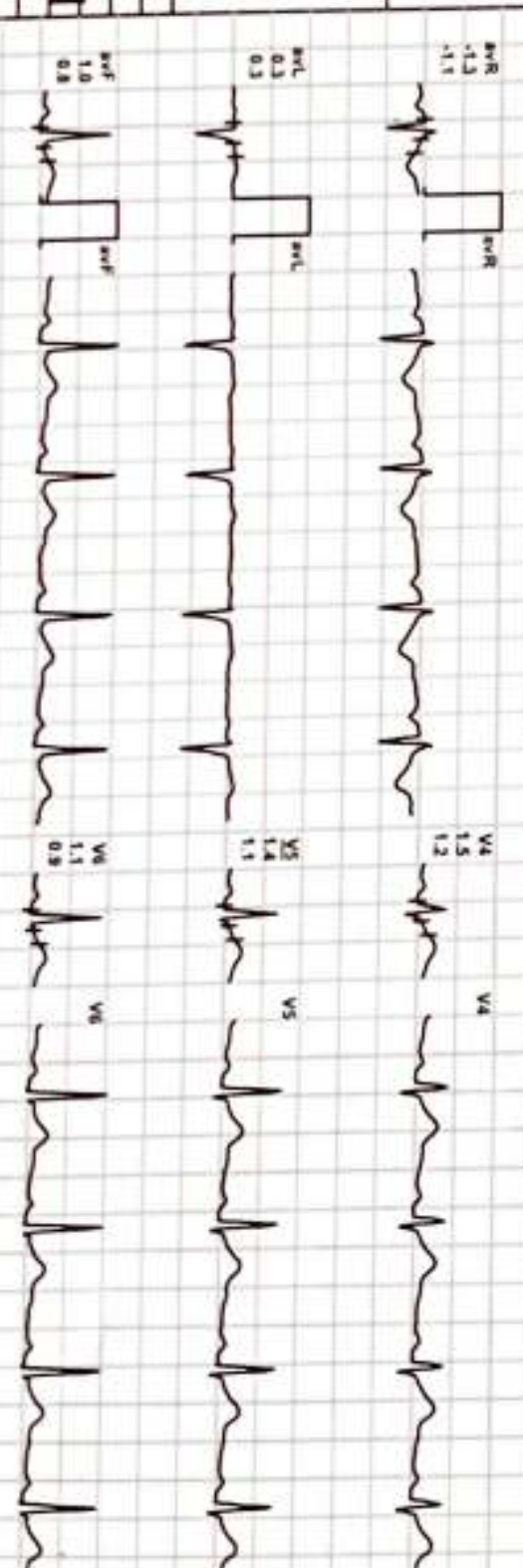
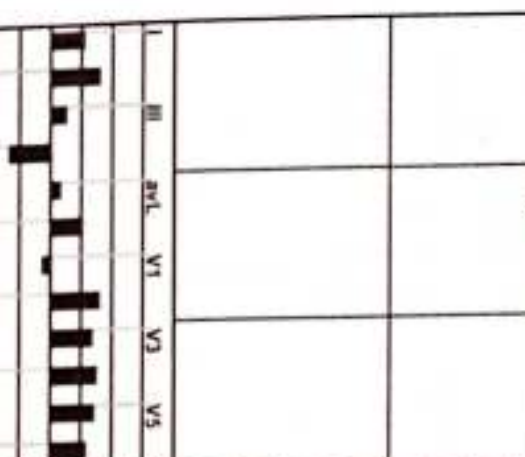
