



### बैक ऑफ़ बड़ीदा Bank of Baroda

नान Name PRABHAT KUMAR GAUTAM

कर्मचारी कृट क : 94500 E.C. No.

जारीकरारे प्राधिकारी Issuing Authority धारक के इस्ताक्षर Signature of Holder

# MEDICLU DIAGNOSTICS & SPECIALITY CENTRE

# **BMI CHART**

NAME: my, brantom Posabbad Kumor AGE/SEX: 3 Hylm.

НЕІСНТ	WEIGHT	PULSE RATE	BLOOD PRESSURE	-
142 cm.	8118	82 bpm.	130/80 maf 49	







# **Diagnostics & Speciality Centre**

NAME

: Mr. GAUTAM PRABHAT KUMAR

MR / VISIT NO

: 21090724 / 140303

AGE/SEX

: 34 Yrs / Male

BILLED TIME

: 140303

REFERRED BY :

BILL NO.

: 159406

REF CENTER : MEDIWHEEL

DATE OF REPORT: 11-09-2021 at 10:00 AM

#### **ULTRASOUND WHOLE ABDOMEN AND PELVIS**

LIVER: Liver is normal in size and normal homogenous echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic veins are normal. CBD & Portal vein normal.

GALL BLADDER: Partially distended with calculi and hyperechoic sludge with mild wall thickening.

SPLEEN: Normal in size with normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

PANCREAS: Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

RIGHT KIDNEY: Normal in size measuring 10.2 x 4.0 cm with normal echo pattern. Pelvicalyceal system is not dilated. Corticomedullary differentiation is well maintained. Cortical thickness is normal. Mid pole calculus measuring 6 mm.

**LEFT KIDNEY:** Normal in size measuring 10.8 x 5.0 cm with normal echo pattern. Pelvi-calyceal system is not dilated. Corticomedullary differentiation is well maintained. Cortical thickness is normal. Lower pole calculus measuring 4 mm.

URINARY BLADDER: Partially distended.

**PROSTATE:** Normal in size with normal echopattern. No focal lesion seen.

No evidence of free fluid in the pelvic or abdominal cavity.

#### **IMPRESSION:**

- Cholelithiasis with mild gall bladder wall thickening Suggested clinical correlation.
- Bilateral renal calculus.

Dispatched by: Varalakshmi R

\*\*\*\* End of Report \*\*\*\*

Printed by: Varalakshmi R on 11-09-2021 at 10:00 AM

DAMACHANDRAN

No. 79, Kendra Upadyayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru - 560 072.

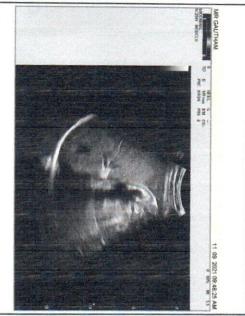
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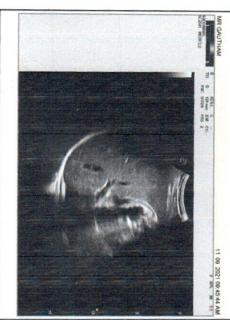
E-mail: medicludiagnostics@gmail.com

website: www.mediclu.com

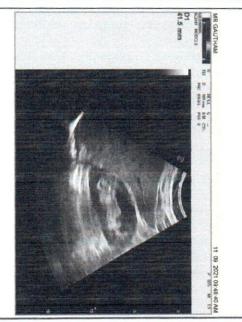
#### MEDICLU DIAGNOSTICS &SPECIALITY CENTRE.

























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AGE:	34 YEARS	ID. NO:	159406
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

#### X-RAY CHEST PA VIEW

- The lung fields are clear bilaterally.
- CP angles are clear.
- Both the hila appear normal.
- Cardiac diameter is within normal limits.
- Trachea appears in mid line.
- Visible bony thoracic cage is normal.
- Adjacent soft tissues appears normal.

#### IMPRESSION:

NORMAL STUDY.

