INV. No.	QLSR-INV-15425(C-15486/(2024-2025))	Patient ID	15485
Patient Name	**Mr. DEEPAK KUMAR**	Sample Collected	08/03/2025 11:17 AM
Age/Gen	50 Years | Male	Sample Received	08/03/2025 11:17 AM
Referred By	**Self**	Report Generated	08/03/2025 04:10 PM
Source	BERLIN DIAG INS CORP - (3)		

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	**168**	mg/dL	65 - 110

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

Investigation was performed on BIOCHEMISTRY (FULLY AUTO ANALYSER)

GLUCOSE, POST PRANDIAL 2 HOURS			
Plasma Glucose(PP) Method (GOD-POD Method)	**234**	mg/dL	75 - 140

Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTTY)

GLYCOSYLATED HAEMOGLOBIN			
Whole blood HbA1c Method (HPLC)	**7.0**	%	Non diabetic level(< 6.0) Goal(< 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	154	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_1C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_1C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

deficiency anaemia, liver disease, opiate addiction may interfere the test value.
HPLC, ion exchange chromatography is the ideal method for HbA_1C estimation. The target goal is <7%.
Besides HbA_1C serum fructosamine can be measured.

American diabetes association guideline

Reference range

Non diabetic adult > 18 years : < 5.7%
Pediabetes : 5.7% - 6.4%
Diagnosing diabetes : > 6.5%

Lipid Profile

Serum Triglyceride Method (Enzymatic,end point)	106.1	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	185.0	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	46.25	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	117.75	mg/dL	85 - 150
Serum VLDL-Chol	21	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.55		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219

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Report Of Biochemistry Examination

Investigation		Result	Unit(s)	Reference Range
Very High	-	>=500	>=190	>=220

Note :
1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Investigation was performed on BIOCHEMISTRY (FULLY AUTO ANALYSER)

Liver Function Test (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.72	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.33	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.39	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	26.2	U/L	17 - 59
Serum SGPT Method (IFCC)	42.8	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	**148.5**	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	6.4	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum Albumin Method (BCG)	4.2	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.20	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method (BCG)	1.91		1.0 - 2.3

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Investigation was performed on BIOCHEMISTRY (FULLY AUTO ANALYSER)

GAMMA GLUTAMYL TRANSFERASE (GGT)

Serum Gamma-Glutamyl Transferase	29	U/L	10 - 45

Interpretation(s)

GAMMA GLUTAMYL TRANSFERASE, SERUM-

Gamma glutamyl transferase (GGT) is an enzyme found in cell membranes of many tissues mainly in the liver, kidney, and pancreas. It is also found in other tissues including intestine, spleen, heart, brain, and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum gamma-glutamyl transferase (GGT) has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system, and pancreas .Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption, and use of enzyme-inducing drugs etc.

Kidney Function Test (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	26.0	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum Creatinine Method (Modified Jaffe, Kinetic)	0.76	mg/dL	Male:(0.72-1.16) Female: (0.72-1.18) Neonate: (0.26 - 1.01) Infant (2months - less than 3yrs): (0.15-0.37) Children (3 yrs - less than 15 yrs): (0.24-0.73)
Serum Uric Acid Method (Uricase PAP)	**2.9**	mg/dL	3.5 - 7.2
Serum Sodium Method (By Indirect ISE)	136.6	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	4.7	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	102.1	mmol/L	98 - 107

~~~~~~ End of report ~~~~~~

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Source	BERLIN DIAG INS CORP - (3)		

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Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
Prostate Specific Antigen (PSA) Total			
Serum PROSTATE SPECIFIC ANTIGEN (PSA) Method (ECLIA)	0.55	ng/ml	< 4.0 For Healthy Man

P.S.A.
PSA is elevated in benign prostate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptoms and diagnostic procedures.

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	1.69	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	11.14	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Serum TSH Method (ECLIA)	2.42	µIU/mL	Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

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Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~~ End of report ~~~~~~

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Source	BERLIN DIAG INS CORP - (3)		

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	34	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	13.6	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	42.0	%	35 - 45
Total Platelets Count (PC)	1.8	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	4.9	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	9,400	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	85.0	fL	76 - 96
MCH	27.6	pg	22 - 32
MCHC	32.3	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	64	%	40 - 70
Lymphocytes	29	%	15 - 40
Monocytes	02	%	00 - 6
Eosinophils	05	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

Blood Grouping (A B O) and Rh Type

Whole blood Blood Group	″O″
Whole blood Rh Type	Positive

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