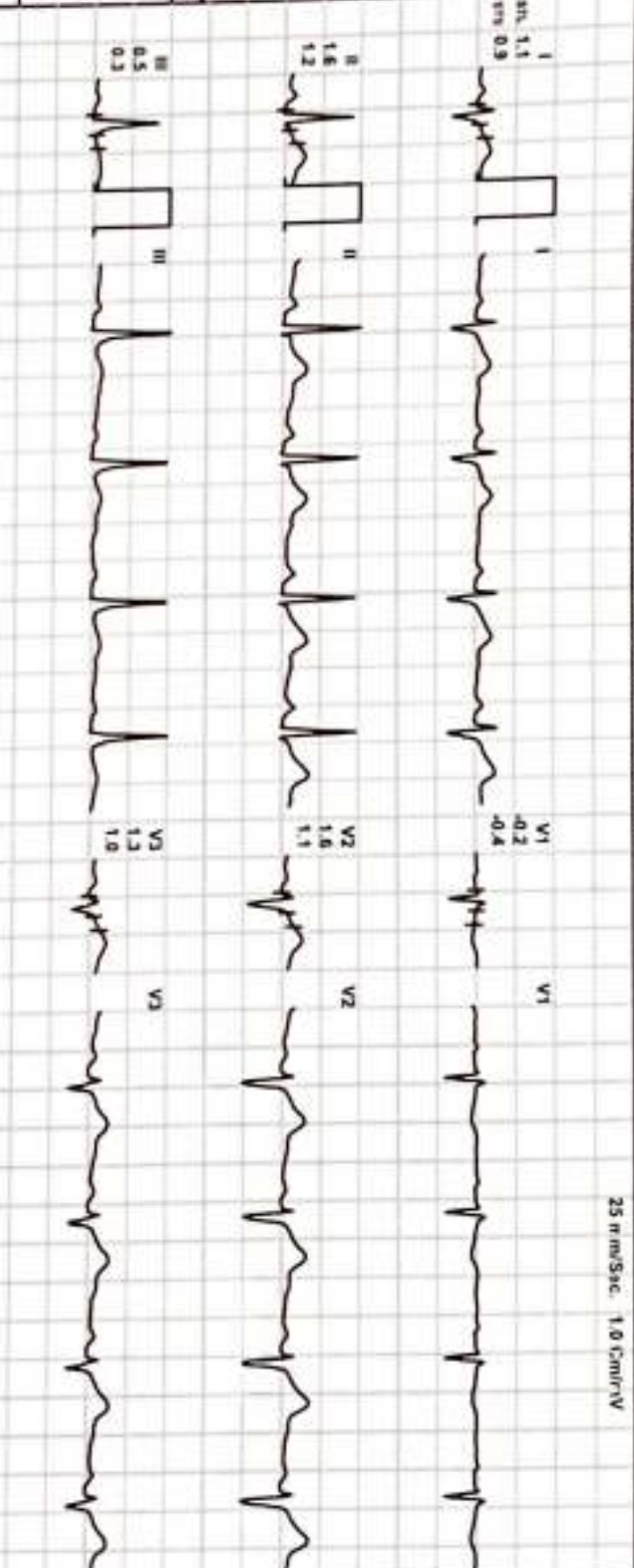
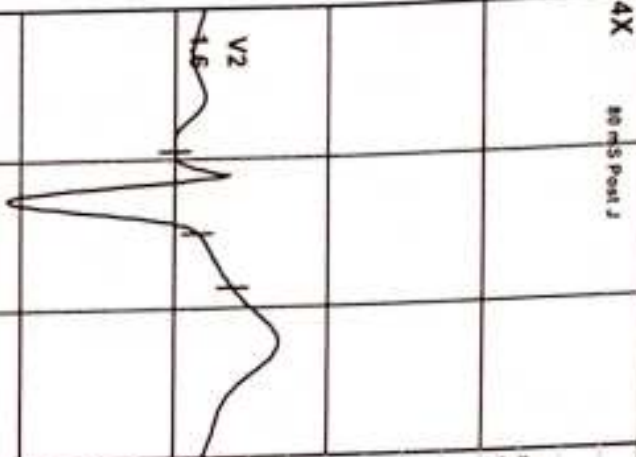
Date: 09-11-2024

