

Name : MR. Amrit Kumar Singh (47y, Male)
 Phone : 8082421756
 ID : 508075
 Doctor : Dr. Puneet Kumar

Date & Time : 25-Feb-2025 04:47 PM
 #Visit : 1

Complaints: HELATH CHECKUP ROUTINE

Past Medical History: DIABETES MELLITUS TYPE 2, ON METFORMIN 500 MG BDN, GLYCOMET GP1 1/500

PAST INVESTIGATIONS: 25 FEB 25- FBS 119 MG/DL, , RFT WNL, OT/PT- 70/123, CHOL 218, TG 236, LDL 125, HBA1C- 6.4 %

Diagnosis: DIABETES MELLITUS TYPE 2 , DYSLIPIDEMIA , GRADE 1/II FATTY LIVER


Rx

Medicine	Dosage	Timing - Freq. - Duration
1) GEMER V1 TABLET *	1 - 0 - 0	After Food - Daily - 90 Days Timing : 1 After breakfast
2) GLUFORMIN XL 500MG TABLET * Composition : Metformin 500 MG Timing : 1 Before dinner Notes :	0 - 0 - 1	Before Dinner - Daily - 90 Days
3) TOCOAD CAPSULE * Timing : 1 After breakfast	1 - 0 - 0	After Food - Daily - 90 Days
4) JUPIROS 10MG TABLET * Composition : Rosuvastatin 10 MG Timing : 1 After dinner	0 - 0 - 1	After Dinner - Daily - 90 Days
5) NUHENZ D TAB * Composition : Alpha lipoic acid 100 MG + Folic acid 1.5 MG + Mecobalamin 1500 MCG + Vitamin B6 3 MG... Timing : 1 After breakfast	1 - 0 - 0	After Breakfast - Daily - 30 Days

Diet and Exercise: LOW FAT AND DIABETIC DIET
 RBS MONITORING AT HOME
 WARNING SIGNS OF HYPOGLYCEMIA EXPLAINED

Next Visit : 90 days (26-May-2025 - Monday)

Admission Advice: NO


 Dr. Puneet Kumar
 Consultant - Internal Medicine
 MBBS, MD (Medicine)
 Regd. No.: PMC 41837

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NAME	: MR AMRIT KUMAR SINGH	Requisition Date	: 25/Feb/2025 11:25AM
DOB/Gender	: 19-Aug-1977/M	Sample CollDate	: 25/Feb/2025 11:29AM
UHID	: 508075	Sample Rec.Date	: 25/Feb/2025 11:29AM
Inv. No.	: 4979638	Approved Date	: 25/Feb/2025 12:23PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412229		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA Vitros 5600)	1.40	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA Vitros 5600)	11.60	µg/dL	5.52 – 12.97
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	3.300	mIU/L	0.4001 - 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

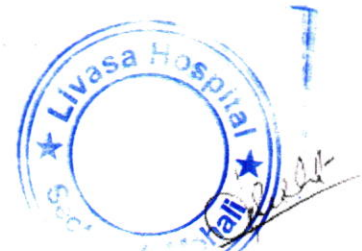
Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically

Result Entered By: Sapna Thappa 41280



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GSTIN: 03AABCI4594F1ZQ

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PSA TOTAL

Serum PSA Total (CLIA Vitros 5600)	0.60	ng/mL	<4.0
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Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 - Colorimetric - Glucose oxidase, hydrogen peroxide)	119	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 - Colorimetric - Urease, UV)	20.00	mg/dl	19.26-42.8
Serum Creatinine (VITROS 5600 - Two-point rate - Enzymatic)	0.90	mg/dL	0.66--1.25mg/dl
Serum Uric acid (VITROS 5600 - Colorimetric - Uricase)	7.60	mg/dL	3.5--8.5 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically

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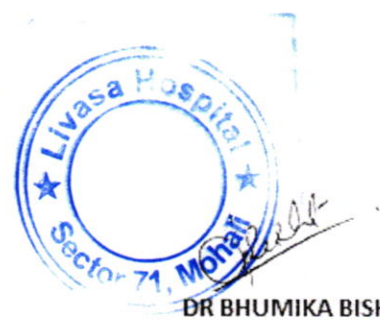
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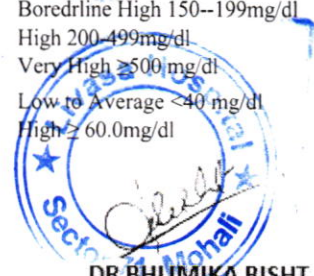
Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.60	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 /Colorimetric - Direct measure)	0.30	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 /Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	70	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	123	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.57		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	33	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	157	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	8.4	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	5.2	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.20	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.63	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	218	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	236	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	46	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl



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Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	47	mg/dL	7-35
Serum LDL cholesterol (Calculated)	125	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.74		3-5
Serum LDL-HDL Ratio (Calculated)	2.71		1.5 - 3.5

Interpretation:

As per ATP III Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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UHID	: 508075	Sample Rec.Date	: 25/Feb/2025 12:53PM
Inv. No.	: 4979638	Approved Date	: 25/Feb/2025 01:50PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	20.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

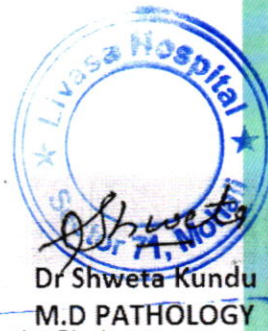
Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.015		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	6.4
Estimated Average Glucose (eAG)	137

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

(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	NEGATIVE
Anti B	NEGATIVE
Anti D	POSITIVE
Final Blood Group	O POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyser)</small>	63	mm/h	0-10
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Dr Shweta Kundu
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	14.3	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	46.4	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.90	10 ⁶ / μ l	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	94.3	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	30.8	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.2	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	159	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	14.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	6.3	10 ³ / μ l	4.0 - 10.0

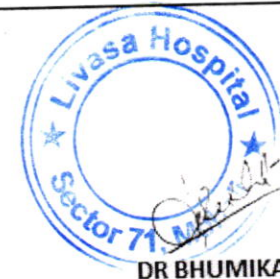
Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	64	%	40-75
Lymphocytes	23	%	20-40
Monocytes	7	%	0-8
Eosinophils	6	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,032	μ l	2000-7000
Absolute Lymphocyte Count	1,449	uL	1000-3000
Absolute Monocyte Count	441	uL	200-1000
Absolute Eosinophil Count	378	μ l	20-500

*** End Of Report ***

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CIN No.: U85110PB2005PTCO27898