Dr. SHREYAS MORD CONSULTANT RADIOLOGIST

website: www.mediclu.com

E-mail: medicludiagnostics@gmail.com

# Mediclu™





(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

# **Diagnostics & Speciality Centre**

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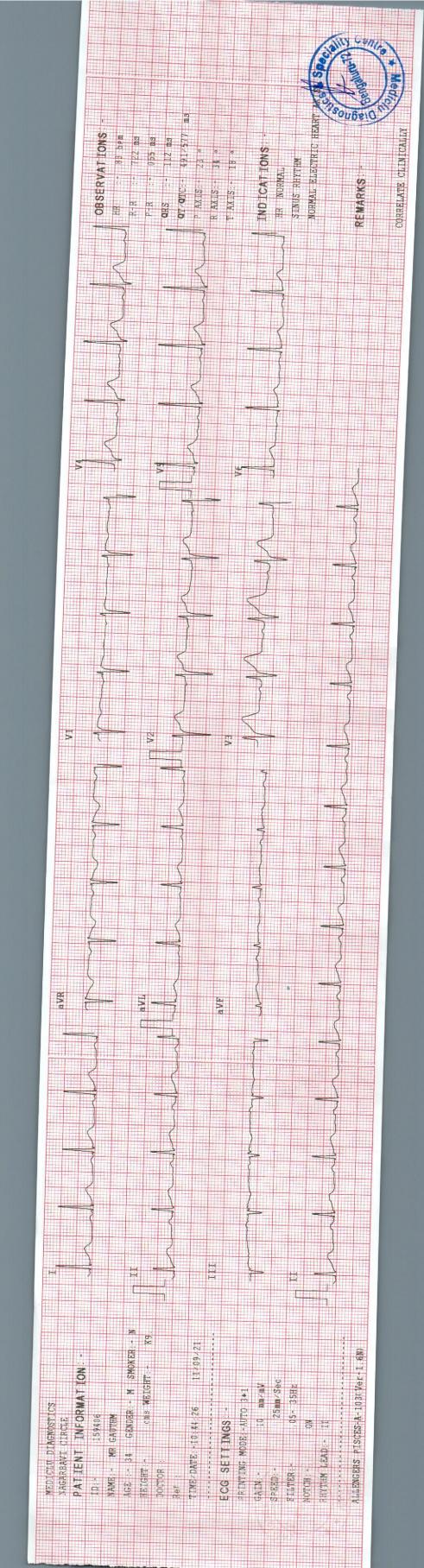
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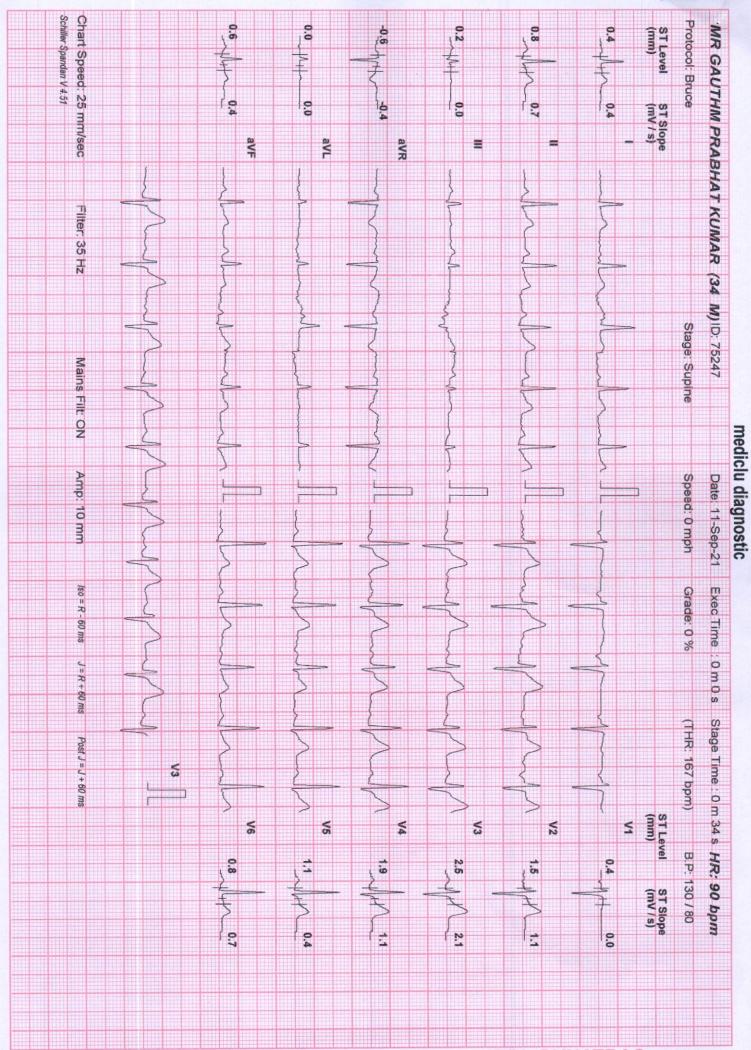
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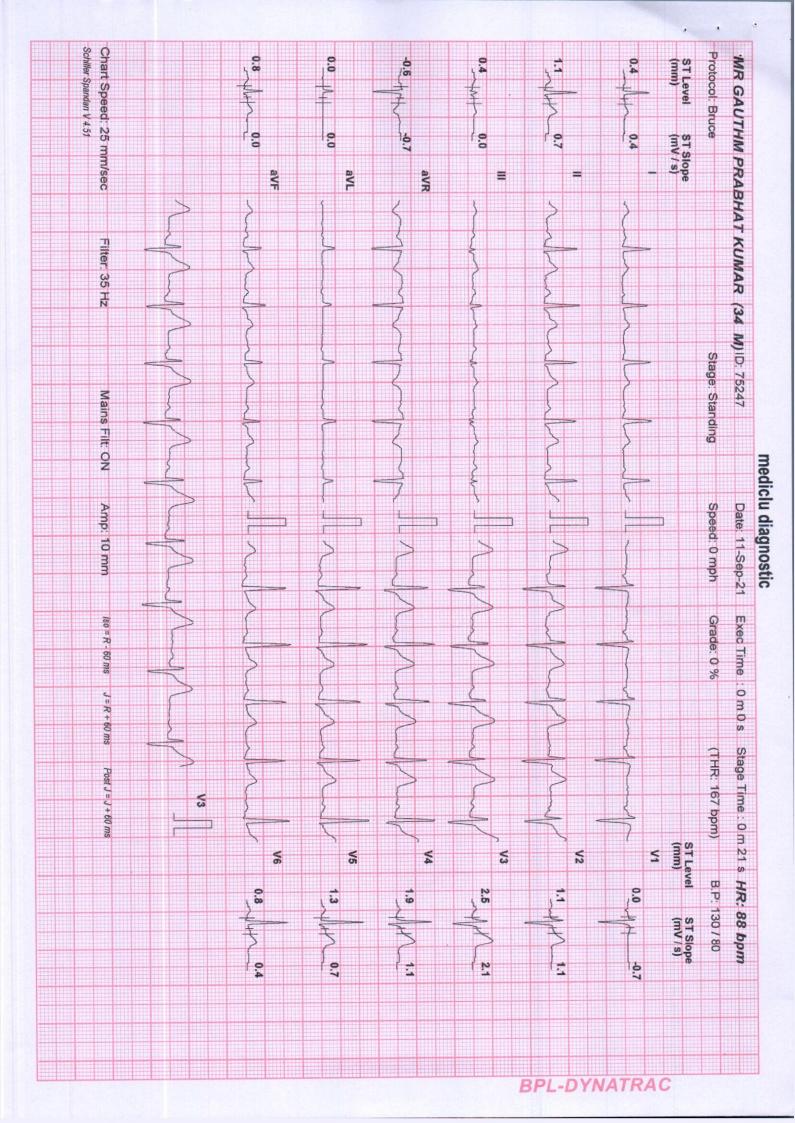
