



UHID : OP:2024/015146
Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
Patient Type : Normal Aadhaar No: 481090818567
Bill Date : 26/02/2025
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 26/02/2025 2:24:18 PM Lab Refno : LB:2024/034055
Reporting Date/Time : 26/02/2025 3:07:30 PM

BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	5.0	%	Blood @ (HPLC)

Interpretation
As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 6.0
At risk	>=6.0 to <= 6.5
Diagnosing Diabetes	> 6.5
Therapeutic goals for glycemic Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0
	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



UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:18 PM Lab Refno : LB:2024/034055
 Reporting Date/Time : 26/02/2025 3:07:30 PM

BIO - CHEMISTRY Report

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.

Comments

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
10	240
11	269
12	298

Machines Used: AUTO - ANALYSER OPTIMA - 1

Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : ASHISH DIXIT Printed on : 08/03/2025 - 17:11:19



UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:03 PM Lab Refno : LB:2024/034051
 Reporting Date/Time : 26/02/2025 2:56:37 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
LFT (PROFILE)			
BILIRUBIN (TOTAL) Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.81	mg/dl	Upto 1.0
BILIRUBIN DIRECT Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	<u>0.32</u>	mg/dl	Upto 0.25
BILIRUBIN INDIRECT Method : JENDRASSIK MODIFIED METHOD BILIRUBIN INDIRECT (SERUM)	0.49	mg/dl	0.2 - 0.8
SGPT (ALT) Method : IFCC METHOD Sample Type : SERUM SGPT	<u>77.0</u>	IU/L	Upto 49
SGOT (AST) Method : IFCC METHOD Sample Type : SERUM SGOT	<u>138.0</u>	IU/L	Men - Upto 46 Women - Upto 40
ALKALINE PHOSPHATASE (ALP) Method : UV KINETIC Sample Type : SERUM ALKALINE PHOSPHATASE	135.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L
PROTEIN(TOTAL) Method : Biuret method Sample Type : SERUM PROTEIN(TOTAL)*	8.0	gm/dl	6.0 - 8.5
ALBUMIN(1461) Method : BROMOCRESOL METHOD Sample Type : SERUM ALBUMIN	4.4	gm/dl	3.2 - 5.5
LIPID (PROFILE)			
CHOLESTROL(TOTAL) (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM CHOLESTROL(TOTAL)	149.0	mg/dl	Normal < 200 Borderline high 200 - 239 High >240

UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP
 Patient Type : Normal
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:03 PM
 Reporting Date/Time : 26/02/2025 2:56:37 PM
 Age : 31 Y , Sex - M
 Aadhaar No: 481090818567
 Lab Refno : LB:2024/034051

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
HDL (SERUM) Method : DIRECT HOMOGENEOUS METHOD Sample Type : SERUM	40.0	mg/dl	Men - 35 - 55 Women - 45 - 65
LDL (SERUM) Method : DIRECT HOMOGENEOUS METHOD Sample Type : SERUM	88.0	mg/dl	<100
VLDL (SERUM) Method : CALCULATED Sample Type : SERUM			
VLDL (SERUM)*	21.0	mg/dl	10-40 mg/dl
TRIGLYCERIDES (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM			
TRIGLYCERIDES	106.0	mg/dl	Upto 170
MEDIWHEEL FULL BODY HEALTH PLUS CHECK-UP-			
BLOOD SUGAR (PP) Method : GOD-POD METHOD Sample Type : Flouride Plasma			
BLOOD SUGAR (PP) (SERUM)		mg/dl	110-170
BLOOD SUGAR FASTING Method : GOD-POD METHOD Sample Type : Flouride Plasma	83.0	mg/dl	70-110
RFT (PROFILE)			
BUN (BLOOD UREA NITROGEN) Method : UV KINETIC Sample Type : SERUM			
BUN	14.9	mg/dl	6 - 21
CREATININE Method : JAFFE KINETIC METHOD Sample Type : SERUM	0.58	mg/dl	0.5 - 1.4

Page - 2 : Report continued on next page.....

UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567.
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:03 PM Lab Refno : LB:2024/034051
 Reporting Date/Time : 26/02/2025 2:56:37 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
SODIUM (NA+) Method : I.S.E. Sample Type : SERUM			
SODIUM (NA+)	136.4	mmol/L	136 - 146
POTASSIUM (K+) Method : I.S.E. Sample Type : SERUM			
POTASSIUM (K+)	4.04	mmol/L	3.5 - 5.5

Machines Used:AUTO - ANALYSER OPTIMA - 1,HDC Lyte Semi Autometed, Rayto 240, Fully Autometed, SEMI AUTO - ANALYZER

Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : ASHISH DIXIT Printed on :08/03/2025 - 17:12:58

Page - 3

End of Report

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh 226016

Call 0522 492 7272 / 235 2352

mail@shekharhospital.com | www.shekharhospital.com





UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:23:59 PM Lab Refno : LB:2024/034050
 Reporting Date/Time : 26/02/2025 2:52:59 PM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
CBC			
HAEMOGLOBIN(HB) Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	14.2	gm/dl	(M:13-17) (F:12-15)
RBC COUNT Method : FLOW CYTOMETRY	4.79*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 (1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
HCT Method : CALCULATED	41.2	%	M :45 - 5% F: 41 - 5%
MCV Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	86.0	fl	83-101 fl
MCH Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	29.6	pg	27-32 pg
MCHC Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	34.4	gm/dl	31.5 - 34.5 gm
TOTAL LEUKOCYTE COUNT (TLC) (1390) Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6900	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
DIFFERENTIAL LEUCOCYTE COUNT (DLC) Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	60	%	40-70



UHID : OP:2024/015146
Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
Patient Type : Normal Aadhaar No: 481090818567
Bill Date : 26/02/2025
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 26/02/2025 2:23:59 PM Lab Refno : LB:2024/034050
Reporting Date/Time : 26/02/2025 2:52:59 PM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
LYMPHOCYTES	36	%	20-40
MONOCYTES	04	%	2-10
EOSINOPHILS	00	%	1-6
BASOPHILS	00	%	1-2
PLATELET COUNT	1,90,000	/cumm	1.5 - 4.5 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL			
Sample Type : Whole Blood (K2 EDTA WB)			
MEDIWHEEL FULL BODY HEALTH PLUS CHECK-UP- ESR - WINTROBE			
Sample Type : Whole Blood (K2 EDTA WB)			
ESR (WHOLE BLOOD)	9 MM / FIRST HOUR		(M) 0 -10 (F) 0 - 20
URIC ACID (URINE)			
Method : URICASE METHOD			
URIC ACID	4.4	MG	(M/F) 800 - 1000

Machines Used: HAEMAT ANALYSER, Mindray BC 5150, Rayto 240, Fully Automated

Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : ASHISH DIXIT Printed on : 08/03/2025 - 17:8:59

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh - 226016

Call : 0522 - 492 7272 | 235 2352

mail@shekharhospital.com | www.shekharhospital.com



**SHEKHAR
HOSPITAL**
Committed to excellence

UHID : OP:2024/015146
Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
Patient Type : Normal Aadhaar No:
Bill Date : 26/02/2025
Referred By. : MEDICINE DEPT.,
Patient In Date/Time : 26/02/2025 Reporting Date/Time : 26/02/2025 12:55:32 PM

RADIOLOGY Report

WHOLE ABDOMEN ULTRASOUND

LIVER: Liver is enlarged in size measuring +157 mm and has mildly increased echogenicity with normal visualization of intrahepatic portal channel, biliary radicles and diaphragm. No focal lesion seen. The intra hepatic portal channels are normal. Porta hepatitis is normal.

GALL BLADDER: Gall bladder is normally distended. Lumen is anechoic. Gall bladder wall is normal in thickness and regular. No calculus / mass lesion seen.

CBD is normal.

PANCREAS: The head, body and tail portion of pancreas is normal in size and shape and has a normal homogenous echotexture. No focal lesion seen.

SPLEEN: Spleen is normal in size and has a normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

RIGHT KIDNEY: Is normal in size and has a normal cortical echotexture. Cortico-medullary demarcation is distinct. The cortical thickness is normal. A calculus of size measuring +3 mm is noted at mid pole.

