Shipra Scans & Labs

Name	:	Mr. Saurabh Singh Adhikari	Age	:	27 Yrs. / M	
Thanks To	ŧ	Self	Date	1.	09.10.2021	

ULTRASOUND STUDY OF WHOLE ABDOMEN

LIVER

Liver is mildly enlarged in size (15.9 cm) & bright echotexture. No focal mass lesion is seen.

hepatic biliary radicles are normal. Portal vein is normal in caliber.

GALL BLADDER

bladder is well distended. Two shadowing echodensities are seen in lumen, measuring measuring 5.0mm. C.B.D. appears normal.

PANCREAS

is normal in size, shape & echotexture. No focal mass lesion is seen.

SPLEEN

s normal in size, shape & echotexture. No focal mass lesion is seen.

BOTH KIDNEYS

**Moreover are normal in size, shape & echotexture. Renal parenchyma appears normal. No of hydronephrosis, calculus or cortical scarring is seen in either kidney.

: 10.8 x 5.1 cms. : 10.5 x 5.0 cms.

MARY BLADDER

bladder is well distended and appears normal in contour. The wall thickness appears

PROSTATE

s normal in size, shape and echotexture.

Salarious abdominal lymphadenopathy is seen.

be a finite is seen in peritoneal cavity.

CEENBON

- Medical department of the second of the s
- Challelithiasis.

Dr. Bharat Jain MD (Radio-Diagnosis) Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

ENCL: - PCPNDT Registration Certificate is printed on the back side of this report.

1707:01:60	•	Date	Melf	:	Thanks To
1202.01.60	-	Age	Mr Saurabh Singh	:	Name
M \ \rangle TYrs. / M					14"

X-RAY CHEST (PA VIEW)

- Both lung fields appear normal.
- No e/o Koch's lesion or consolidation seen.
- Both CP angles appear clear.
- Both domes of diaphragm appear normal.
- Heart size and sorta are within normal limits.
- Bony thorax under vision appears normal.
- Both hila appears normal.

Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

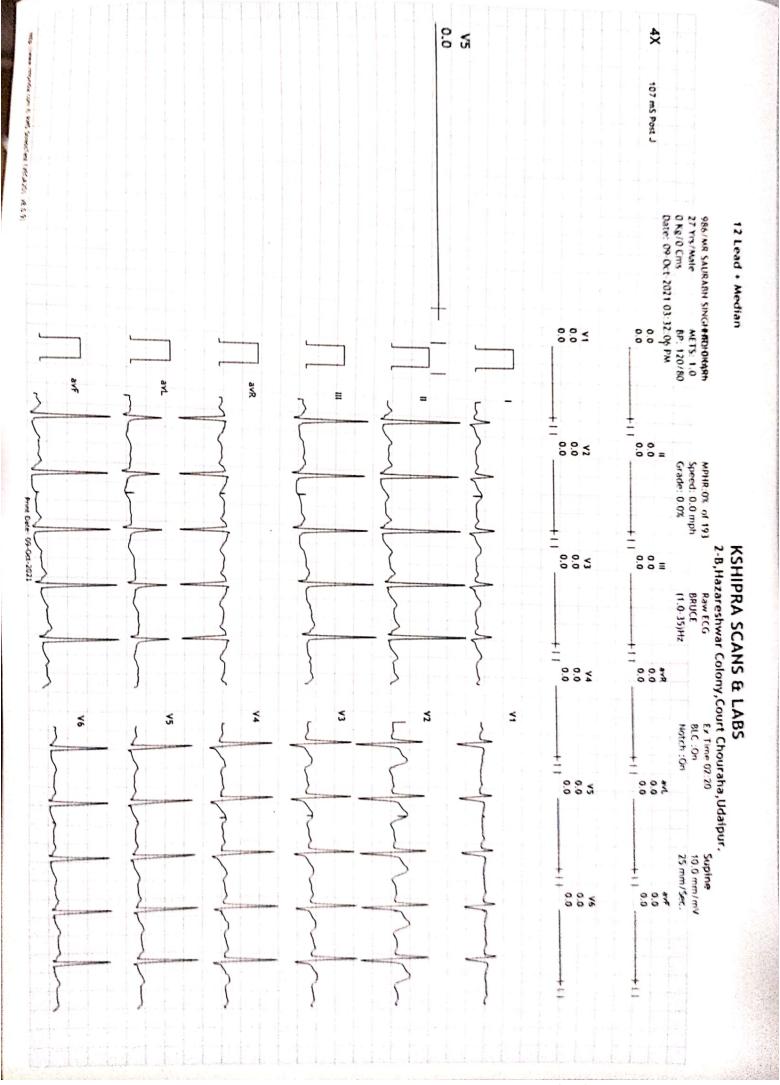
2-B, Hazareshwar Colony, Court Chouraha, Udaipur. 986/MR SAURABH SINGH ADHIKARI 27 Yrs/Male 0 Kg/0 Cms