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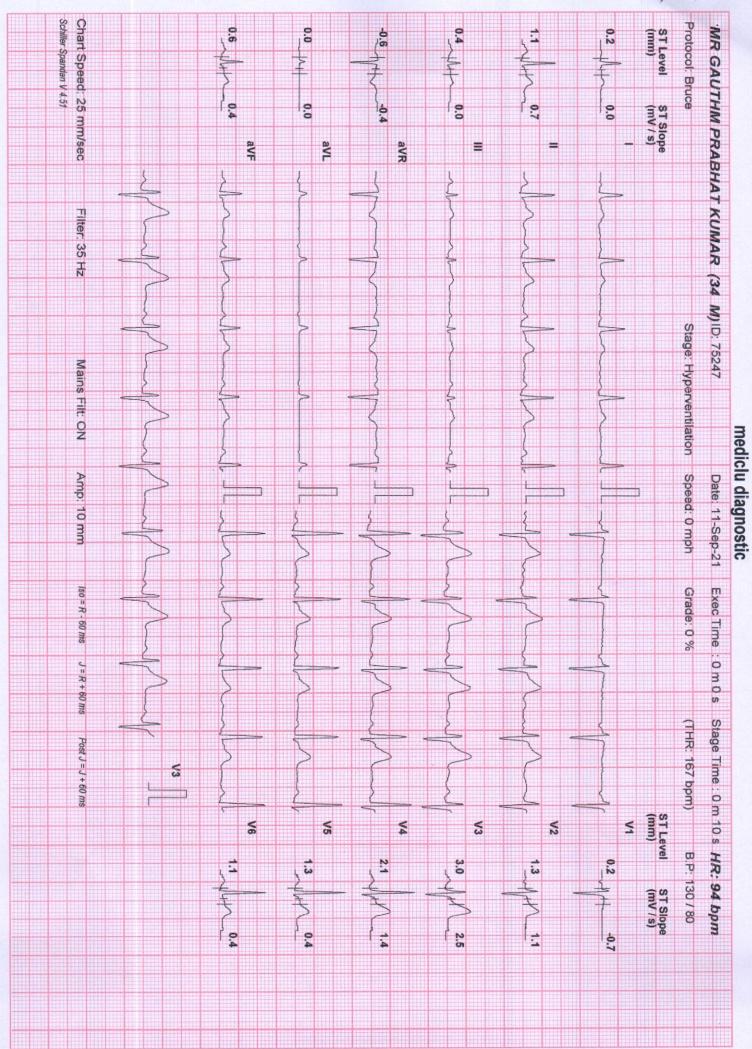
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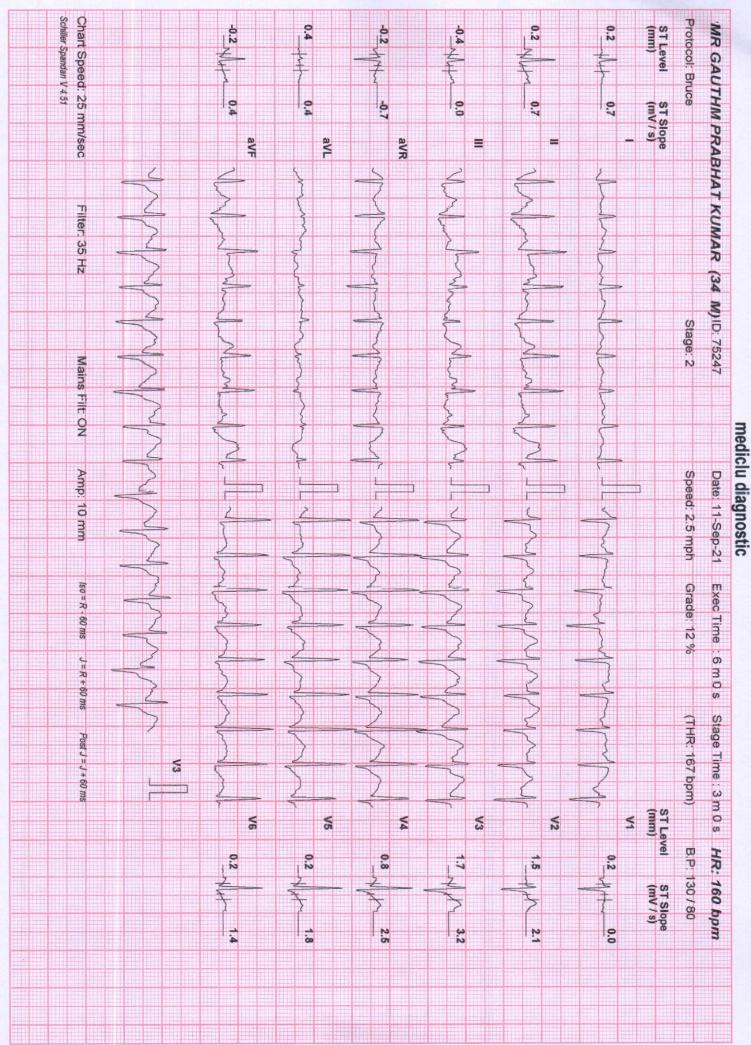
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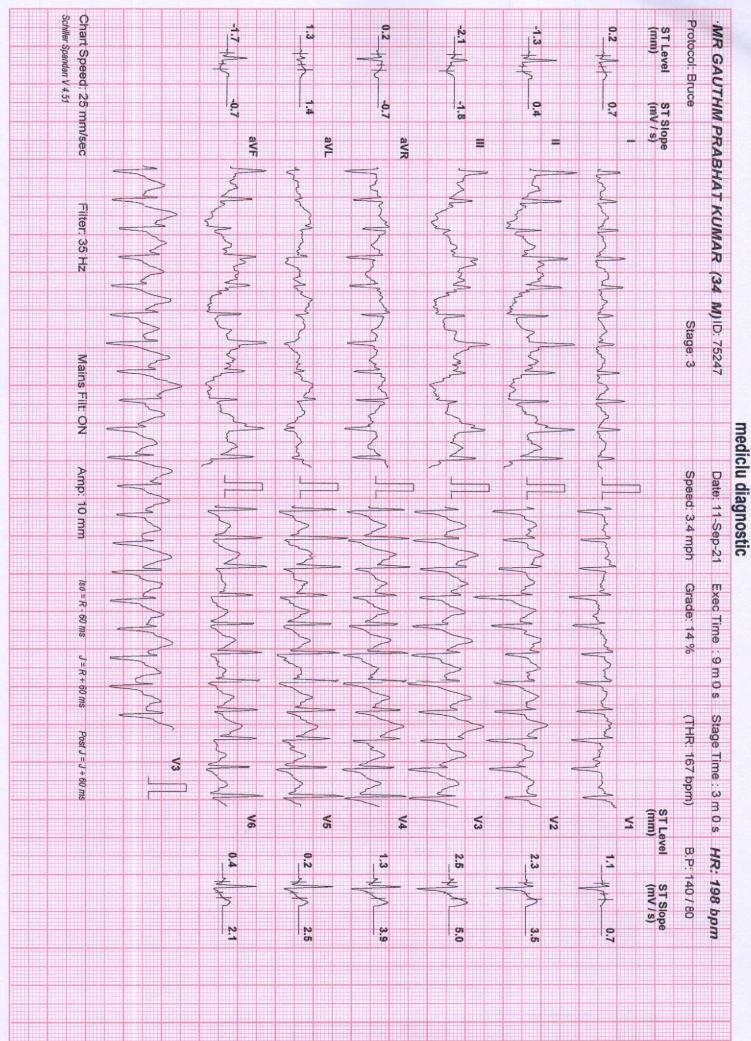