~~~~~~ End of report ~~~~~~

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Source	BERLIN DIAG INS CORP - (3)		

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Report Of Clini Patho Examination

Investigation	Result	Unit(s)	Reference Range
Urine Routine and Microscopic Examination (R/M)			
Physical Examination			
Colour	Yellowish		Pale Yellow
Urine Appearance	Transparent		
Urine Deposit	Absent		
Urine Specific Gravity	1.020		1.010 - 1.030
Urine Reaction	Acidic		
Chemical Examination			
Urine Glucose (Sugar)	Absent	gm%	
Urine Protein (Albumin)	Absent		
Urine pH	6.0		6.0
Urine Ketone Body	Absent		
Urine Blood	Negative		
Urine Phosphate (Amorphous deposits)	Absent		
Urine Microscopic Examination			
Urine Red blood cells	Absent	/HPF	0-2
Urine Pus Cells	2-4	/HPF	0-5
Urine Epithelial cells	0-2	/HPF	0-4
Urine Bacteria	Absent		
Urine Cast	Absent	/HPF	
Urine Crystals	Absent	/HPF	
Urine Yeast cells	Absent		
Urine Spermatozoa	Absent	/HPF	

~~~~~~ End of report ~~~~~~

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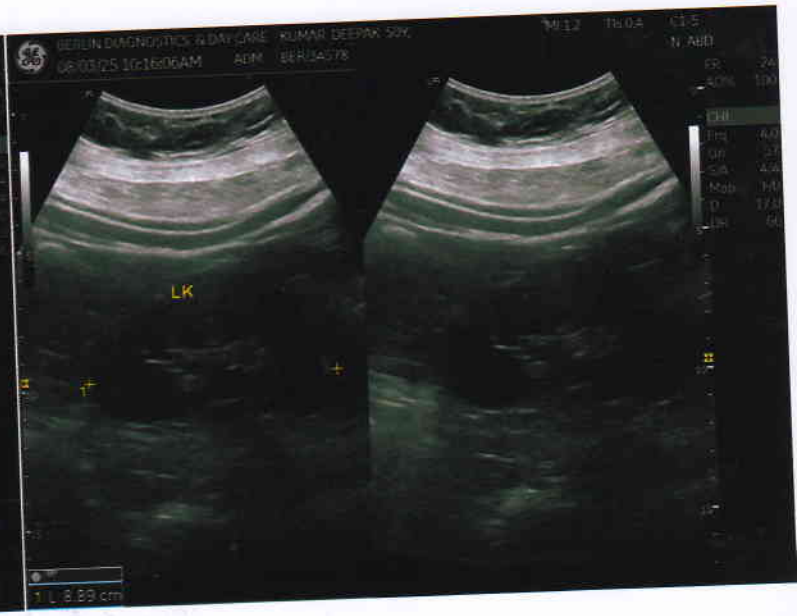
LIV
12.78 cm

GB

RK
1 L 10.47 cm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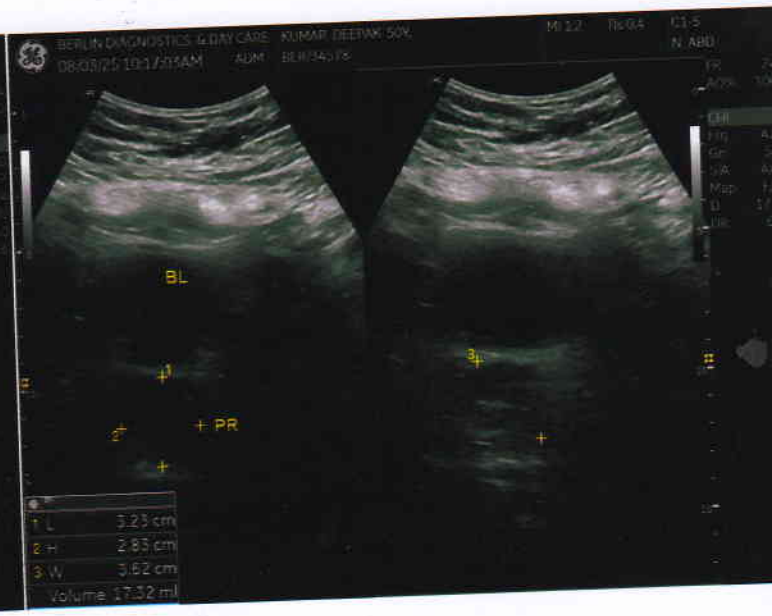
SPL
PAN
1 L 7.15 cm


BL
PR
1 L 3.23 cm
2 H 2.83 cm
3 W 3.62 cm
Volume 17.32 ml

Patient Name	Mr. KUMAR DEEPAK	**Requested By**	MEDIWHEEL
MRN	BER/2025/OPD	**Procedure Date**	08.03.2025
Age/Sex	50 Y /Male	**Hospital**	Berlin Diagnostics & Day Care