METS: 1.0/91 bpm 49% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

Extreme 00:00 0.0 mph, 0.0%

4X 80 MS Post J

25 mm/Sec. 1.0 Cm/rV

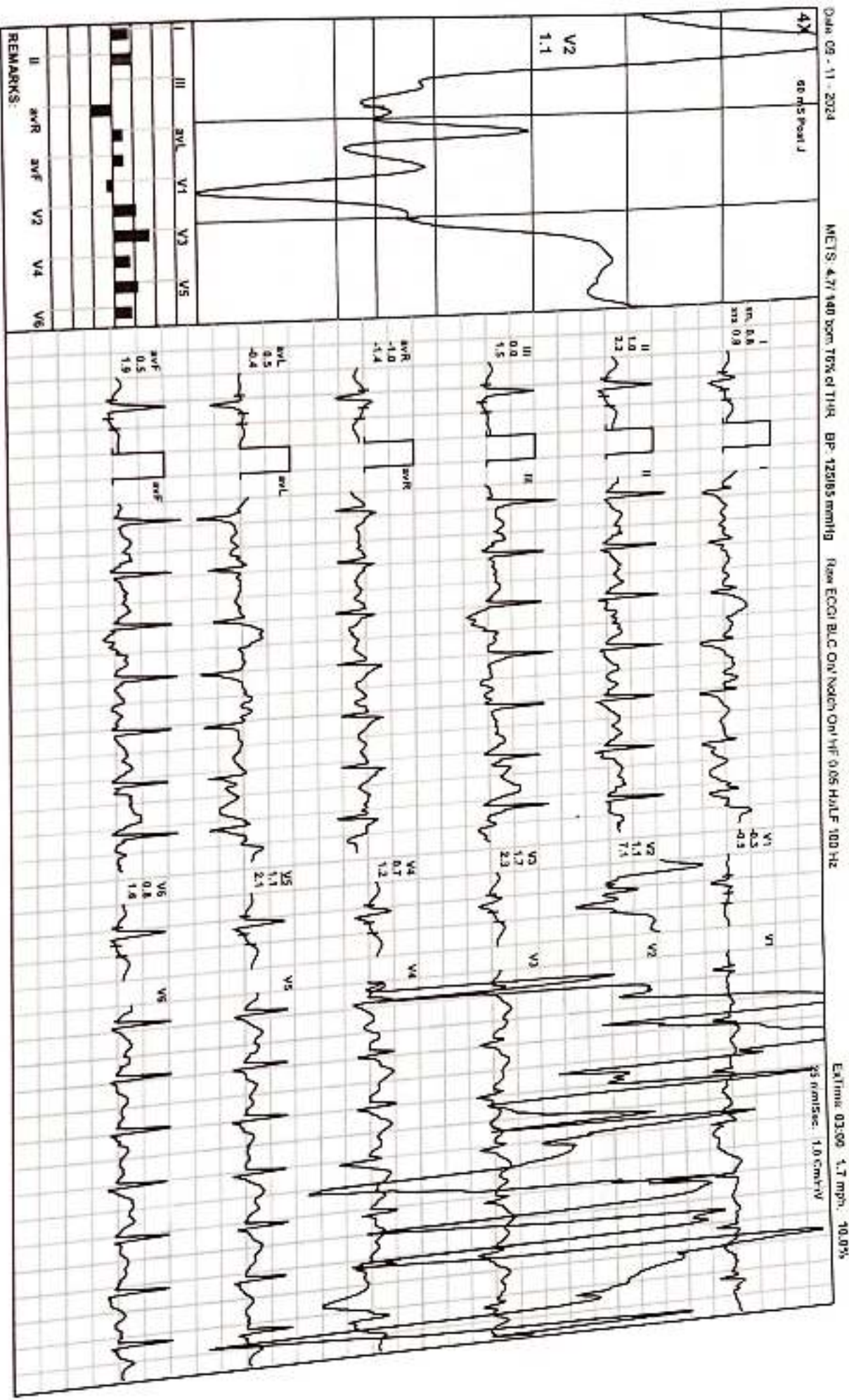


I	II	III	aVL	aVF	V1	V2	V3	V4	V5	V6
1.1	1.1	0.9	0.3	0.3	0.2	0.4	1.4	1.4	1.1	0.9

I	II	III	aVL	aVF	V1	V2	V3	V4	V5	V6
1.1	1.1	0.9	0.3	0.3	0.2	0.4	1.4	1.4	1.1	0.9

REMARKS:

REMARKS:



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE: Stage 2(3:00)

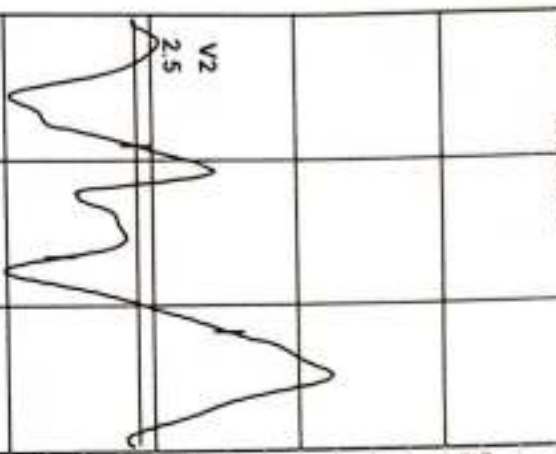
S09 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 169

