

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SHINE GEORGE	Order No : 1000119895
UHID : UHJ A24012966	Registered On : 08/03/2025 08:45:56 AM
Age/Sex : 39/Years Male	Collected On : 08/03/2025 09:25:32 AM
Ward / Bed No :	Reported On : 08/03/2025 12:54:27 PM
Reference : Dr. Ashmitha Padma	Bill No : OPBJ A240018264
Station : At Hospital	Mobile No : 9066596246
Payer Name : Mediwheel	Report Status : Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	91	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	87	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	4.7	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
<b>Estimated Average Glucose (eAG)</b> (Method: Calculated)	88	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method:CLIA)	1.44	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method:CLIA)	11.95	ng/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method:CLIA: Ultra-sensitive)	3.65	μIU/mL	0.34-5.60
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method:CHOD-POD)	219	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method:Enzymatic GPO-POD)	110	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	44.2	mg/dL	< 40 - Low ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method: Calculated)	152.80	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	22.00	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	4.95		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	3.46		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	174.80	mg/dL	< 130
<b>URIC ACID</b> (Method:Uricase - POD(Enzymatic))	8.0	mg/dL	3.5-7.2
<b>CREATININE</b> (Method:Modified Jaffe, Kinetic)	0.87	mg/dL	0.9-1.3
<b>LIVER FUNCTION TEST</b>			Sample: Serum
<b>TOTAL BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	2.30	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.38	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	1.92	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method:BIURET)	7.4	g/dL	6.6-8.3
<b>ALBUMIN</b> (Method:BCG)	4.58	g/dL	3.5-5.2
<b>GLOBULIN</b> (Method: Calculated)	2.82	g/dL	2.3-3.5
<b>AG RATIO</b> (Method: Calculated)	1.62		2:1

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SERUM SGOT (Method:IFCC without P5P)	18	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	23	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	80	U/L	50-116
GGT (Method:IFCC)	28	U/L	< 55



**Dr. Varsha Shree R**  
M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC No : 103567

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**HAEMATOLOGY**
**COMPLETE BLOOD COUNT(CBC)**

Sample: Whole blood (EDTA)

<b>HAEMOGLOBIN</b> (Method:Photometric Measurement: Oxyhemoglobin method)	15.64	g/dL	13.5-17.5
<b>PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT)</b> (Method: Calculated)	45.9	%	42-52
<b>TOTAL WBC COUNT (TLC)</b> (Method:Coulter Principle)	7000	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
<b>NEUTROPHILS</b> (Method:Optical/Impedance)	46.79	%	40-75
<b>LYMPHOCYTES</b> (Method:Optical/Impedance)	39.36	%	20-45
<b>EOSINOPHILS</b> (Method:Optical/Impedance)	6.07	%	0-6
<b>MONOCYTES</b> (Method:Optical/Impedance)	7.31	%	2-10
<b>BASOPHILS</b> (Method:Optical/Impedance)	0.47	%	0-2
<b>RED BLOOD CORPUSCLES(RBC)</b> (Method:Coulter Principle)	5.43	million/cum	4.5-5.9
<b>MCV</b> (Method:Derived from RBC Histogram)	84.6	fL	78-100
<b>MCH</b> (Method: Calculated)	28.8	pg	27-31
<b>MCHC</b> (Method: Calculated)	34.1	g/dL	31-37
<b>RDW - CV</b> (Method: Calculated)	13.6	%	11.5-14.5
<b>PLATELET COUNT</b> (Method:Electrical Impedance)	2.00	Lakhs/Cum	1.5-4.5


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MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	9.08	fl	7-11
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	17.7	fl	9-19
ABSOLUTE NEUTROPHIL COUNT (ANC) (Method: Calculated)	3280	Cells/Cum	1500-7500
ABSOLUTE EOSINOPHIL COUNT (AEC) (Method: Calculated)	420	Cells/Cum	40-440
ABSOLUTE LYMPHOCYTE COUNT (ALC) (Method: Calculated)	2760	Cells/Cum	1000-4000
ABSOLUTE MONOCYTE COUNT (AMC) (Method: Calculated)	510	Cells/Cum	200-1000
ABSOLUTE BASOPHIL COUNT (ABC) (Method: Calculated)	30	Cells/Cum	20-100
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	12	mm/hour	1-15
<b>BLOOD GROUPING &amp; RH TYPING</b>			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Method)	B		
Rh Factor (Method:Agglutination Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY
**URINE EXAMINATION, ROUTINE**