USG WHOLE ABDOMEN

Liver : The liver is enlarged in size (12.7 cm). It reveals diffuse fatty infiltration. No obvious focal lesion is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in calibre at the porta hepatis.

Gall bladder : The gall bladder is normally distended, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal calibre.

Pancreas : The pancreas is normal in size and echogenecity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position and measured as follows:

Right kidney measures 10.4 cm
Left kidney measures 8.8 cm
The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

Spleen : The spleen is normal in size (7.1 cm) and echogenecity.

Urinary bladder : The urinary bladder is normally distended. It shows normal wall thickness. There is no evidence of any intraluminal or perivescical abnormality.

Prostate : The prostate is normal in size measuring 17.3 cm and showed a normal parenchymal echotexture.

No evidence of ascitis or lymphadenopathy seen.

No evidence of pleural effusion is seen on either side.

IMPRESSION: ENLARGED GRADE – II FATTY LIVER.

Dr. Poonam Choudhary
Sonologist.

BERLIN DIAGNOSTICS & DAY CARE

Patient Name	Mr. DEEPAK KUMAR	**Requested By**	MEDIWHEEL
MRN	BER/2025/OPD	**Procedure Date**	08.03.2025
Age/Sex	50Y/MALE	**Centre**	BERLIN DIAGNOSTICS & DAY CARE

X-RAY CHEST PA VIEW

OBSERVATIONS :

Both lung fields are clear.

Both hila are normal.