Date: 08-11-2024

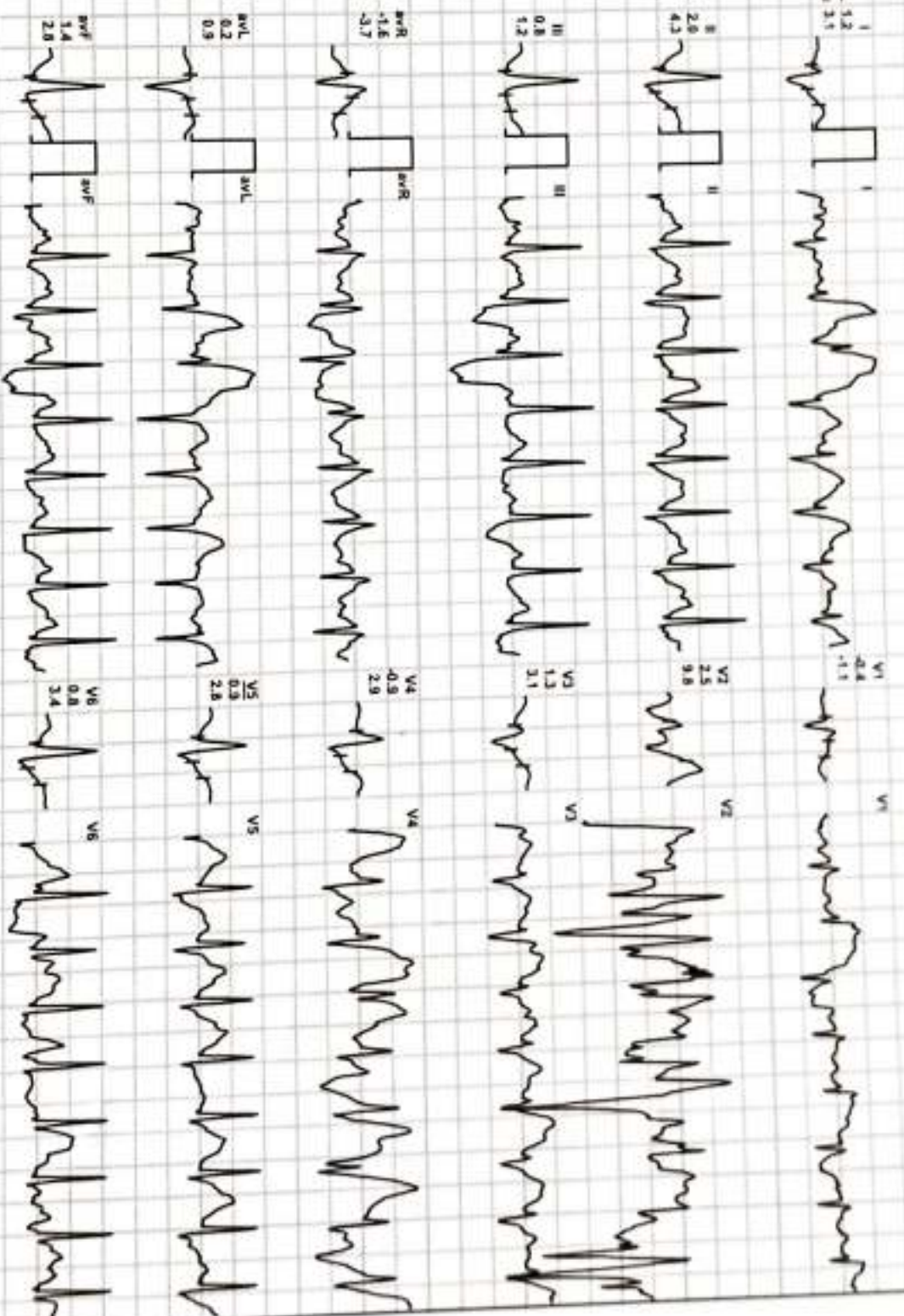
METS: 1.4 / 169 bpm 91% of THR BP: 130/90 mmHg Raw ECG: B.L.C On NADH On HF 0.05 HOLE 100 Hz

