

ECG CARDIOPRINT

ID: 1375 CASE: 3765
AGE: 33Y M D MALE
Cms K9

07/11/2024 08:50:38
HEALIC MULTISPECIALITY CLINIC
INDRAPURAM

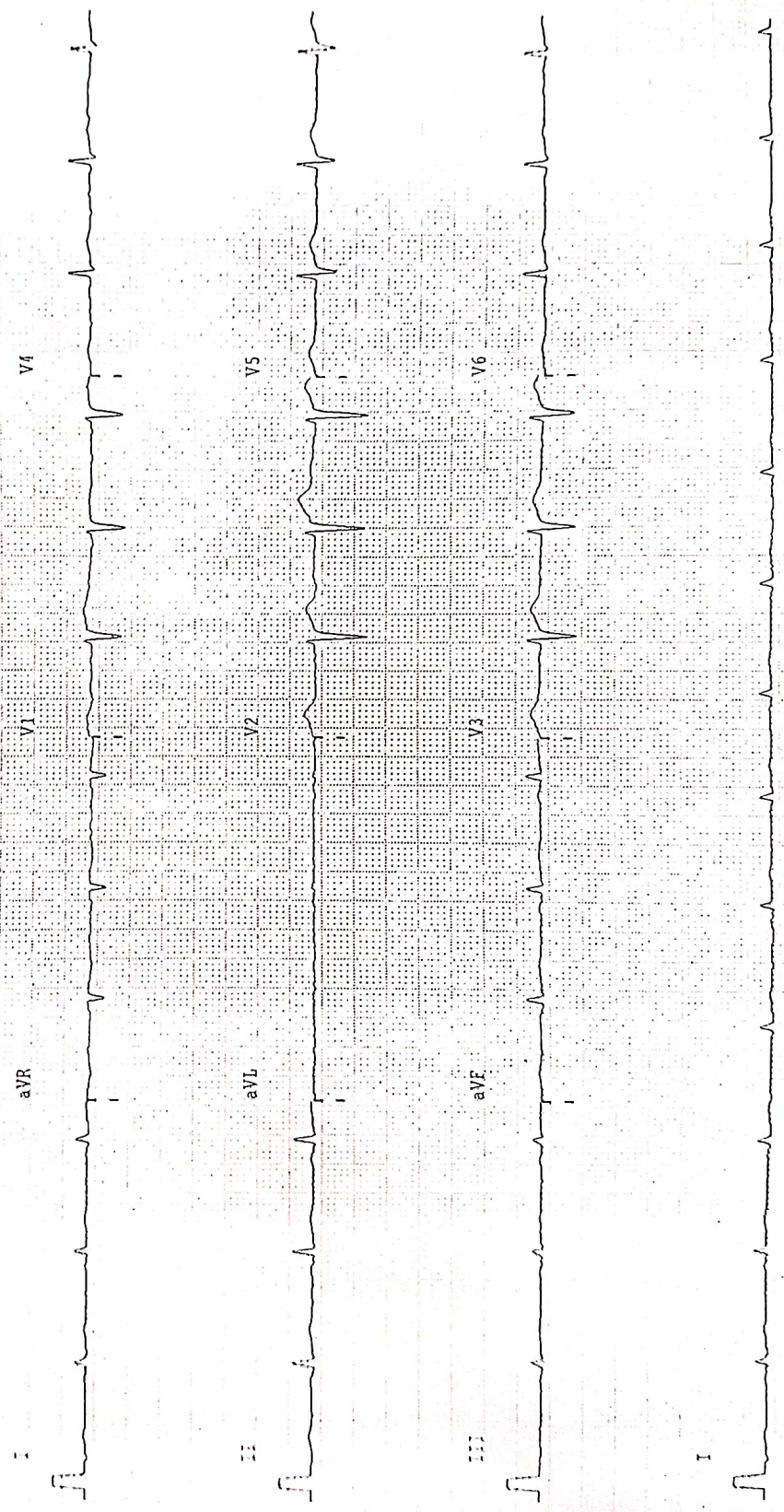
RATE : 78 bpm SINUS RHYTHM
R-R : 765 ms
P-R : 134 ms
QRS : 90 ms
QT : 363 ms
QTc : 396 ms

Normal ECG
(wNL)

Dr. Raj Saxena
MBBS, DHA
UPMIC-110091

---AXIS---
P : 54°
QRS : 48°
T : 53°

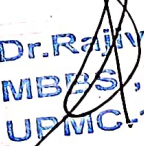
12 LEAD REPORT FORMAT: 3x4+1L SM REF: DEF:





Fitness Certificate

I hereby certify that Mr. Abhishek Gupta 33y/M
has been carefully examined by me on
dated 7/11/2024 Based on the medical
examination conducted he is
found free from any infection
or Communicable diseases and the person
is fit to working.