Sample: Urine

**PHYSICAL EXAMINATION**

VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030

**CHEMICAL EXAMINATION**

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

**MICROSCOPIC EXAMINATION**

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EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
<b>URINE SUGAR, FASTING</b> (Method:GOD-POD)	Absent		
<b>URINE SUGAR (POST PRANDIAL)</b>	Absent		

Verified By  
G Mahesh kumar

---End of Report---



**Dr. Varsha Shree R**  
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KMC No : 103567



NABH



No.1



Care Par Excellence  
Jayanagar, Bangalore

PATIENT NAME :	Mr. SHINE GEORGE	DATE :	08/03/25
AGE :	39 years GENDER: MALE	PATIENT ID :	24012966
REF BY :	CMO	OP/IP :	HEALTH CHECK

### 2D- ECHOCARDIOGRAPHY

#### M - MODE AND DOPPLER MEASUREMENTS

(c.m)	(c.m)	(cm/sec)		
AO : 2.8 (2.5-3.7)	LVIDD : 4.0 (3.5-5.5)	MV EV : 105	AV : 85.9	MR : NORMAL
LA : 3.5 (1.9-4.0)	LVIDS : 2.7 (2.4-4.2)	AV : 110		AR : NORMAL
RA : 2.5 (<4.4)	IVSD : 1.1 (0.6-1.1)	PV : 84.4		PR : NORMAL
RV : 1.5 (<3.5)	IVSS : 1.2 (0.9-1.2)	TV EV : -----	AV : ----	TR : TRIVIAL TR, PASP-30mmHg
TAPSE: 2.0 (>1.6)	LVPWD : 1.1 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 1.2 (0.9-1.2)			
	EF : 60%			

#### DESCRIPTIVE FINDINGS

Left Ventricle	: CONCENTRIC LVH
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis:	NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL AND COLLAPSING

#### IMPRESSION :

NORMAL CHAMBER DIMENSIONS  
 NORMAL LV SYSTOLIC FUNCTION EF : 60%  
 NORMAL LV DIASTOLIC FUNCTION  
 NO PULMONARY ARTERY HYPERTENSION  
 NO REGIONAL WALL MOTION ABNORMALITIES  
 NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

**DR. RAHUL PATIL**  
 CONSULTANT CARDIOLOGIST





NABH



No.1

**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Shine George	<b>Date</b>	08/03/25
<b>Age</b>	39 years	<b>Hospital ID</b>	UHJA24012966
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA - VIEW)**

**FINDINGS:**

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- No radiographic abnormality.

**Dr. Elluru Santosh Kumar**  
Consultant Radiologist



NABH



No.1



Care Par Excellence  
Jayanagar, Bangalore

### Out Patient Record

Patient Name : Mr.SHINE GEORGE

UHID : UHJA24012966

Age / Sex : 39 Years / Male

OP NO/Reg Dt : 08-03-2025 08:45 AM

Spouse / Father Name : .

Department :

Address : . , Bengaluru Urban, Karnataka, INDIA,

Referred By :

Consultant : Dr.Ashmitha Padma MBBS, MD  
(GENERAL MEDICINE), PGDCC,FEM  
KMC No. : 02M1087