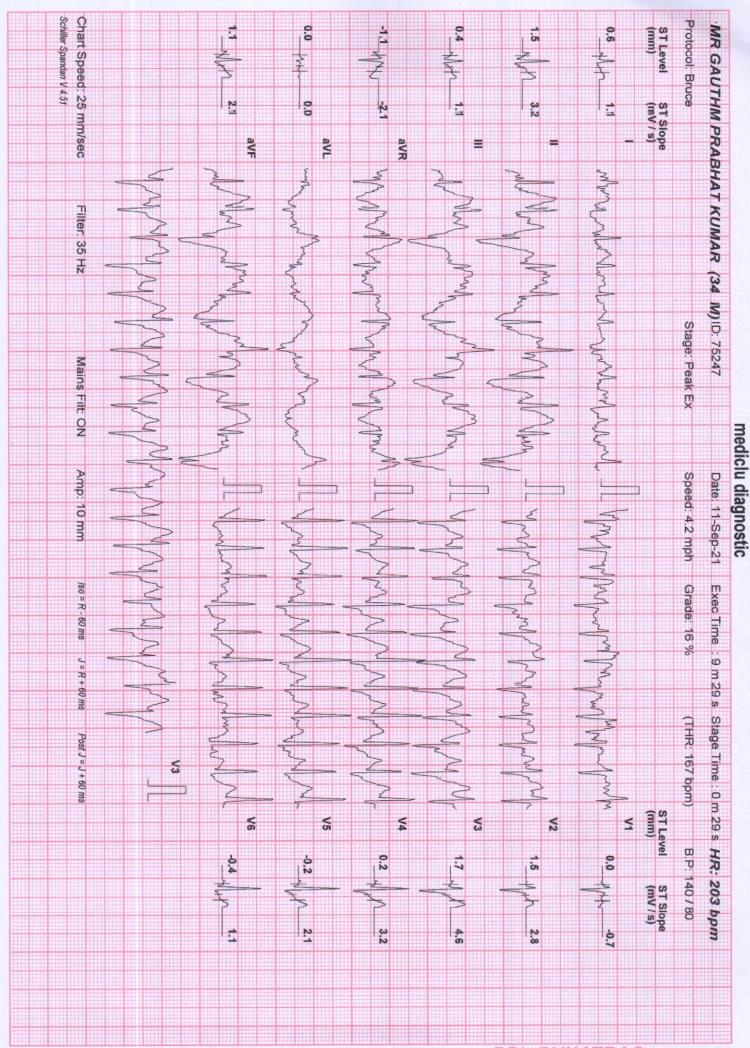


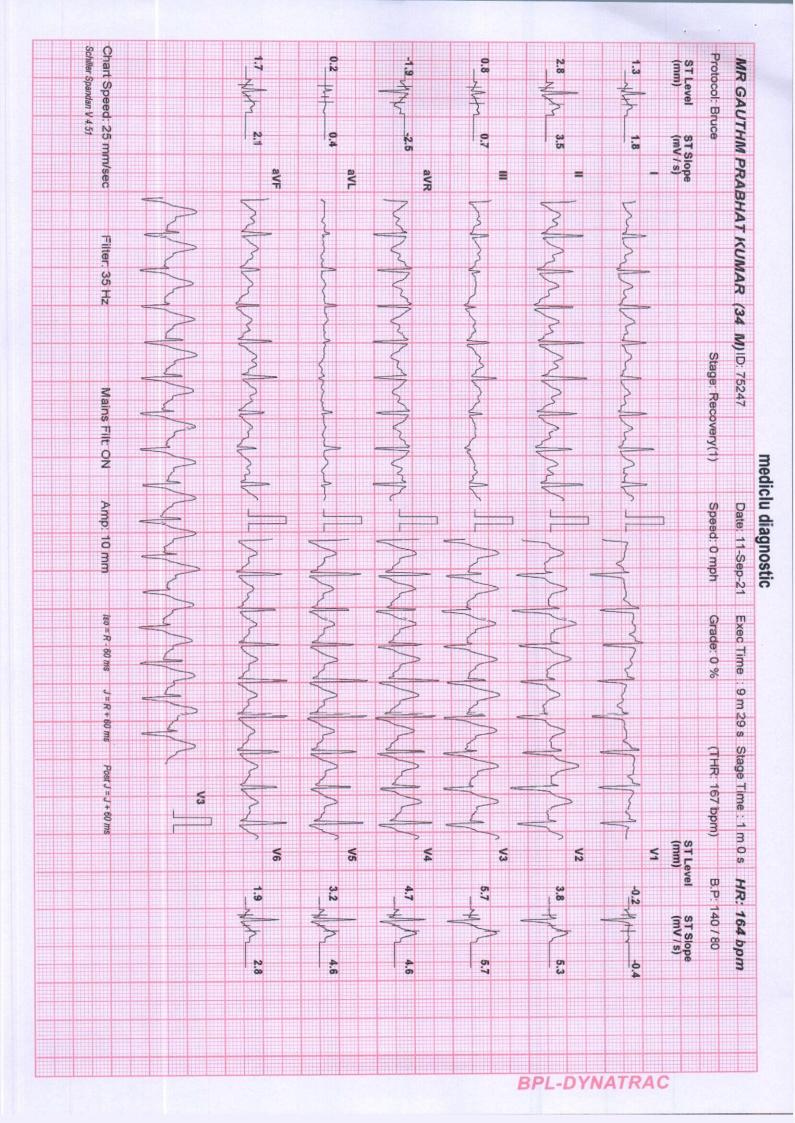












#### mediclu diagnostic

Patient Details Date: 11-Sep-21

Time: 11:28:47

Name: MR GAUTHM PRABHAT KUMAR ID: 75247

Sex: M

Height: 172 cms

Weight: 81 Kgs

Clinical History:

Medications:

Age: 34 y

**Test Details** 

Protocol: Bruce Pr.MHR: 186 bpm THR: 167 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 29 s Max. HR: 203 ( 109% of Pr.MHR )bpm Max. Mets: 13.50

**Test Termination Criteria:** 

#### **Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0:34	1.0	0	0	90	130 / 80	-0.85 aVR	2.12 V3
Standing	0   21	1.0	0	0	88	130 / 80	-0.85 aVR	2.48 V3
Hyperventilation	0:10	1.0	0	0	94	130 / 80	-0.85 aVR	2.48 V3
1	3:0	4.6	1.7	10	129	130 / 80	-1.27 aVR	3.54 V3
2	3:0	7.0	2.5	12	160	130 / 80	-0.64 aVR	3.89 V3
3	3:0	10.2	3.4	14	198	140 / 80	-2.55 III	4.95 V3
Peak Ex	0:29	13.5	4.2	16	203	140 / 80	-1.70 aVF	5.31 V3
Recovery(1)	1:0	1.8	1	0	164	140 / 80	-1.91 aVR	5.66 V2
Recovery(2)	1:0	1.0	0	0	142	140 / 80	-2.12 aVR	5.66 V3
Recovery(3)	1:0	1.0	0	0	127	140 / 80	-1.27 aVR	4.95 V3
Recovery(4)	1:0	1.0	0	0	123	140 / 80	-0.64 aVR	1.77 V3
Recovery(5)	0:14	1.0	0	0	118	140 / 80	-0.21 aVR	-0.71 aV