Dr. Rajiv Saxena
MBBS, DHA
UPMC-110091

HEALIC

Gaur City Plaza, Gr. Noida W

01 95990 84795

Gaur City Plaza, Greater Noida W
Gaur City 1, Uttar Pradesh

www.healic.in



Ashish Kaur Gupta 33y/M.

SPO₂ - 99%

PR - 86

BP - 142/80

T - 96.7°F

Wt - 65kg

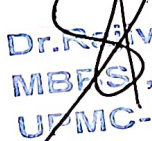
HT - 170cm.

Eye - 6/6

no - signs of colour blindness

No cavities or toothache

BP monitoring x 3d - same
time.


Dr. Ravi Saxena
MBBS, DHA
UPMC-110091

Patient Name : Mr.ABHISHEK GUPTA	Collected	: 07/Nov/2024 12:36PM	
Age/Gender	: 33 Y/M	Received	: 07/Nov/2024 12:38PM
UHID/MR No	: HEA.0000000118	Reported	: 07/Nov/2024 02:28PM
Visit ID	: HEA121	Status	: Final Report
Ref. By	: Dr.SZI	Panel Name	: HEALIC LAB
Client Code	: HEA01	Barcode No	: HH000062F

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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PLASMA GLUCOSE - FASTING

Sample Type : FLOURIDE PLASMA

Plasma Glucose Fasting GOD-PAP	88.0	mg/dL	74.0-100.0
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COMMENTS:

Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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Dr. GAURAV GARG
M.B.B.S. M.D.
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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TOTAL CHOLESTEROL

Sample Type : Serum

TOTAL CHOLESTEROL CHOD-PAP	235.20	mg/dL	<200
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COMMENTS:

Cholesterol measurements are used in the diagnosis of atherosclerotic coronary artery disease. Cholesterol measurements are also used in the diagnosis of metabolic disorders involving lipids and lipoproteins. Total serum cholesterol concentrations depend on many factors including age, gender, diet, lifestyle, physical activity, liver disease, and other metabolic disorders.

The more recent guidelines suggest tht risk stratifaction should rely only on the 10 year atherosclerotic cardiovascular disease risk calculation (2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotis cardio vascular risk in adult).

Coronary heart disease risk child	
Desirable	< 170
Borderline high	170 - 199
High	> 200

Coronary heart disease risk Adults	
Desirable	< 200
Borderline high	200 - 239
High	> 240

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE Enzymatic	0.90	mg/dL	0.62-1.17
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COMMENTS:

Creatinine is eliminated from blood by glomerular filtration. Reduced renal function results in an increased serum creatinine concentration. Measurement of serum creatinine is used to diagnose and monitor acute and chronic renal disease, estimate glomerular filtration rate (GFR), or assess the status of renal dialysis patients.

Causes of increased serum creatinine levels:

- Infection in kidney
- Impairment of kidney functions
- Alcoholism
- Excessive consumption of protein and meat
- Drug use
- Certain specific medications

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Testing Done By HEALIC

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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SERUM UREA

Sample Type : SERUM

SERUM UREA	23.40	mg/dL	10-50
Urease /GLDH			

COMMENTS:

Urea is frequently used in conjunction with the determination of creatinine for the differential diagnosis of prerenal uremia. (Cardiac decompensation, water depletion, increased protein catabolism) renal uremia (glomerulonephritis, chronic nephritis, polycystic kidney, nephrosclerosis, tubular necrosis) and postrenal uremia (obstruction of the urinary tract).

Causes of increased Urea levels:

- Excess protein intake
- Hypovolaemia
- Heart Failure
- Gastrointestinal Bleeding
- Catabolic State - Trauma, severe infection etc.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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SGPT (ALT)

Sample Type : Serum

SGPT IFCC	19.20	U/L	<45
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COMMENTS:

Alanine Aminotransferase (ALT) or Serum-Glutamic-Pyruvic-Transaminase (SGPT) functions normally to transfer the amino group from alanine amino-acid to form pyruvate. This enzyme is located in the cytoplasm of the hepatocyte and thus is a marker of liver cell injury. ALT is relatively more specific for liver injury than AST.

Elevated ALT levels can indicate myocardial infarction, muscular dystrophy, especially in hepatobiliary diseases. Measurement of ALT is often used in diagnosis and monitoring treatment of liver diseases and heart diseases. The AST/ALT ratio is often used for differential diagnosis in liver diseases: if the AST/ALT ratio < 1, it indicates mild liver damage; otherwise it is associated with severe, often chronic liver diseases.