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh - 226016

Call : 0522 - 492 7272 / 235 2352

mail@shekharhospital.com | www.shekharhospital.com



**SHEKHAR
HOSPITAL**

Committed to excellence

LEFT KIDNEY: Is normal in size and has a normal cortical echotexture. Collecting system of is normal and cortico-medullary demarcation is distinct. The cortical thickness is normal. Few calculus largest of size measuring +9.9 mm is noted at mid pole.

URINARY BLADDER: Urinary bladder is normally distended. Bladder wall is not thickened and regular in outline.

PROSTATE: Prostate is normal in size and has normal echotexture and smooth outline.

No free fluid is noted in abdomen .

Impression:-

HEPATOMEGALY WITH GRADE I FATTY LIVER. B/L RENAL CALCULUS.



MD RADIO DIAGNOSIS

Report printed by : ASHISH DIXIT Printed on :08/03/2025 - 17:9:21



UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:13 PM Lab Refno : LB:2024/034053
 Reporting Date/Time : 26/02/2025 2:57:56 PM

HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE (TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.13	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	76.72	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	28.01	Euthyroid 0.25-5 uIU/ml Hyperthyroid <0.15 uIU/ml Hypothyroid >7.0 uIU/m

Comments: INTERPRETATION (AS PER KIT INSERT)

Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.

Thyroid

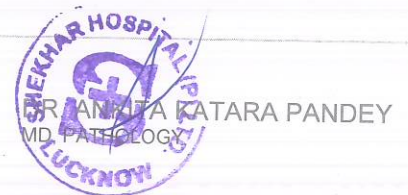
1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level³ & T⁴
- .2. Primary Hyper Thyrodism is accompanied by elevated serum T levels along with depressed TSH values³ & T⁴
- .3. Normal T⁴ levels are accompanied by incresed T³ in patient T³ Thyrotoxicosists with
4. Slightly elevated T³ levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranopropylthiouracillo¹ and
5. Although elevated TSH levels are nearly always indicative of phythyroidism, and may be seen in secon dary thyrotoxicosis.

REMARKS: Normal/Reference ranges given are as per kit literature. Ccorrelation is advised. Clinical

Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.

Machines Used: VIDAS / MINI VIDAS

Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : ASHISH DIXIT Printed on : 08/03/2025 - 17:10:14



UHID : OP:2024/015146
 Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
 Patient Type : Normal Aadhaar No: 481090818567
 Bill Date : 26/02/2025
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/02/2025 2:24:07 PM Lab Refno : LB:2024/03405
 Reporting Date/Time : 26/02/2025 6:37:15 PM

CLINICAL PATHOLOGY Report

Sample Type : Urine

<u>TEST</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
PHYSICAL EXAMINATION			
APPEARANCE	CLEAR		CLEAR
COLOUR	LIGHT YELLOW		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.010		1.010-1.022
CHEMICAL EXAMINATION			
ALBUMIN	NIL		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	TRACE		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
MICROSCOPIC EXAMINATION			
RBCs	2-3	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	0-1	/HPF	0-5
EPITHELIAL CELLS	0-1	/HPF	<5
CASTS	NIL		ABS
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
OTHERS	NIL		

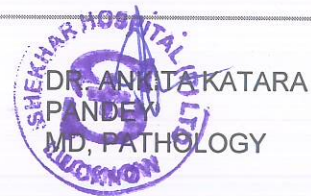


UHID : OP:2024/015146
Name : Mr. GYANENDRA PRATAP Age : 31 Y , Sex - M
Patient Type : Normal Aadhaar No: 481090818567
Bill Date : 26/02/2025
Referred By : MEDICINE DEPT.,
Collection Date/Time : 26/02/2025 2:24:07 PM Lab Refno : LB:2024/03405 2
Reporting Date/Time : 26/02/2025 6:37:15 PM ■