# mediclu diagnostic **Patient Details** Date: 11-Sep-21 Time: 11:28:47 Name: MR GAUTHM PRABHAT KUMAR ID: 75247 Age: 34 y Sex: M Height: 172 cms Weight: 81 Kgs Interpretation Target heart rate achieved 100%. Good effort tolerance, Normal HR & BP response. No significant ST-T changes during exercise and recovery. No angina / Arrhythmias. **IMPRESSION:** TMT NEGATIVE FOR INDUCIBLE ISCHEMIA. To correlate clinically. Doctor: DR LOKESH KM Ref. Doctor: SELF Summary Report edited by user)







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REFERRED BY · DATE OF COLLECTION: 11-09-2021 at 07:53 AM

> DATE OF REPORT : 11-09-2021 at 02:37 PM

REF CENTER : MEDIWHEEL 

**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN** THYROID PROFILE **TOTAL TRIIODOTHYRONINE (T3)** 0.97 ng/mL 0.87 - 1.78 ng/mL **TOTAL THYROXINE (T4)** 10.24 µg/dL 6.09 - 12.23 µg/dL THYROID STIMULATING HORMONE (TSH) 3.347 µIU/mL 0.38 - 5.33 µIU/mL

> 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

#### Note:

- 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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

0.81 mg/dL 0.8 - 1.4 mg/dL **CREATININE** Jaffe Method

Collegn. u.