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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URINE ROUTINE EXAMINATION

Sample Type : URINE

PHYSICAL EXAMINATION

VOLUME 35 mL 10-50~10-50

COLOUR PALE YELLOW PALE YELLOW

Visual Examination

APPEARANCE CLEAR CLEAR

CHEMICAL EXAMINATION

pH 6.0 5.0 - 8.0

Double Indicator

SPECIFIC GRAVITY 1.020 1.010 - 1.035

Colorimetric

PROTEIN NIL NIL

(Tetra Bromophenol)

GLUCOSE NIL NIL

(Glucose oxidase peroxidase chromogen reaction)

BLOOD NIL NIL

Tetramethyl benzidine

KETONE NIL NIL

Sodium nitroprusside

BILIRUBIN NIL Nil

(Diazonium salt)

UROBILINOGEN NIL NIL

(Diazonium salt)

NITRITE NIL NIL

(Sulfanamic acid tetrahydro benzol)

LEUCOCYTE ESTERASE NIL NIL

(Carboxylic acid ester diazonium salt)

MICROSCOPIC EXAMINATION

PUS CELLS 1-2 /hpf 0-5

(Light microscopy)

RBCs NIL /hpf 0-2

(Light microscopy)

EPITHELIAL CELLS 0-1 /hpf 0-5

(Light microscopy)

CRYSTALS NOT SEEN /hpf NOT SEEN

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
(Light microscopy)			
CASTS	NOT SEEN	/hpf	Not Seen
(Light microscopy)			
BACTERIA	NOT SEEN		
OTHER	NOT SEEN	/hpf	Not Seen
(Light microscopy)			

COMMENT:

Urine routine and microscopic examination involves checking the appearance, concentration and content of urine. It is the most common screening laboratory procedures for the early detection for renal or urinary tract diseases as well as for the monitoring and evaluation for the systemic diseases of extra-genitourinary tract system.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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BLOOD GROUP ABO & RH

Sample Type : WHOLE BLOOD EDTA

ABO	"AB"
Gel Columns agglutination	
Rh Typing	POSITIVE
Gel agglutination	

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

COMPLETE BLOOD COUNT WITH ESR

Sample Type : WHOLE BLOOD EDTA

Haemoglobin	14.2	g/dL	13.0-17.0
Colorimetric			
PCV/Haematocrit	44.1	%	40-50
RBC pulse height detection			
Total Leucocyte Count	6.40	10 ³ /uL	4.0-10.0
Impedance			
RBC Count	4.1	10 ⁶ /uL	4.5-5.5
Optical Flowcytometry			
MCV	107.56	fL	80-100
Automated/Calculated			
MCH	34.8	pg	27-32
Automated/Calculated			
MCHC	32.20	g/dL	31.5-34.5
Automated/Calculated			
Platelet Count	292	10 ³ /uL	150-450
Optical Flowcytometry			
RDW - CV	14.4	%	11.0-16.0
Automatic Calculated			

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Age/Gender	Received
UHID/MR No	Reported
Visit ID	Status
Ref. By	Panel Name
Client Code	Barcode No

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
RDW - SD Automatic Calculated	49.3	fl	35.0-56.0
PCT	0.3	%	0.108-0.282
PDW Calculated	15.8	fl	15.0-17.0
MPV Calculated	9.7	fl	6.5-12.0
<u>Differential Count (Fluorescent Flow Cytometry)</u>			
Neutrophil	67.6	%	50-80
Lymphocyte	22.9	%	20-40
Eosinophil	5	%	0.5-5.0
Monocyte	4.4	%	3-12.0
Basophil	0.1	%	0.0-2.0
ABSOLUTE LEUKOCYTE COUNTS			
Absolute Neutrophil Count Automated Calculated	4.3	10 ³ /uL	2.0-7.0
Absolute Lymphocyte Count Automated Calculated	1.5	10 ³ /uL	1.5-4.0
Absolute Eosinophil Count Automated Calculated	0.3	10 ³ /uL	0.02-0.50
Absolute Monocyte Count Automated Calculated	0.3	10 ³ /uL	0.12-1.20
Absolute Basophil Count Automated Calculated	0	10 ³ /uL	0.00-0.10
ERYTHROCYTE SEDIMENTATION RATE Westergren	12	mm/1 hr	0-10

*** End Of Report ***

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Dr. GAURAV GARG
M.B.B.S. M.D.
Consultant Pathologist



NAME	ABHISHEK GUPTA	AGE/SEX	33 YRS/ MALE
REFD BY.	SELF	DATE	07/11/2024
<u>X-RAY CHEST PA VIEW</u>			

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Impression: No significant abnormality seen.

Adv: Clinical correlation


DR. REMA ARORA
MBBS, DNB (Radio-diagnosis)
CONSULTANT RADIOLOGIST

Disclaimer- The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate. Hence, finding should always be interpreted in the light of clinic-pathological correlation. This is a professional opinion. Not a diagnosis. Not meant for medicolegal purposes.