#### Complaints / Findings / Observations :

HT = 174 cm

WT = 73.1 kg

BP = 136/86  
mmHg

SpO2 = 98 %

PP = 61  
bpm

#### Investigations:

#### Treatment / Care of Plan / Provisional Diagnosis :

#### Follow Up Advice :

Signature of the Doctor

Name: mr. shine

Birth date: / /

39 years

1100 Sinus rhythm  
9110 xx normal ECG \*\*

Sex: M

Weight: kg

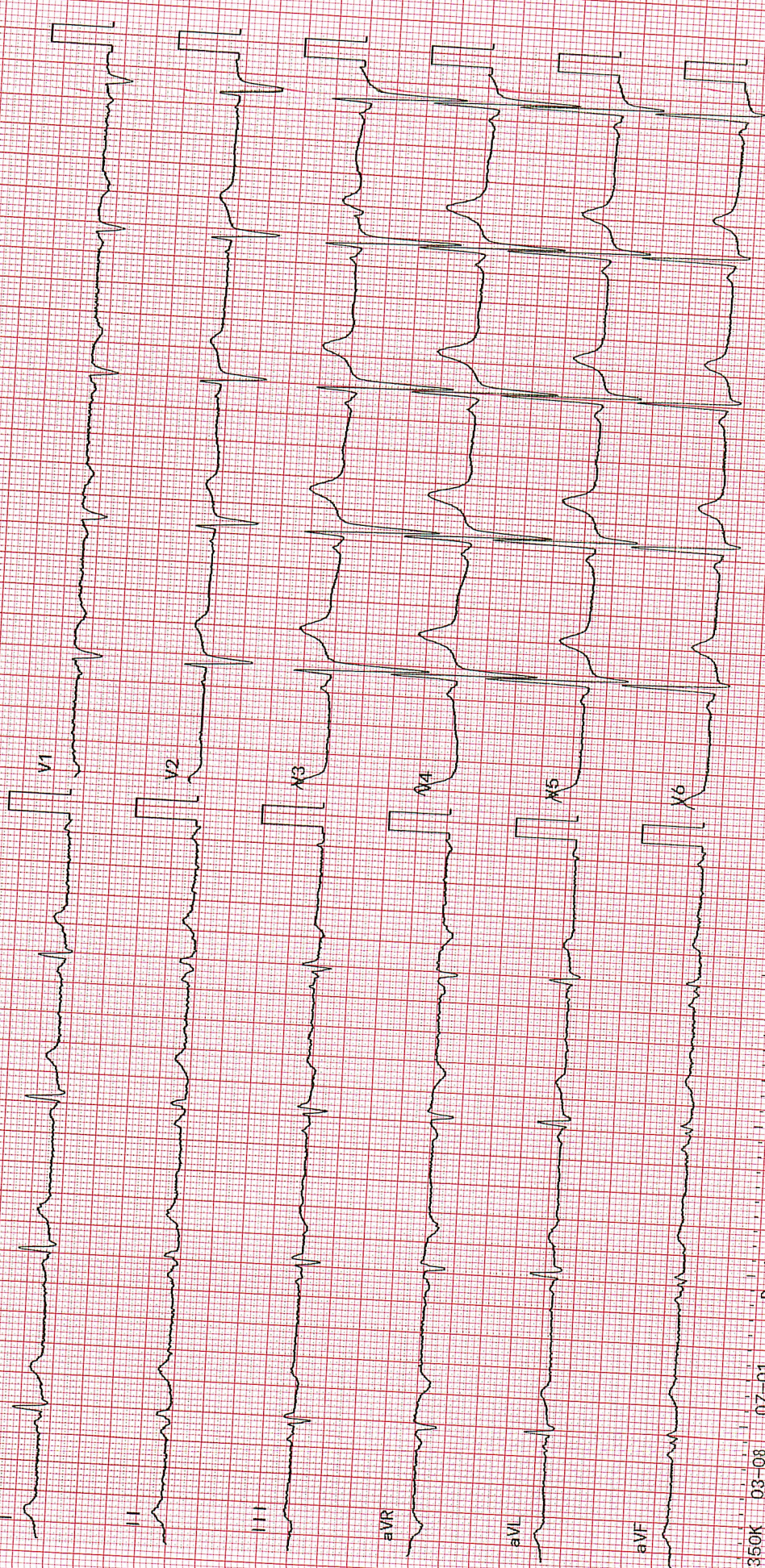
mmHg

Indication:  
 Symptoms:  
 History:  
 Heart rate: 61 bpm  
 PR int: 124 ms  
 PRS dur: 100 ms  
 P/QTc(E) int: 406/410 ms  
 I/QRS/T axis: 44/ 12/ 27 °  
 IV5/SV1 amp: 1.83/ 0.43 mV  
 IV5+SV1 amp: 2.27 mV

Unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz

10 mm/mV





NABH



No.1

**DEPARTMENT OF RADIO DIAGNOSIS**

<b>Name</b>	Shine George	<b>Date</b>	08/03/25
<b>Age</b>	39 years	<b>Hospital ID</b>	UHJA24012966
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**ULTRASOUND ABDOMEN AND PELVIS**
**FINDINGS:**

**Liver** is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. *There is a ill-defined isoechoic lesion measuring 3.2 x 3.0 x 2.8 cms in segment V/ VII. There is internal vascularity.* **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

**Spleen** is normal in size, shape, contour and echopattern. No focal lesion.

**Right Kidney** is normal in size (10.4 x 3.9 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Left Kidney** is normal in size (11.0 x 4.5 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Retroperitoneum** - Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

**Urinary Bladder** is over distended, normal in contour and wall thickness. No evidence of calculi.

**Prostate** is normal in echopattern and size, measures ~ 11.3 cc.

No ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

**IMPRESSION:**

- **Ill-defined isoechoic lesion in the liver as mentioned above. Suggested triple phase CT for further evaluation.**
- **No other definite sonological abnormality detected.**



**Dr. Elluru Santosh Kumar**  
 Consultant Radiologist