Dr. KRISHNA MURTHY MD

Lab Seal

Dr. VAMSEEDHAR.A

D.C.P, M.D CONSULTANT PATHOLOGIST

**BIOCHEMIST** The laboratory values And Normal values need to be interpreted based on patients clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.

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**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN BLOOD UREA** 19.1 mg/dL 15 - 50 mg/dL UREASE-GLUTAMATE DEHYDROGENASE (GLDH) 7.0 mg/dL 3 - 7.2 mg/dL **URIC ACID** Uricase-Peroxidase **SERUM ELECTROLYTES** 138 mmol/L 136 - 145 mmol/L SODIUM Ion Selective Electrode (ISE)

**POTASSIUM** 4.3 mmol/L 3.5 - 5.2 mmol/L Ion Selective Electrode (ISE) **CHLORIDE** 105 mmol/L 97 - 111 mmol/L

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Ion Selective Electrode (ISE)



Dr. KRISHNA MURTHY MD

Lab Seal

Dr. VAMSEEDHAR.A

D.C.P, M.D **CONSULTANT PATHOLOGIST** 

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TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

**LIPID PROFILE TEST** 

TOTAL CHOLESTEROL 204 mg/dL up to 200 mg/dL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES 685.9 mg/dL up to 150 mg/dL

Glycerol Peroxidase-Peroxidase (GPO-POD)

Desirable: <150 mg/dL

Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT 34.0 mg/dl 40 - 60 mg/dl 40 - 60 mg/dl

PEG-Cholesterol Esterase >/= 60mg/dL - Excellent (protects

against heart disease)
40-59 mg/dL - Higher the better
<40 mg/dL - Lower than desired (major

risk for heart disease)

LDL CHOLESTEROL - DIRECT 32.8 mg/dL up to 100 mg/dL

Cholesterol Esterase-Cholesterol Oxidase 100-129 mg/dL- Near optimal/above

optimal

130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High

VLDL CHOLESTEROL 137.2 mg/dL 2 - 30 mg/dL

Calculation

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2.5-3.3 - Moderate >3.3 - High

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
TOTAL CHOLESTROL/HDL RATIO Calculation	6.0	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDI/HDI RATIO	1.0	up to 2.5	

Remarks: RECHEKED

Calculation

#### LIVER FUNCTION TEST (LFT)

<u>LIVERTONOTION TEST (LI 1)</u>		
TOTAL BILIRUBIN Colorimetric Diazo Method	0.98 mg/dL	0.2 - 1.2 mg/dL
DIRECT BILIRUBIN Colorimetric Diazo Method	0.20 mg/dL	0 - 0.4 mg/dL
INDIRECT BILIRUBIN Calculation	0.78 mg/dl	
S G O T (AST)  IFCC Without Pyridoxal Phosphates	17.4 U/L	up to 35 U/L
S G P T (ALT)  IFCC Without Pyridoxal Phosphates	23.1 U/L	up to 50 U/L
ALKALINE PHOSPHATASE p-Nitrophenyl Phosphate	<b>108</b> U/L	36 - 113 U/L
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) $GCNA-IFCC$	59.5 U/L	15 - 85 U/L
TOTAL PROTEIN Biuret Colorimetric	7.63 g/dl	6.2 - 8 g/dl
S.ALBUMIN Bromocresol Green (BCG)	4.44 g/dl	3.5 - 5.2 g/dl
S.GLOBULIN Calculation	<b>3.2</b> g/dl	2.5 - 3.8 g/dl
A/G RATIO Calculation	1.4	1 - 1.5

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MD



Dr. KRISHNA MURTHY Dr. VAMSEEDHAR.A Lab Seal

D.C.P, M.D **BIOCHEMIST** CONSULTANT PATHOLOGIST

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MR NO.

# **Diagnostics & Speciality Centre**

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DATE OF REPORT : 11-09-2021 at 02:37 PM

TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

POST PRANDIAL BLOOD SUGAR 108.7 mg/dl 80 - 150 mg/dl

Hexokinase

**PROSTATIC SPECIFIC ANTIGEN (PSA)** 

PROSTATIC SPECIFIC ANTIGEN (PSA)

0.68 ng/mL

Up to 4ng/mL: Normal
4-10 ng/mL Hypertrophy &

benign genito urinary

conditions.

>10 ng/mL Suspicious of

malignancy.

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Collegn. u.