Both CP angles are normal.

Cardiac contour and size are within normal limits.

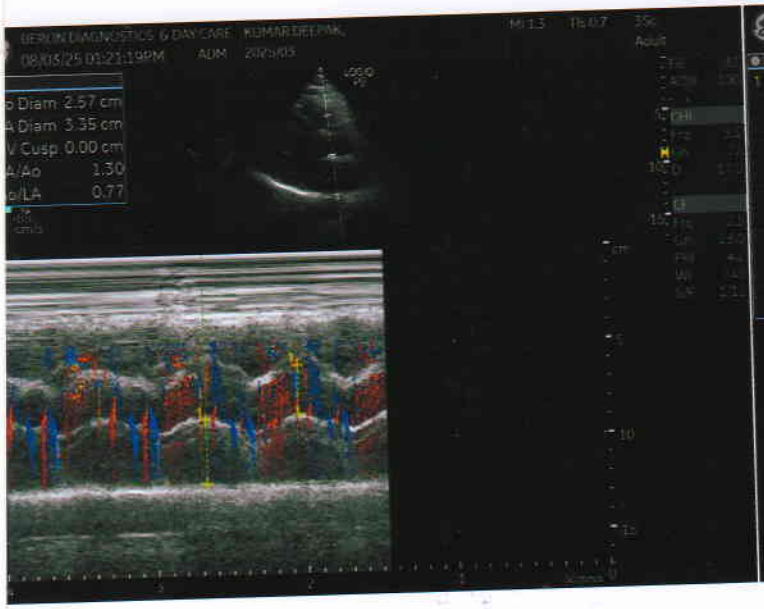
The bony rib cage is normal.

Soft tissue are normal.

IMPRESSION: NORMAL STUDY.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

We regret typographical errors if any. Please contact us for correction.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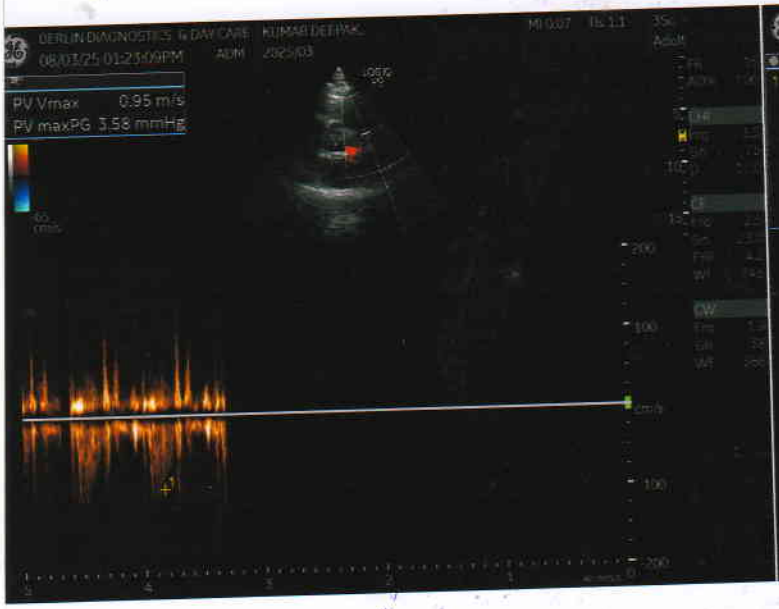
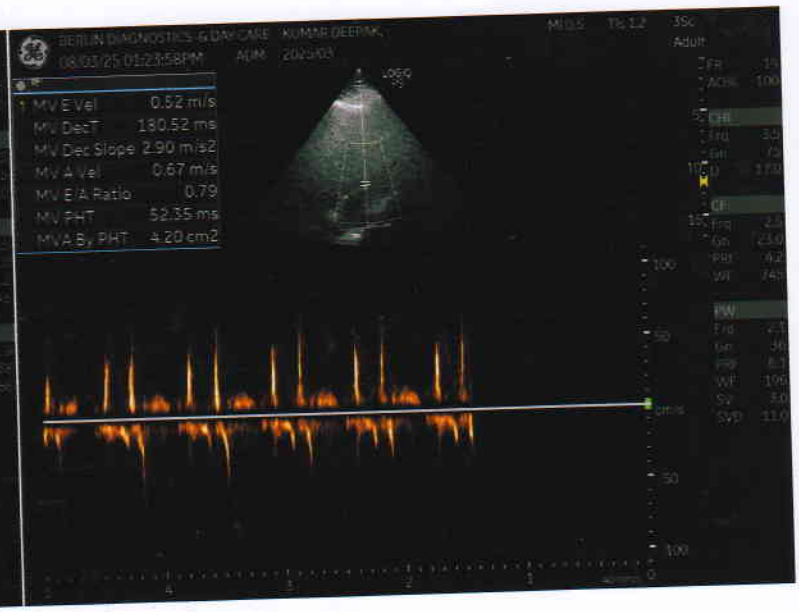
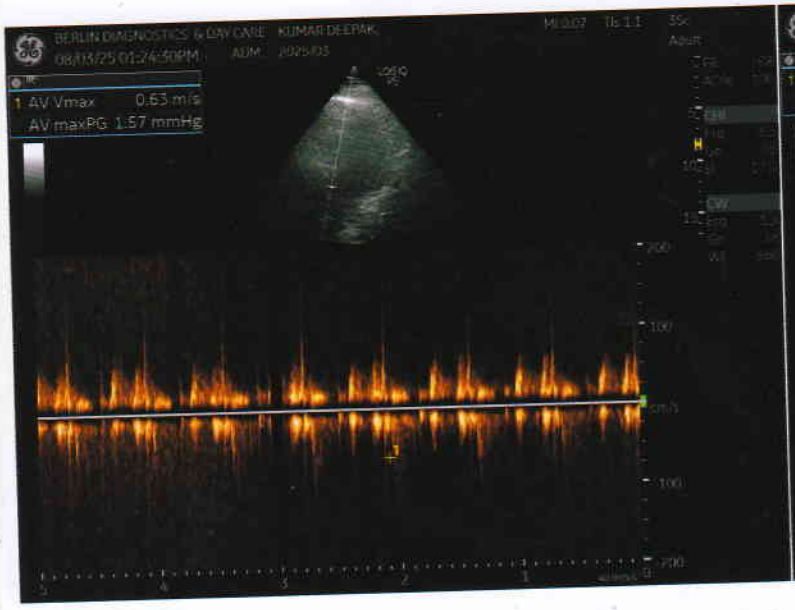
08/03/25 01:21:19PM
Diam 2.57 cm
Diam 3.35 cm
Cusp 0.00 cm
A/Ao 1.30
LA 0.77

BERLIN DIAGNOSTICS & DAY CARE KUMAR DEEPAK
08/03/25 01:22:15PM
IVSd 0.86 cm
IVSs 0.93 cm
LVIDd 4.76 cm
LVIDs 3.35 cm
LVPWd 1.15 cm
LVPWs 1.30 cm
EDV(Teich) 105.52 ml
ESV(Teich) 45.70 ml
EF(Teich) 56.69 %
SV(Teich) 59.82 ml
%FS 29.69 %


BERLIN DIAGNOSTICS & DAY CARE KUMAR DEEPAK
08/03/25 01:23:09PM
PV Vmax 0.95 m/s
PV maxPG 3.58 mmHg


BERLIN DIAGNOSTICS & DAY CARE KUMAR DEEPAK
08/03/25 01:23:58PM
MV E Vel 0.52 m/s
MV DecT 180.52 ms
MV Dec Slope 2.90 m/s2
MV A Vel 0.67 m/s
MV E/A Ratio 0.79
MV PHT 52.35 ms
MVA By PHT 4.20 cm2


BERLIN DIAGNOSTICS & DAY CARE KUMAR DEEPAK
08/03/25 01:24:50PM
AV Vmax 0.63 m/s
AV maxPG 1.57 mmHg

BERLIN DIAGNOSTICS & DAY CARE KUMAR DEEPAK
08/03/25 01:24:52PM
TR Vmax 0.59 m/s
TR maxPG 1.41 mmHg

BERLIN DIAGNOSTICS & DAY CARE

Certificate No. PESHCO-2022-6584

Name **KUMAR DEEPAK** Age **51** Date **08/03/2025**