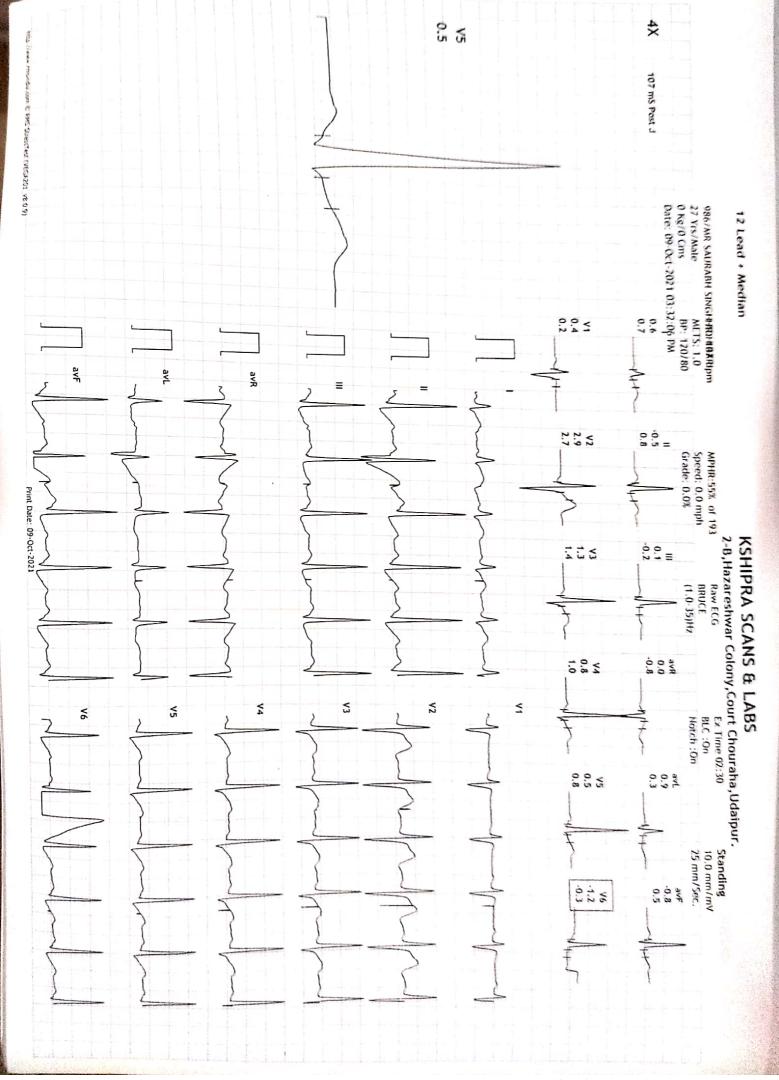
	03	Objective:					History :				
Stage	StageTime	PhaseTime	Speed	Grade	METs	H.R.	B.P.	R.P.P.	PVC Comments		5 1 2 PI
Supine	New Additional Control of the Contro				1.0	1	120/80	0			No. of the State o
Standing					1.0	107	120/80	128			
ExStart					1.0	135	120/80	162	•		+
Stage 1	3:00	3:01	2.4	10.0	6.2	167 1	120/80	200	٠		The same
Stage 2	3:00	6:01	3.2	12.0	8.8	175 1	140/90	245			avR
PeakEx	2:34	8:35	3.4	14.0	10.0	184 150/100	0/100	276	,		the specific state
Recovery	1:00		0 0				2,100				
Recovery	3:10		0.0	0.0	2.9	136 150/100	0/100	204	•		
Findings: Exerc	ngs: Exercise Time Max HR attained	0.05	0.0	0.0	2.9	136 15 110 1	120/80	132			ave harry
Max E Work	<pre>Max BP : 150/100(mmHg) WorkLoad attained : 10 (Good Effort Tolerance) No significant ST segment changes noted during exe</pre>	: 184 bpm 95% of Max Predictable HR 193	0.0 0.0 Ites 95% o	0.0 0.0 f Max Prec	2.9 1.0 lictable H	136 15 110 1 R 193	20/80	132			ave management
No Ar Final Maxif		: 184 bpm (mmHg) : 10 (Good E	0.0 ltes y5% o y5% o es noted	0.0 0.0 f Max Pred lerance	2.9 1.0 lictable H	136 15 110 1 R 193 R 193	20/80	132		0.6	avF M N N N N N N N N N N N N N N N N N N
	No Angina/Arrhythmia/S3/murmur Final Impression : Test is negati Maxmum Depression: 5:49	Exercise Time : 0.33 millions Max HR attained : 184 bpm 95% of Max Predictable HR 193 Max BP : 150/100(mmHg) WorkLoad attained : 10 (Good Effort Tolerance) No significant ST segment changes noted during exercise or recovery. No Angina/Arrhythmia/S3/murmur Final Impression : Test is negative for inducible ischaehmia. Maxmum Depression: 5:49	0.0 0.0 lites 95% o effort To es noted our ative for	0.0 0.0 f Max Prec lerance d during ex	2.9 1.0 lictable H	136 15 110 1 110 1 R 193 R 193	20/80	132		0.6 PreEx	avf