GSTIN: 03AABCI4594F1ZQ

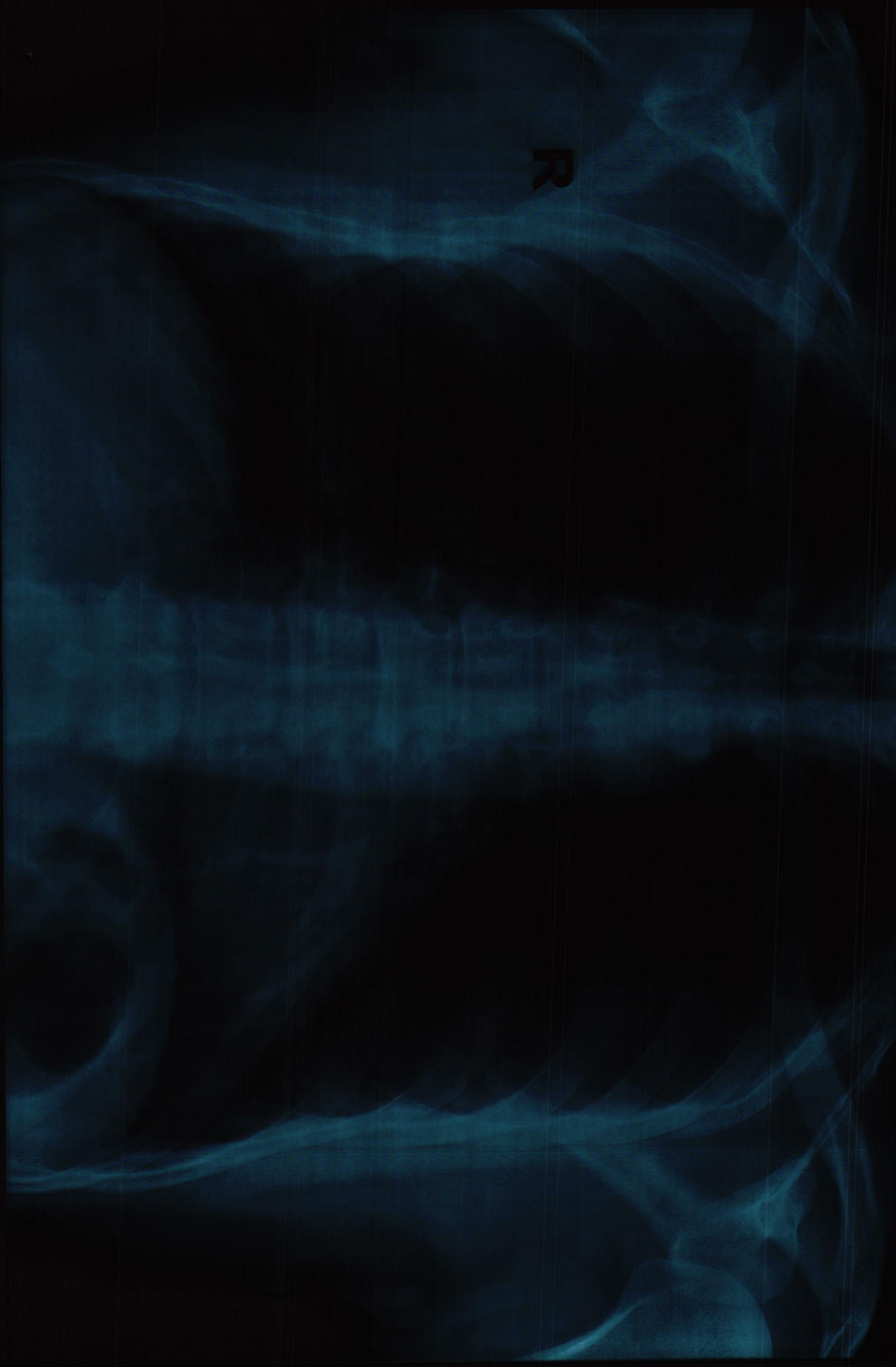
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ID508075 AMRIT KUMAR M 47 years XNO 4387 OPD

IVN HOSPITAL SECTOR-71 MOHALI



Patient Name AMRIT KUMAR SINGH Patient ID 508075
Gender/Age Male / 48 Test Date : 25 Feb 2025

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.0	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.6	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	3.2	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	65%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse **Trivial TR**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E=80 cm/s, A=110 cm/s, E<A

Aortic valve: Vmax =160 cm/s

Pulmonary valve: Vmax =110 cm/s

Chamber Size -

LV - Normal/ Enlarged **LA -** Normal / Enlarged

RV - Normal/ Enlarged **RA -** Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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Remarks :-

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~65%)

Grade I LV diastolic dysfunction



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology

MBBS, MD(Medicine), DM(Cardiology)

PMC-42588

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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

M21 - Ameet
UH10 - 508075

Measurement Results:

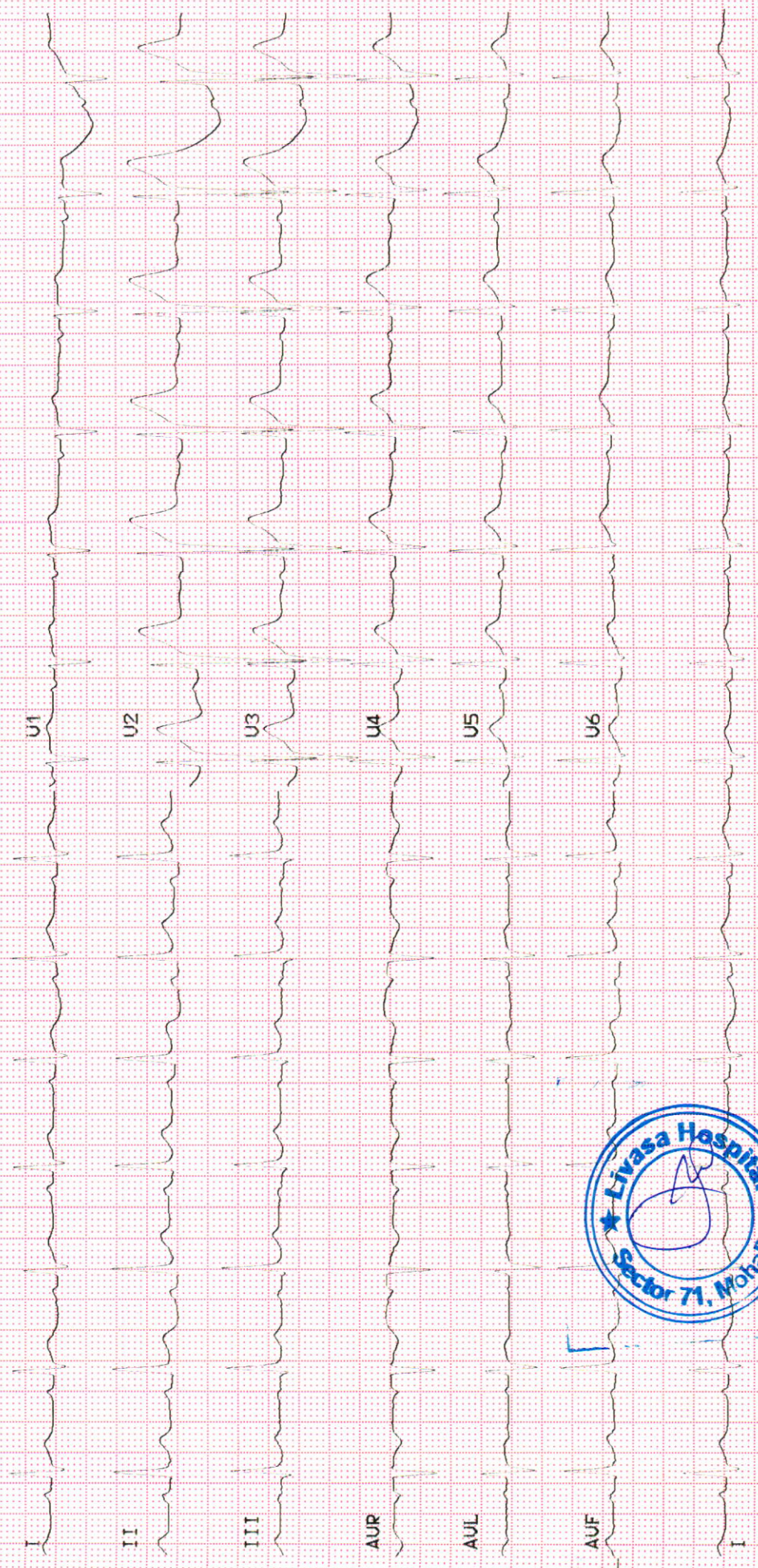
QRS : 100 ms
 QT/QTcB : 358 / 432 ms
 p : 92 ms
 RR/PP : 688 / 685 ms
 P/QRS/T : 45 / 75 / 65 degrees
 QTd/QTcBD : 28 / 34 ms
 Sokolow : 1.7 mV
 NK : 12

Interpretation:

normal ECG

< P
 < T
 < QRS
 aVL
 aUR
 -90
 0 I
 III +90 II
 aVF

Unconfirmed report





NAME	AMRIT KUMAR	SEX/AGE	M47Y
PATIENT ID	ID508075	Accession Number	XNO.4387 OPD
REF CONSULTANT	Dr.	DATE	25/02/2025 12:40

X-RAY CHEST (PA VIEW)

- Rotation is present.
- Both lung fields appear clear.
- Bilateral hilar regions appear normal.
- Domes of diaphragm and costophrenic angles appear normal.
- Cardiac shadow is within normal limit.

Please correlate clinically.