ExtTime: 08:00 2.5 mph 12.0%

4X 60 mls Post J



I	III	aVL	V1	V3	V5
II	aVR	aVF	V2	V4	V6



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 108

PeaKEX

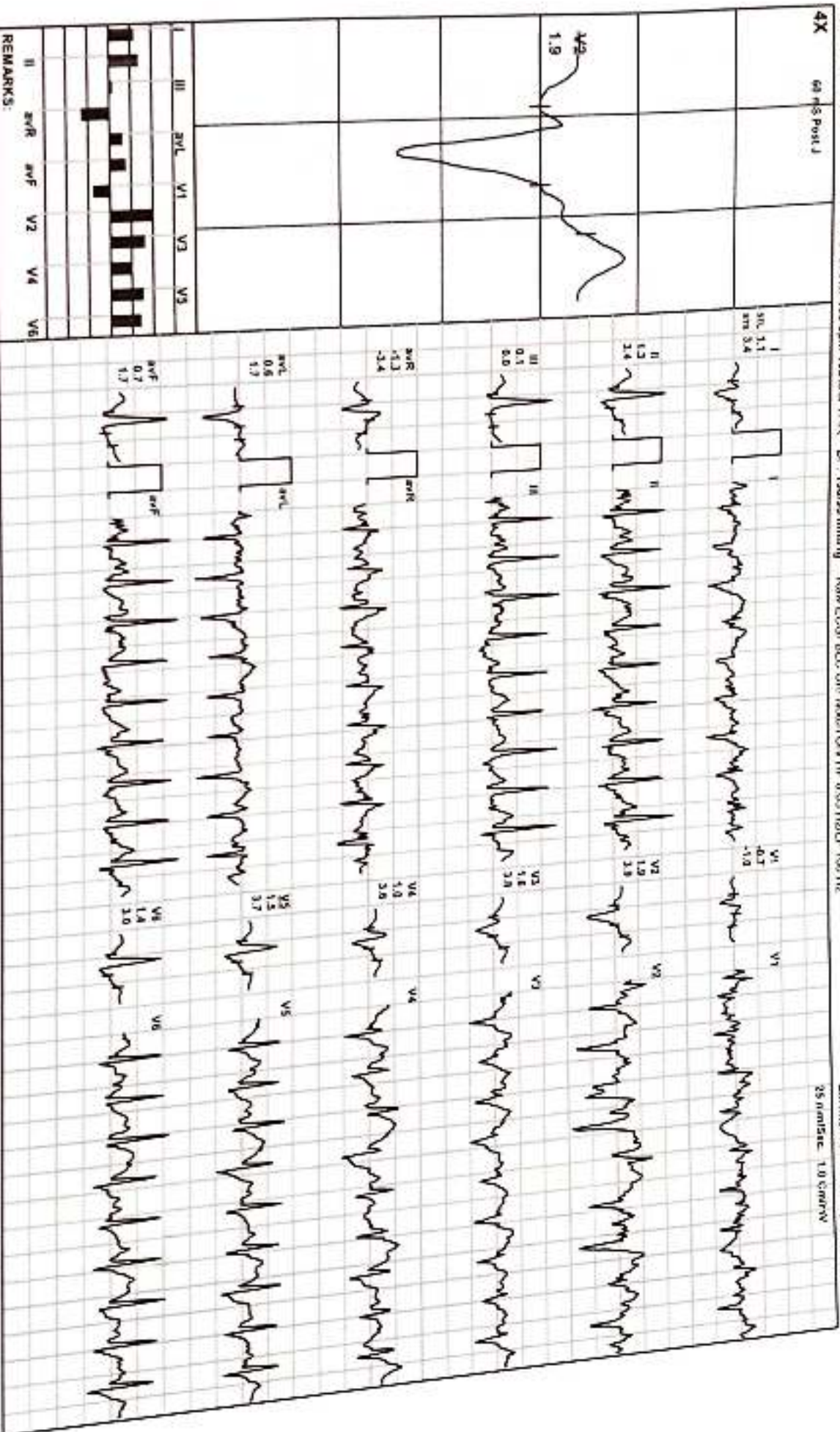


Date: 09 - 11 - 2024

METS: 9.6/108 bpm 102% of THIR BP: 138/93 mmHg Raw ECG: ILC: Opt: Nahan: Qr: Hr: 0.05 Hz: 100 Hz