CLINICAL PATHOLOGY Report

<u>STOOL FOR ROUTINE EXAMINATION</u>		
Sample Type : Stool		
<u>TEST</u>	<u>VALUE</u>	<u>UNIT</u>
<u>PHYSICAL EXAMINATION</u>		
APPEARANCE/ COLOUR	YELLOWISH	
CONSISTENCY	SEMI SOLID	
PUS	ABSENT	
MUCOUS	PRESENT	
BLOOD	ABSENT	
PARASITE	ABSENT	
<u>CHEMICAL EXAMINATION</u>		
REACTION	ACIDIC	
<u>MICROSCOPIC EXAMINATION</u>		
PUS CELLS	NIL	/HPF
RBC	NIL	/HPF
OVA	NIL	
CYSTS	NIL	
OTHER	UNDIGESTED FOOD PARTICALS SEEN	

Checked By: Shashank Srivastava



* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : SEEMA SINGH Printed on : 26/02/2025 - 18:38:11

Page - 2

End of Report

SHEKHAR HEART LUNG CENTRE

"Centre of Excellence in Cardiac & Lung Care with a difference"

2D- ECHO REPORT

PT NAME: MR. GYANENDRA PRATAP AGE: 31 YEARS SEX: MALE
 PT: OPD BED NO: 0000 DATE: 26/02/2025

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML - Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/Absent Score.....

Doppler Normal/Abnormal
 Mitral stenosis Present/Absent RR interval..... msec
 EDG.....mmHg MDG.....mmHg MVA cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/Thickening/Calcification/Prolapse/Vegetation/Doming
 Doppler Normal/Abnormal
 Tricuspid stenosis Present/Absent RR interval..... msec
 Tricuspid regurgitation EDG..... mmHg MDG..... mmHg
 Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity m/sec Pred. RVSP= RAP+ mmHg
 TAPSE=

PULMONARY VALVE

Morphology Normal/Thickening/Doming/Vegetation
 Doppler Normal/Abnormal PVmax m/s
 Pulmonary stenosis Present/Absent Level Pulmonary annulus..... mm
 Pulmonary regurgitation PSG mmHg
 Present/Absent End diastolic gradientmmHg
 Early diastolic gradient.....mmHg Pred. PA mean P..... mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3
 Doppler Normal/Abnormal AVmax 1.0 m/s
 Aortic stenosis Present/Absent Level
 PSG 4.2 mmHg Aortic annulusmm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

~ 2

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh 226016

Call : 0522 492 7272 / 235 2352

mail@shekharhospital.com | www.shekharhospital.com

Echocardiography report (continued)



SHEKHAR HOSPITAL
 Committed to excellence



SHEKHAR HEART LUNG CENTRE

"Centre of Excellence in Cardiac & Lung Care with a difference"

Measurements

Aorta	29	LAes	31
IVS ed.	11	IVS es.	14
LVed	47	LVes	29
PW(LV)ed	11	PW(LV)es	14
RVed	-	RV anterior wall	-
IVS Motion Normal/Flat/Paradoxical	-	IVC size	

Aorta: SOV = mm; Normal / dilated,

STJ = mm Asc AO= mm;

Normal / dilated

Arch & Desc Ao: Normal / dilated / coarct

MPA: Normal / dilated

PA Branches: Normal / dilated

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction – Normal/Reduced LV diastolic function - Normal/dysfunction grade =
LA	Normal/ Enlarged/ Clear/ Thrombus
RA	Normal/ Enlarged/ Clear/ Thrombus
RV	Normal/Enlarged/Clear/Thrombus
Pericardium	Normal/Thickened/Calcification/Effusion

FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION
- BRADYCARDIA NOTED DURING STUDY
- LVEF = 68 %
- NO RWMA
- MILD AR
- TRIVIAL TR
- NO MR /PR
- NO CLOT/PERICARDIAL EFFUSION/THROMBUS

CONSULTANT
 Dr. Harshit Gupta
 M.D. (Medicine) D.M. (Cardiology)
 DM Cardiology
 Reg No- 58008
 Shekhar Hospital Pvt.Ltd.