DR. COL HARPREET SINGH
MBBS, MD, DNB
LIVASA
Mohali

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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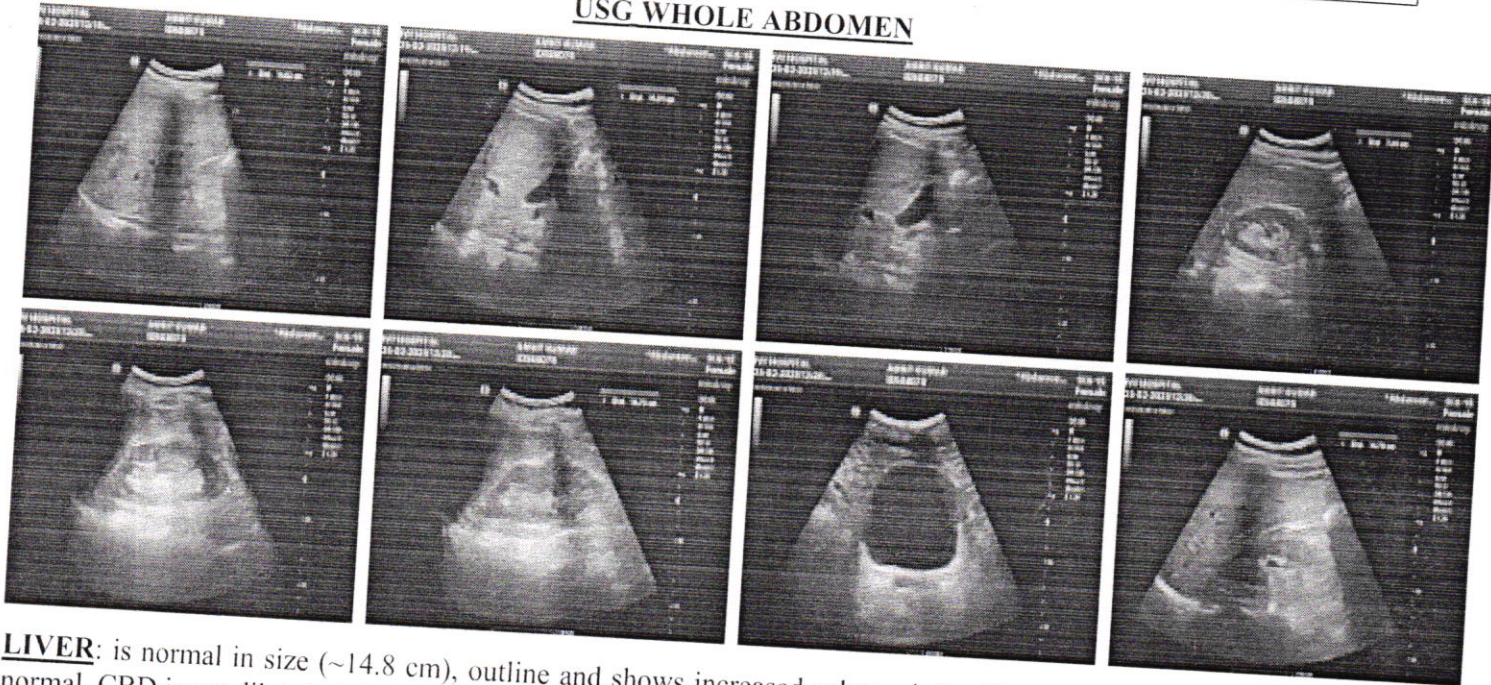
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NAME	., AMRIT KUMAR		SEX/AGE	M47Y
PATIENT ID	ID508075	Accession Number		
REF CONSULTANT	PACKAGE	DATE	25/02/2025 12:17	

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.8 cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated. **A focal area of hypoechogenicity is noted in the segment V of liver.**

GALL BLADDER: is partially distended at the time of examination.

SPLEEN: is normal in size (~9.3 cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualized pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~9.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.7 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

PROSTATE: is normal in size.
No free fluid is seen in peritoneal cavity.

IMPRESSION:

Fatty liver (Grade I/II).

Adv. Clinical correlation and followup.

Dr. Shruti
DNB Resident

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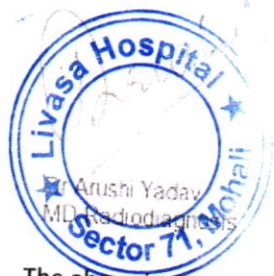
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PATIENT ID	ID508075	Accession Number	
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