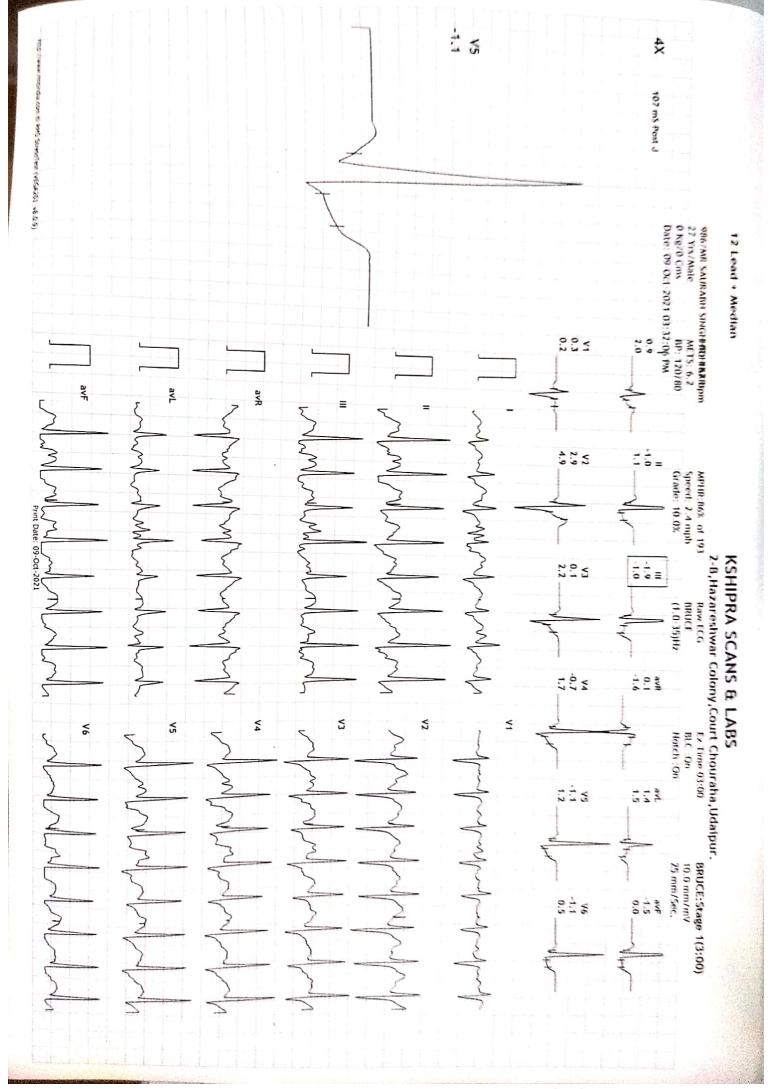
Advice/Comments:

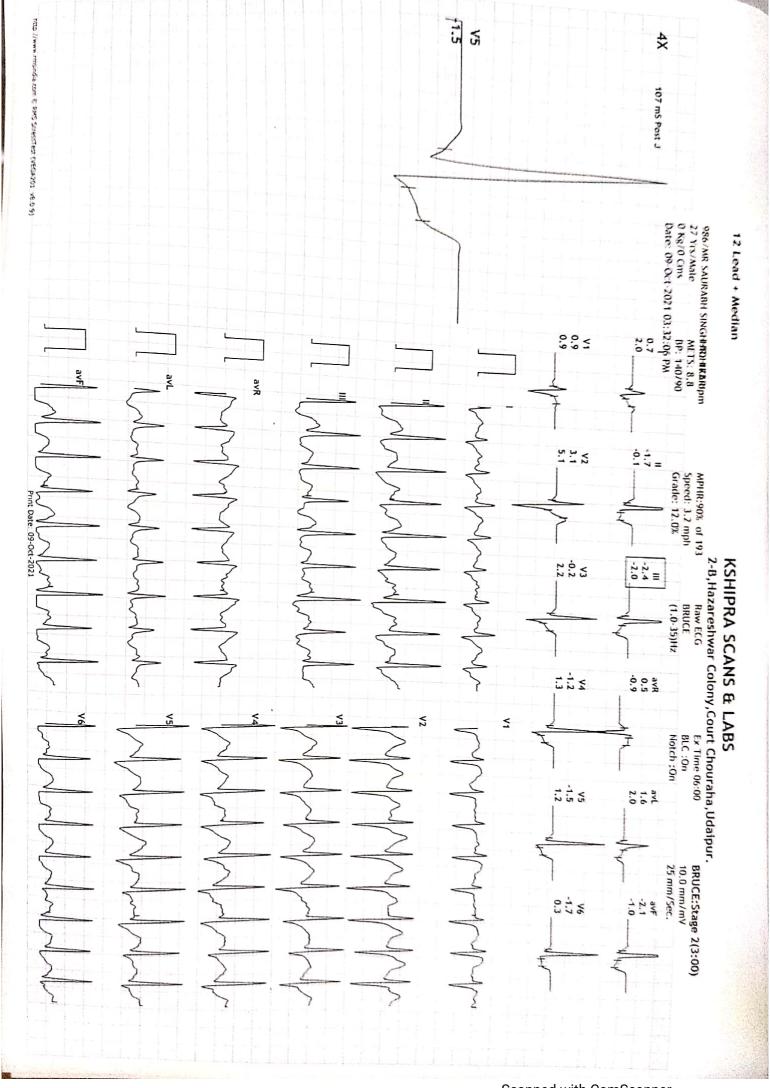
con a sec suppress outsides (8.0.9)