EXTime: 08:22 3.4 min, 14.0%

25 mm/sec 1.0 cm/mV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

509 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 171

Date: 09 - 11 - 2024

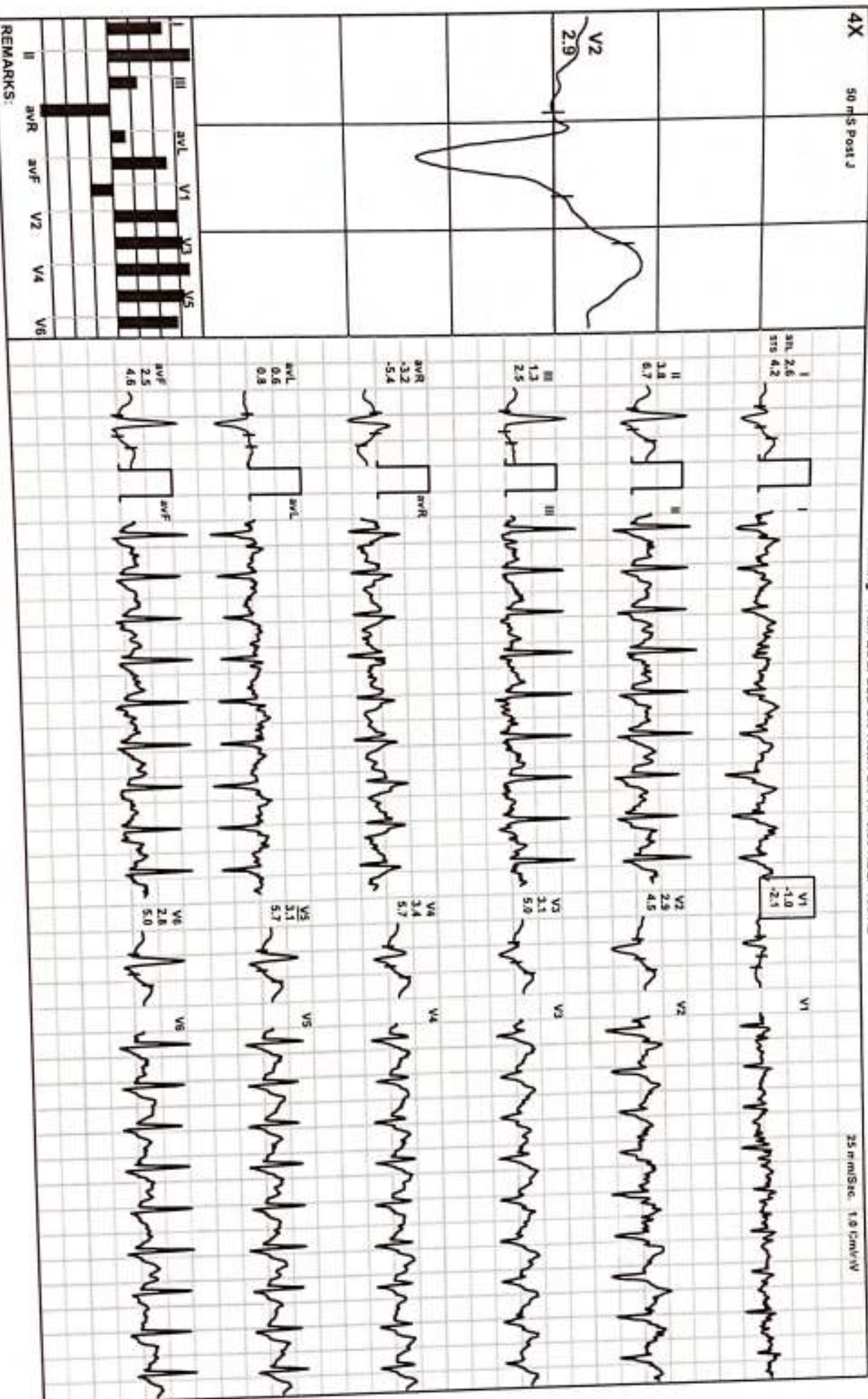
METS: 3.3/ 171 bpm 92% of THR BP: 138/98 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Recovery(0:38)