A. Hurudhay

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**BIOCHEMIST** 

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TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

**COMPLETE BLOOD COUNT (CBC) WITH ESR** 

HAEMOGLOBIN 15.5 gm/dL 13 - 18 gm/dL Colorimetric Method

HEMATOCRIT (PCV) 47.3 % 40 - 54 %

Calculated (PC)

RED BLOOD CELL (RBC) COUNT 5.2 million/cu.mm 4.5 - 5.9 million/cu.mm

PLATELET COUNT 2.9 Lakhs/cumm 1.5 - 4.5 Lakhs/cumm

PLATELET COUNT 2.9 Lakhs/cumm 1.5 - 4.5 Lakhs/cum

MEAN CELL VOLUME (MCV) 91.0 fl 80 - 100 fl

Calculated

MEAN CORPUSCULAR HEMOGLOBIN (MCH) 29.9 pg 26 - 34 pg Calculated

MEAN CORPUSCULAR HEMOGLOBIN 32.9 % 31 - 35 %

CONCENTRATION (MCHC)

Calculated

TOTAL WBC COUNT (TC) 7470 cells/cumm 4000 - 11000 cells/cumm Electrical Impedance

**DIFFERENTIAL COUNT** 

NEUTROPHILS 55 % 40 - 75 % VCS Technology/Microscopic

LYMPHOCYTES
VCS Technology/Microscopic

38 %
25 - 40 %

EOSINOPHILS 02 % 0 - 7 %

VCS Technology/Microscopic

MONOCYTES 05 % 1 - 8 %

VCS Technology/Microscopic

BASOPHILS 00 % Electrical Impedance

ESR 10 mm/hr 0 - 15 mm/hr Westergren Method

FASTING BLOOD SUGAR 98.5 mg/dl 70 - 110 mg/dl

Hexokinase

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Dr. KRISHNA MURTHY Lab Seal Dr. VAMSEEDHAR.A

MD BIOCHEMIST

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**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN** 

5.0 %

**BLOOD GROUP & Rh TYPING** Tube Agglutination (Forward and Reverse)

"O" Positive

GLYCATED HAEMOGLOBIN (HbA1C)

**American Diabetic** 

Association (ADA) recommendations:

Non diabetic adults: <5.7 %

At risk (Pre diabetic): 5.7 -

6.4%

Diabetic: >/= 6.5%

Therapeutic goal for glycemic control:

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 96.80 mg/dL

Calculation Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

Collegn. u.



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**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN** 

#### **URINE ROUTINE & MICROSCOPIC**

#### PHYSICAL EXAMINATION

Colour Pale Yellow Pale yellow- yellow Visual Method

**Appearance** Clear Clear/Transparent Visual Method

1.015 1.005-1.035 Specific Gravity

Strips Method 6.0 4.6-8.5

**CHEMICAL EXAMINATION (DIPSTICK)** 

Nil -Trace Protein Nil Strips Method

Glucose Nil Nil

Strips Method

Blood Negative Negative Strips Method

**Ketone Bodies** Absent Negative Strips Method

Urobilinogen Normal Normal Strips Method

Bile Salt Negative Negative Strips Method

Bilirubin Negative Negative

Strips Method Bile Pigments Negative NIL

**MICROSCOPY** 

2 - 3 /hpf 0-5/hpf Pus Cells (WBC) Light Microscopia

0 - 1 /hpf **Epithelial Cells** 0-4/hpf

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MD



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**SPECIMEN** 



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

REFERENCE RANGE

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**RBC** Not Seen /hpf 0-2/hpf Light Microscopic

**RESULT** 

NIL NIL Cast

Nil NIL Crystal

**FASTING URINE SUGAR (FUS)** NIL NIL FASTING URINE

POSTPRANDIAL URINE SUGAR NIL NIL URINE

Collegn. u.

**TEST PARAMETER** 

Light Microscopic

Light Microscopic



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**TEST PARAMETER RESULT** REFERENCE RANGE **SPECIMEN STOOL ROUTINE EXAMINATION** MACROSCOPIC EXAMINATION **COLOUR Brownish** Light to Dark brown STOOL Manual Semi Solid Well formed-semi solid CONSISTENCY STOOL Manual **MUCUS** Absent Absent STOOL Manual **BLOOD** Absent Absent STOOL CHEMICAL EXAMINATION 2 - 3 Absent PUS CELLS STOOL Light Microscopy 2 - 3 **EPITHELIAL CELLS** Few STOOL **BACTERIA** Present (++) STOOL Light Microscopy MICROSCOPIC EXAMINATION CYST Not Seen Absent STOOL Light Microscopy **OVA** Not Seen Absent STOOL Light Microscopy

\*\*\*\* End of Report \*\*\*\* Dispatched by: Sumalatha

Printed by: Swetha on 11-09-2021 at 05:01 PM



MD





Dr. KRISHNA MURTHY Dr. VAMSEEDHAR.A Lab Seal

> D.C.P, M.D CONSULTANT PATHOLOGIST

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