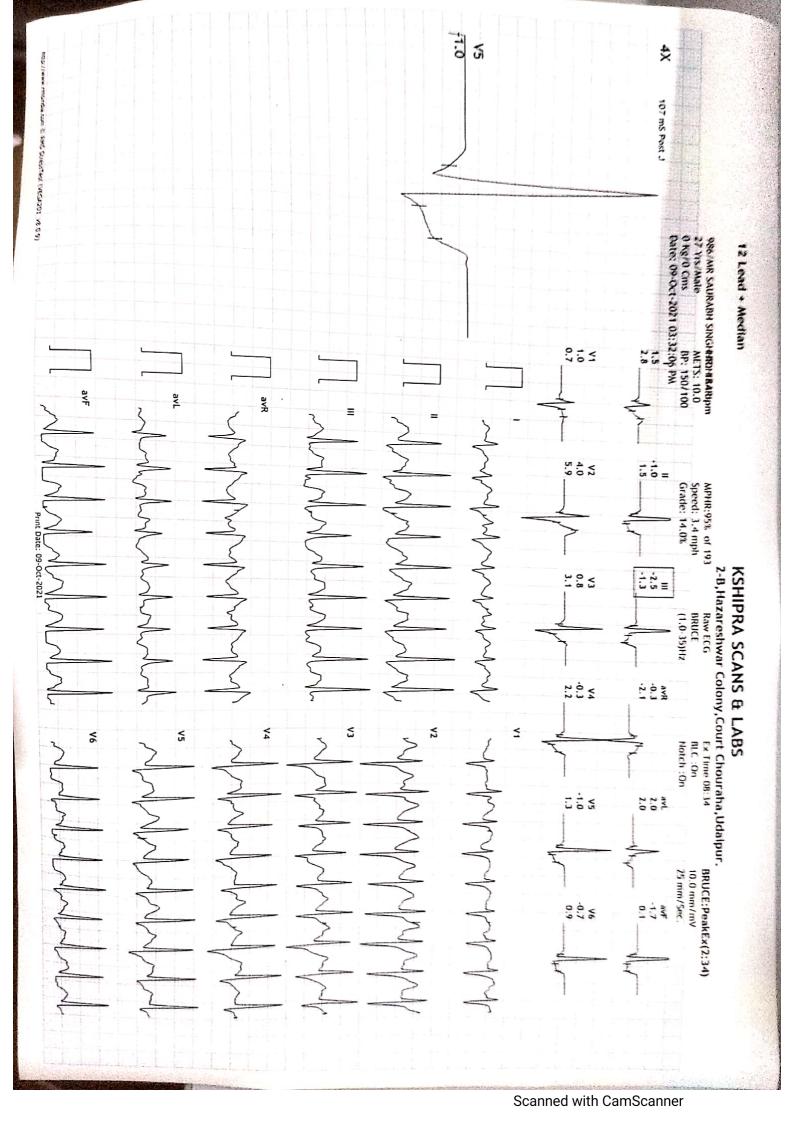
Print Date: 09-Oct-2021

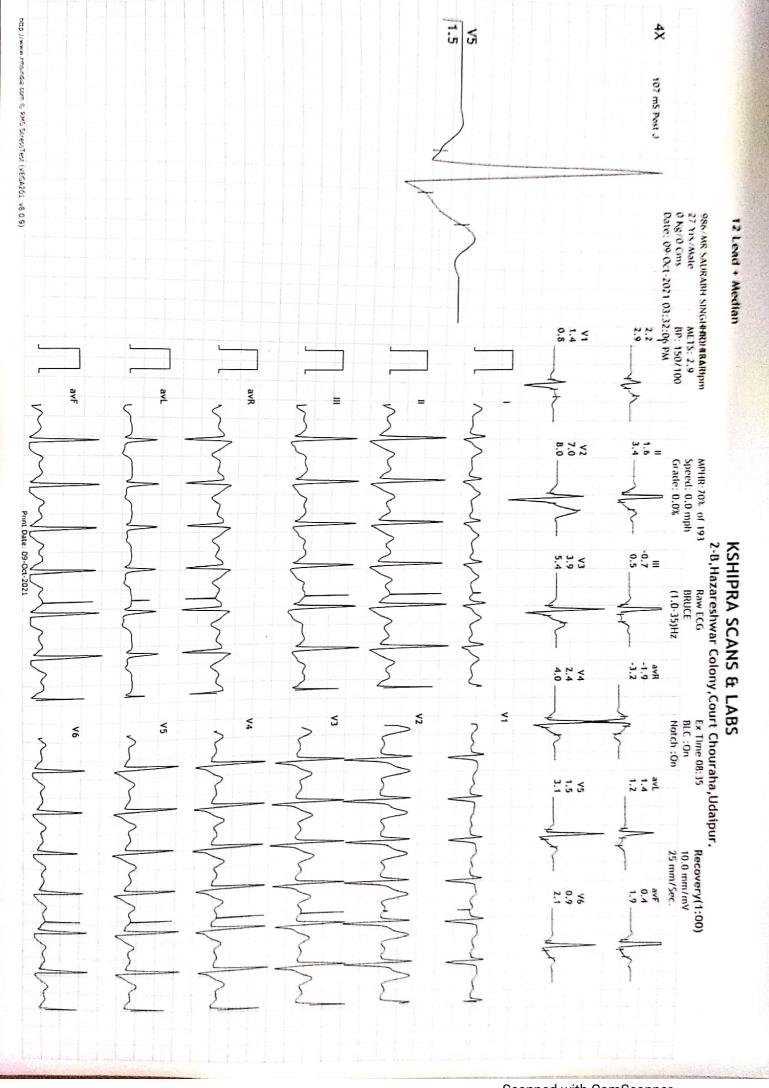


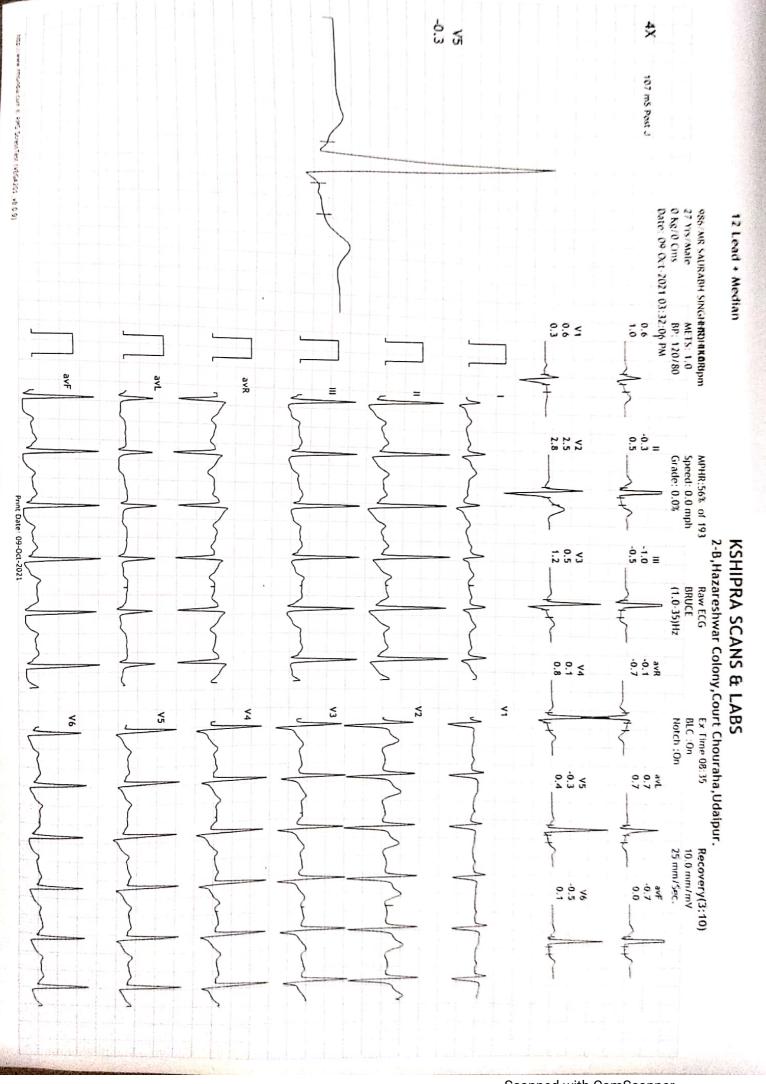


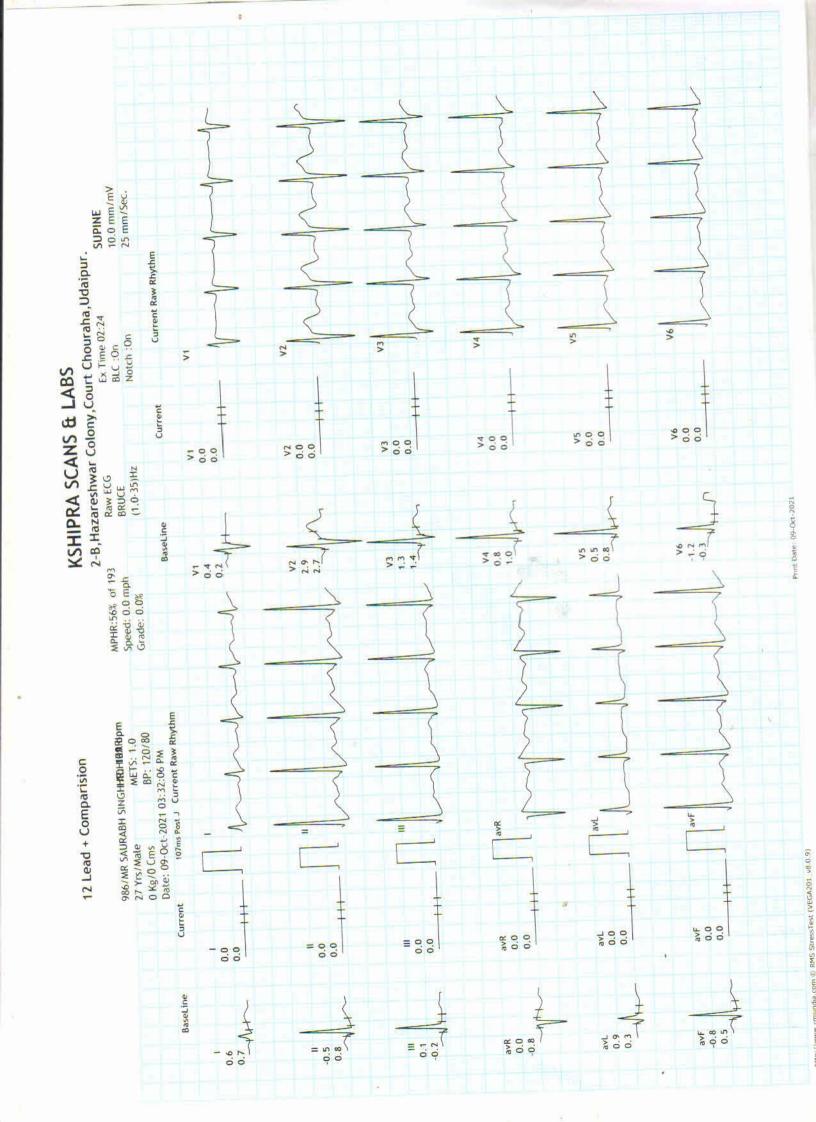












TEST REPORT

Reg. No : 2110101571

Name : SAURABH SINGH ADHIKARI

Age/Sex : 27 Years / Male

Ref. By

Client : Apollo Health and Lifestyle Limited Reg. Date

: 09-Oct-2021

Collected On : 09-Oct-2021 11:00

Approved On : 09-Oct-2021 14:35

Printed On

: 12-Oct-2021 14:04

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval	
	KIDNEY FU	JNCTION TEST		
UREA (Urease & glutamate dehydrogenase)	19.1	mg/dL	10 - 50	
Creatinine (Jaffe method)	0.54	mg/dL	0.5 - 1.4	
Uric Acid (Enzymatic colorimetric)	6.1	mg/dL	2.5 - 7.0	