ExTime 08:22 1.5 mph, 0.0%

25 mm/Sec. 1.9 cm/V



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ST Measurements

S09 / MR. ASHISH VERMA / 35 Yrs / M / 171 Cms / 81 Kg / HR : 141

Date: 08 - 11 - 2024

Prepared: BRUCE



STL(mm)Supine 60 @ms Standing	I						II						III						AVR						AVL						AVF						V1						V2						V3						V4						V5						V6																																																																																																																																																						
	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6																																																																																																																																																																									
0.9	2.1	1.2	-1.5	-0.2	1.7	-0.5	1.8	2.2	2.2	2.5	2.2	1.8	0.6	1.4	0.8	-1.0	-0.1	1.1	-0.6	1.0	1.0	1.3	1.6	1.5	1.3	0.8	2.2	1.4	-1.5	-0.3	1.8	-0.4	1.9	2.4	2.6	2.3	1.8	0.6	1.6	1.0	-1.1	-0.2	1.3	-0.6	1.0	1.4	1.7	1.6	1.3	0.9	1.2	0.3	-1.1	0.3	0.8	-0.4	1.1	1.0	1.2	1.1	0.9	0.8	2.2	1.5	-1.4	-0.4	1.9	-0.5	7.1	2.3	1.2	2.1	1.6	3.1	4.3	1.2	-3.7	0.9	2.8	-1.1	9.8	3.1	2.9	2.8	3.4	1.2	2.0	0.8	-1.6	0.2	1.4	-0.4	2.5	1.3	-0.9	0.9	0.8	3.4	3.4	0.0	-3.4	1.7	1.7	-1.0	3.9	3.8	3.6	3.7	3.0	1.1	1.6	0.5	-1.3	0.3	1.0	-0.2	1.6	1.3	1.5	1.4	1.1	0.8	2.2	1.5	-1.4	-0.4	1.9	-0.5	7.1	2.3	1.2	2.1	1.6	3.1	4.3	1.2	-3.7	0.9	2.8	-1.1	9.8	3.1	2.9	2.8	3.4	1.2	2.0	0.8	-1.6	0.2	1.4	-0.4	2.5	1.3	-0.9	0.9	0.8	3.4	3.4	0.0	-3.4	1.7	1.7	-1.0	3.9	3.8	3.6	3.7	3.0	1.1	1.3	0.1	-1.3	0.6	0.7	-0.7	1.9	1.6	1.0	1.5	1.4	3.4	3.4	0.0	-3.4	1.7	1.7	-1.0	3.9	3.8	3.6	3.7	3.0	2.6	3.8	1.3	-3.2	0.6	2.5	-1.0	2.9	3.1	3.4	3.1	2.8	4.2	6.7	2.5	-5.4	0.8	4.6	-2.1	4.5	5.0	5.7	5.7	5.0
Supine	8.7	22.9	14.2	-15.7	-2.7	18.6	-5.8	17.6	21.2	24.9	24.6	20.9	Standing	8.1	24.0	15.9	-16.1	-3.9	20.0	-5.1	17.6	22.6	26.1	25.9	21.8	ExStart	8.1	11.8	3.6	-9.9	2.2	7.8	-1.6	12.3	10.4	11.1	10.7	8.7	Stage 1	3.4	2.0	-2.9	-3.4	3.8	-0.4	-11.6	6.3	2.4	2.9	2.9	1.6	Stage 2	0.2	3.0	2.8	-1.4	-1.3	2.9	-7.0	1.3	-12.5	-0.8	-1.9	0.8	PeakEx	-0.1	-0.4	-0.3	0.2	0.4	-0.3	1.4	4.8	3.7	4.5	-0.9	0.8	Recovery	5.5	8.2	2.8	-6.9	1.4	5.5	-1.5	6.9	7.6	7.9	6.1	5.4																																																																																																																															

STL(μ Vs)

STS(mv/sec)