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh 226016

Call : 0522 492 7272 / 235 2352

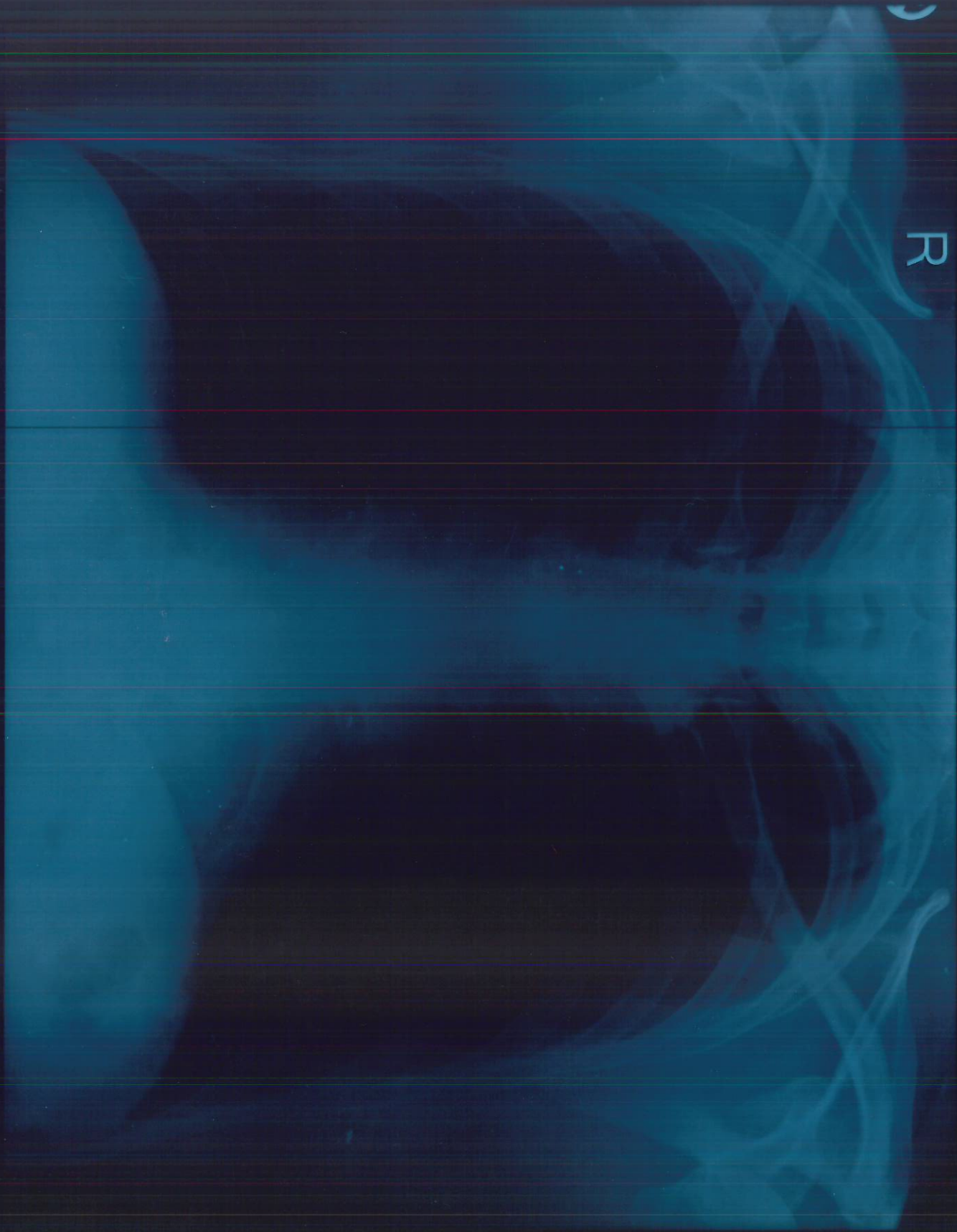
mail@shekharhospital.com | www.shekharhospital.com



SHEKHAR HOSPITAL
 Committed to excellence



R



GYANENDRA PRATAP SINGH 49Y M 15215 CHEST PA 24-08-2024
SHEKHAR HOSPITAL, INDIRA NAGAR, LUCKNOW