----- End Of Report -----

Reg. No : 2110101571

Name : SAURABH SINGH ADHIKARI

: 27 Years / Male Age/Sex

Ref. By

Client : Apollo Health and Lifestyle Limited Reg. Date : 09-Oct-2021

Collected On : 09-Oct-2021 11:00 **Approved On** : 09-Oct-2021 14:36

Printed On : 12-Oct-2021 14:04

Unit Reference Interval

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval
	COMPLETE BLC	OOD COUNT (CBC)
Hemoglobin	14.8	g/dL	13.0 - 17.0
RBC Count	4.96	million/cmm	4.5 - 5.5
Hematrocrit (PCV)	46.5	%	40 - 54
MCH	29.8	Pg	27 - 32
MCV	93.8	fL	83 - 101
MCHC	31.8	%	31.5 - 34.5
RDW	13.0	%	11.5 - 14.5
WBC Count	5900	/cmm	4000 - 11000
		/CITIIII	4000 - 11000
<u>DIFFERENTIAL WBC COUNT (Flow</u> Neutrophils (%)	<u>cytometry)</u> 55	%	38 - 70
Lymphocytes (%)	35	%	20 - 40
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	03	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	3245	/cmm	0 2
Lymphocytes	2065	/cmm	
Monocytes	413	/cmm	
Eosinophils	177	/cmm	
•	0		
Basophils		/cmm	150000 450000
Platelet Count (Flow cytometry)	278000	/cmm	150000 - 450000
MPV	7.8	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION			0.44
ESR (After 1 hour) Modified Westergren Method	8	mm/hr	0 - 14
wodined westergren wethod			

----- End Of Report -----

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Approved by: DR PS RAO

MD Pathologist

		TEST REPORT	
Reg. No	2110101571	Reg. Date	: 09-Oct-2021
Name :	SAURABH SINGH ADHIKARI	Collected On	: 09-Oct-2021 11:00
Age/Sex	27 Years / Male	Approved On	: 09-Oct-2021 14:36
Ref. By		Printed On	: 12-Oct-2021 14:04
Client	Apollo Health and Lifestyle Limited		
Parameter	Result	L	
		OOD GROUP & RH	
ABO	'A'		
Rh (D)	Positiv	е	
		End Of Report	

TEST REPORT

Reg. No : 2110101571

: SAURABH SINGH ADHIKARI

Age/Sex : 27 Years / Male

Ref. By

Parameter

Name

Client : Apollo Health and Lifestyle Limited

Result

Unit

mg/dL

Reference Interval

Reg. Date

Collected On

Printed On

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C

Boronate Affinity with Fluorescent Quenching

5.6 % of Total Hb

Poor Control: > 7.0 % Good Control: 6.2-7.0 % Non-diabetic Level: 4.3-6.2 %

Approved On : 09-Oct-2021 14:35

: 09-Oct-2021

: 09-Oct-2021 11:00

: 12-Oct-2021 14:04

Mean Blood Glucose 122.06

Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

- * High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- * Some danger of hypoglycemic reaction in Type I diabetics.
- * Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION:-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurnment which effects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

----- End Of Report -----

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Approved by: DR PS RAO MD Pathologist

Reg. No : 2110101571

Name : SAURABH SINGH ADHIKARI

Age/Sex : 27 Years / Male

Ref. By

Client : Apollo Health and Lifestyle Limited Reg. Date : 09-Oct-2021

Collected On : 09-Oct-2021 11:00

Approved On: 09-Oct-2021 14:35

Printed On : 12-Oct-2021 14:04

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval	
	LIVER	FUNCTION TES	т	
Total Bilirubin	1.11	mg/dL	0.10 - 1.0	
Colorimetric diazo method				
Conjugated Bilirubin	0.49	mg/dL	0.0 - 0.3	
Sulph acid dpl/caff-benz				
Unconjugated Bilirubin	0.62	mg/dL	0.0 - 1.1	
Sulph acid dpl/caff-benz				
SGOT	46.5	U/L	0 - 37	
(Enzymatic)				
SGPT	72.2	U/L	0 - 40	
(Enzymatic)				
Alakaline Phosphatase	62.2	U/L	53 - 130	
(Colorimetric standardized method)				
Protien with ratio				
Total Protein	7.9	g/dL	6.5 - 8.7	
(Colorimetric standardized method)				
Albumin	4.5	mg/dL	3.5 - 5.3	
(Colorimetric standardized method)				
Globulin	3.40	g/dL	2.3 - 3.5	
Calculated				
A/G Ratio	1.32		0.8 - 2.0	
Calculated				

This is an electronically authenticated report.