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

509 / MR. ASHISH VERMA / 35 Yrs / Male / 171 Cm / 81 Kg / Non Smoker



Time	HR	PR Int	QRS Wid	QRS Axis	QTC	P(uV)	R(uV)	S(uV)	T(uV)	Min J Leads for (uV)	Min Post JRR Var (%)	VEB (Counts)	Missed Beats (Counts)
(Min)	(bpm)	(mS)	(mS)	(Deg)	(mS)	(Max)	(Max)	(Min)	(Max)	(uV) (J & P)	(%)	(Counts)	(Counts)
00:30	96	204	66	93	359	479	1012	-596	536	55 V1	-28	0	0
01:00	92	200	56	90	371	392	1104	-659	667	64 V1	-26	0	0
01:30	119	136	64	90	139	392	1104	-659	667	64 V6	-26	0	0
02:00	128	160	-64	90	0	1280	1104	-769	1074	-568 V2	-443	0	0
02:30	132	65	-28	93	228	-1662	1163	-600	2931	19 V1	-46	0	0
03:00	139	164	92	92	321	1942	1089	-843	2651	201 W	-62	0	0
03:30	142	122	50	90	448	1886	1093	-1399	-1722	-228 V2	-163	0	0
04:00	147	132	62	99	366	1423	1130	-724	1908	-198 V4	-239	0	0
04:30	152	124	76	95	319	-2250	1113	-963	-2028	-424 V2	-1971	0	0
05:00	160	114	92	98	264	955	1181	-666	2047	12 V1	-99	0	0
05:30	164	108	64	90	329	-1192	1230	-1549	1258	-1112 W	-851	0	0
06:00	169	110	48	97	331	502	1170	-710	556	-213 aVL	-149	0	0
06:30	170	106	64	103	392	551	1220	-532	576	-341 V4	-214	0	0
07:00	177	98	118	255	317	-871	1094	-1121	1927	-830 W	-712	0	0
07:30	177	96	118	132	317	-964	882	-1278	1145	-830 W	-712	0	0
08:00	177	152	62	132	406	-964	882	-1278	1145	-830 W	-712	0	0
08:30	186	126	46	99	185	1226	1245	-922	1205	-27 V4	-318	0	0
09:00	188	90	62	103	382	391	1224	-717	380	-195 V6	-61	0	0
09:30	173	92	50	101	405	335	1199	-693	433	-195 V6	-61	0	0



PT. NAME	:- MR. ASHISH VERMA	Sample Collected On	:- 09/11/2024
PT. AGE/SEX	:- 35 Y / M	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10570
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	83.6	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	105.2	mg/dl	70 - 140
Cholesterol	160.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	130.7	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.1	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	88.96	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	26.14	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.55		0 - 5.0
LDL/HDL Ratio	1.97	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जॉब ही सही डॉलाज का आधार है...



PT. NAME	:- MR. ASHISH VERMA	Sample Collected On	:- 09/11/2024
PT. AGE/SEX	:- 35 Y / M	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10570
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

Bilirubin - Total	0.55	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.40	mg/dl	0 - 1.1
SGOT (AST)	25.1	U/L	17 - 59
SGPT (ALT)	23.7	U/L	21 - 72
Alkaline phosphatase (ALP)	89.2	U/L	38 - 126
Total Proteins	7.6	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	3.30	g/dl	2.3 - 3.6
A/G Ratio	1.30		1.1 - 2.0
Gamma GT	28.2	U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	23.1	mg/dL	10 - 50
Creatinine	0.86	mg/dL	0.66 - 1.25
Uric Acid	4.0	mg/dL	3.5 - 8.5
Sodium (Na)	140.2	mmol/L	137 - 145
Pottasium (K)	4.3	mmol/L	3.5 - 5.1

Clinical Significance :

SERUM UREA

Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.

CREATININE

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion. Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

URIC ACID

The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level. The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.

SODIUM

It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease.

POTASSIUM

If blood potassium levels are low due to insufficient intake, then urine concentrations will also be low. Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone. Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 (Triiodothyronine)	98.56	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	8.46	ug/dl	4.6 - 12.5
TSH	2.65	uiU/mL	0.52 -16.0 1 Day - 30 Days 0.55-7.10 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
STOOL EXAMINATION			
<u>Physical Examination</u>			
Consistency	Solid		
Colour	Pale Yellow		Pale Yellow
Reaction.	Alkaline		
Blood	Absent		
Mucus	Absent		
Worms	Absent		
<u>Microscopic Examination</u>			
Ova	Nil		
Cyst	Nil		
Epithelial cell	2-3	/HPF	0 - 1
PUS CELLS	1-2	/HPF	0 - 5
Trophozoite	Nil		
Vegetable Material	Absent		
Other Findings	Absent		
Appearance	Clear		Clear
Specific Gravity	1.010		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	2-3	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" O"		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	6700	/cumm	4000 - 11000
NEUTROPHILS	66	%	40 - 70
LYMPHOCYTES	27	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	13.3	gm/dL	12.5 - 16.5
RBC COUNT	4.31	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	37.4	%	37.5 - 49.5
MCV	86.9	fL	80 - 95
MCH	30.8	pg	26 - 32
MCHC	35.56	g/dl	32 - 36
RDW-CV	13.2	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	261000	/ μ L	150000-400000
MPV	8.8	fl	7.0 - 11.0
PDW	16.1	%	12 - 18
P-LCR	19.9	%	13 - 43
ESR	12	after 1 hr	0 - 15
Advice			Correlate Clinically

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Ref. By.	:- SELF	Patient Unique ID No.	:- 10570
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL
HbA1C-Glycosylated Haemoglobin	5.3	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%

Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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