Patient Id **2025/03** Sex **Male** Ref.Physician

Measurements

2D & M-Mode Measurements		PW-Measurements	
IVSd	0.86 cm	MV E Vel	0.52 m/s
LVIDd	4.76 cm	MV DecT	180.52 ms
LVPWd	1.15 cm	MV Dec Slope	2.90 m/s²
IVSs	0.93 cm	MV A Vel	0.67 m/s
LVIDs	3.35 cm	MV E/A Ratio	0.79
LVPWs	1.30 cm	MV PHT	52.35 ms
EDV(Teich)	105.52 ml	MVA By PHT	4.20 cm²
ESV(Teich)	45.70 ml	AV Vmax	0.63 m/s
EF(Teich)	56.69 %	AV maxPG	1.57 mmHg
%FS	29.69 %	PV Vmax	0.95 m/s
SV(Teich)	59.82 ml	PV maxPG	3.58 mmHg
Ao Diam	2.57 cm	TR Vmax	0.59 m/s
LA Diam	3.35 cm	TR maxPG	1.41 mmHg
LA/Ao	1.30		
Ao/LA	0.77		

Comments:

NORMAL LA, LV, RA AND RV SIZE, 2DEF= 56 %, NO RWMA , ALL VALVES AND PERICARDIUM NORMAL

Impression:

NORMAL LV SYSTOLIC AND RV FUNCTION IN NSR , NO PAH.

Dr. Amar Kumar
M.B.B.S. (RAN)
P.G.D.C.C. (DIP Card)
Sr. Consultant Cardiologist
(Regd. Reg. No. 30125

DR. AMAR KUMAR
DIP CARD (P.G.D.C.C)
CLINICAL CARDIOLOGIST

ID:2025030811510279 Name: 2025-03-08 12:14:00 KUMAR DEEPAK, AK:- 5[illegible]

25 mm/s 10 mm/mV 50 Hz BDR 20 Hz QTc:Hodges 02.09.00/V28.4.1 SN FK-0C025011

ID:2025030811510279
Name:
2025-03-08 12:14:00

Vent. Rate (bpm)	92
PR Interval (ms)	142
QRS Duration (ms)	94
QT/QTc Interval (ms)	344/400
P/QRS/T Axes (deg)	61/-36/39

Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Possible left anterior fascicular block

Borderline ECG Unconfirmed Diagnosis.

Dr. Krishn Murari Prasad
MBBS, DIP Cardiology

Berlin Diagnostics & Day Care Ranchi