: 2110101571 Reg. No

: SAURABH SINGH ADHIKARI

Age/Sex : 27 Years / Male

Ref. By

Name

Client : Apollo Health and Lifestyle Limited Reg. Date

: 09-Oct-2021

Collected On

: 09-Oct-2021 11:00

Approved On

: 09-Oct-2021 18:46

Printed On

: 12-Oct-2021 14:04

<u>Unit</u> Reference Interval **Parameter** Result

PLASMA GLUCOSE

Fasting Blood Sugar (FBS)

81.4

mg/dL

70 - 110

Hexokinase Method

Post Prandial Blood Sugar (PPBS)

106.0

mg/dL

Hexokinase Method

70 - 140

Criteria for the diagnosis of diabetes1. HbA1c >/= 6.5 *

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

----- End Of Report -----

DR PS RAO MD Pathologist



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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	201.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	235.8	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	47.16	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	114.34	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	39.5	mg/dL	30 - 70
Homogeneous enzymatic colorin	netric		
Cholesterol /HDL Ratio Calculated	5.09		0 - 5.0
LDL / HDL RATIO Calculated	2.89		0 - 3.5



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Reg. Date : 09-Oct-2021 Collected On : 09-Oct-2021 11:00

Name SAURABH SINGH ADHIKARI

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Age/Sex 27 Years / Male

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Ref. By

Client

: Apollo Health and Lifestyle Limited

Parameter Result <u>Unit</u> Reference Interval

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-com:office:office"/>

> LDL CHOLESTEROL **CHOLESTEROL HDL CHOLESTEROL TRIGLYCERIDES**

Optimal<100 Desirable<200 Low<40 Normal<150 Near Optimal 100-129 Border Line 200-239 High >60 Border High 150-199 Borderline 130-159 High >240

High 200-499 High 160-189

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value

Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.

- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

. All other responsibility will be of referring Laboratory.

----- End Of Report ------

This is an electronically authenticated report.

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Reg. No : 2110101571

Reg. Date : 09-Oct-2021 SAURABH SINGH ADHIKARI Collected On : 09-Oct-2021 11:00 Name Age/Sex : 27 Years / Male Approved On : 09-Oct-2021 14:36 Printed On : 12-Oct-2021 14:04

Ref. By

Client : Apollo Health and Lifestyle Limited

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval	
	THYRC	DID FUNCTION T	EST	
T3 (Triiodothyronine) Chemiluminescence	1.01	ng/mL	0.87 - 1.81	
T4 (Thyroxine) Chemiluminescence	8.14	μg/dL	5.89 - 14.9	
TSH (ultra sensitive) Chemiluminescence	1.730	μIU/ml	0.34 - 5.6	

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. 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. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH

----- End Of Report -----

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TEST REPORT

Reg. No : 2110101571

Name: SAURABH SINGH ADHIKARI

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Parameter

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Reg. Date : 09-Oct-2021

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Printed On : 12-Oct-2021 14:04

<u>Unit</u> <u>Reference Interval</u>

STOOL EXAMINATION

Colour Yellow
Consistency Semi Solid

Result

CHEMICAL EXAMINATION

Occult Blood Negative

Peroxidase Reaction with o-

Dianisidine

Reaction Acidic

pH Strip Method

Reducing Substance Absent

Benedict's Method

MICROSCOPIC EXAMINATION

Mucus Nil

Pus Cells 1 - 2/hpf

Red Cells Nil **Epithelial Cells** Nil Vegetable Cells Nil **Trophozoites** Nil Cysts Nil Ova Nil Neutral Fat Nil Nil Monilia

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

----- End Of Report -----

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Approved by: DR PS RAO

MD Pathologist

TEST REPORT

Reg. No : 2110101571

: SAURABH SINGH ADHIKARI

Age/Sex : 27 Years / Male

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Parameter

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Printed On : 12-Oct-2021 14:04

Result Unit Reference Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 20 cc

Colour Pale Yellow

Appearance Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH 6.0 5.0 - 8.0 Sp. Gravity 1.010 1.002 - 1.03

Nil Protein Nil Glucose Ketone Bodies Nil Urine Bile salt and Bile Pigment Nil Urine Bilirubin Nil Nitrite Nil Leucocytes Nil Blood Nil

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)

Erythrocytes (Red Cells)

Nil

Epithelial Cells

1-2/hpf

Amorphous Material

Nil

Casts

Nil

Crystals

Nil

Bacteria Nil Monilia Nil

----- End Of Report -----

Page 11 of 11

Approved by: DR PS RAO

MD Pathologist





