


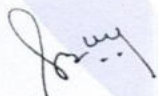
Patient Name : Mr. ASHISH KUMAR SINGH	Reg No. : 5092/UHID22DL	Lab ID. : 5544/OPDPB22DL
Age / Gender : 32Y / Male	Date : 29-Nov-2022	
Mobile No. : 8296551670	Manual No.	Collected : 29-Nov-2022 10.01
Refd. By : Dr. INSURANCE		Received : 29-Nov-2022 10.37
Sample Type : EDTA whole blood	Sample ID : 222158	Report : 29-Nov-2022 14.13

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT				
HEMOGLOBIN	14.1	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.6	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	63	%	40-75	Electrical impedance
Lymphocyte	31	%	20-45	Electrical impedance
Eosinophil	03	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.03	mili/cmm	3.8-5.5	Electrical impedance
PCV	40	%	35-45	Calculated
MCV	98.00	Fl	80-100	Calculated
MCH	35.0	Picogram	27.5-33.2	Calculated
MCHC	35.70	gm/dl	32-36	Calculated
PLATELET COUNT	164	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----



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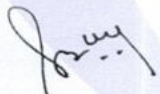
HEAMOTOLOGY

**BLOOD GROUPING(A,B,O)&Rh
FACTOR**
BLOOD GROUP ABO
RH TYPING

"B"
"POSITIVE"

Manual
Manual

-----End of Report-----



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Mobile No. : 8296551670	Manual No.	Collected : 29-Nov-2022 10.01
Refd. By : Dr. INSURANCE		Received : 29-Nov-2022 10.37
Sample Type : Plasma(Sodium fluoride)	Sample ID : 222158	Report : 29-Nov-2022 14.13

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	112.2	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

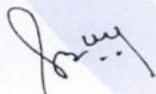
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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Refd. By : Dr. INSURANCE		Received : 29-Nov-2022 10.37
Sample Type : Serum	Sample ID : 222158	Report : 29-Nov-2022 14.13

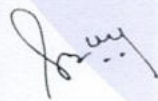
TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE			Immunochemistry

Serology

Interpretation:-

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.
HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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Serology

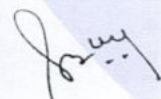
HIV 1 & II

NEGATIVE

Immunochromatography

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(921 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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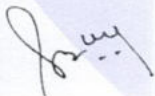
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	21.6	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	7.00	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.52	g/dl	6.4-8.3	Biuret
ALBUMIN	4.0	g/dl	3.4-4.8	Bcg
GLOBULIN	2.52	g/dl	2.3-3.5	
A/G RATIO	1.59	g/dl		
Calcium	10.3	mg/dl	8.6-10.2	Arsenazo
Sodium	141.6	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.0	mmol/L	3.5-5.5	ISE Indirect
Chloride	106.4	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	148.00	mg/dl	123-199	CHOD-PAP
Triglycerides	146.4	mg/dl	40-160	Gpo
HDL Cholesterol Direct	35.3	mg/dl	35.3-79.5	Direct
Vldl	29	mg/dl	4.7-22.1	
LDL Cholesterol Direct	83.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.2		0.0-4.97	
LDL/HDL Ratio	2.4		0.0-3.55	

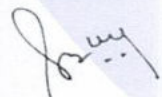
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and



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Sample Type : Serum	Sample ID : 222158	Report : 29-Nov-2022 14.13

pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

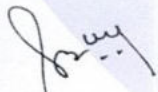
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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Sample Type : Serum	Sample ID : 222158	Report : 29-Nov-2022 14.13

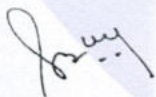
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.59	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.25	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.34	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.52	g/dl	6.4-8.3	Biuret
ALBUMIN	4.0	g/dl	3.4-4.8	Bcg
GLOBULIN	2.55	g/dl	2.3-3.5	
A/G RATIO	1.56	g/dl		
SGOT	34	U/L	0-35	IFCC
SGPT	64	U/L	0.0-45	IFCC
Gamma GT	27.2	U/L	0-55	Glupa-c
Alkaline Phosphatase	118	U/L	53-128	Amp

-----End of Report-----



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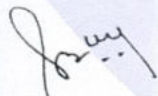
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HORMONES</u>				
TSH	2.31	μIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

-----End of Report-----



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Sample Type : EDTA whole blood	Sample ID : 222158	Report : 29-Nov-2022 15.00

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

HBA1C (GLYCOSYLATED HB)	5.1	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

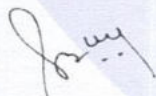
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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Mobile No. : 8296551670	Manual No.	Collected : 29-Nov-2022 12.27
Refd. By : Dr. INSURANCE		Received : 29-Nov-2022 12.27
Sample Type : URINE	Sample ID : 222158	Report : 29-Nov-2022 14.13

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

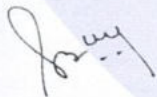
BACTERIA

NIL

OTHERS

NIL

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Patient Name	: Mr. ASHISH KUMAR SINGH	Age/Sex	: 32Y
Guardian Name	:	UHID No.	: 5092/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8296551670

ULTRASOUND OF WHOLE ABDOMAN

Convex and linear probes were used.

The liver is normal in size (12.67cm in RML) contour however is increased in echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal .No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 9.94x5.15cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 10.14x4.84cm

Renal artery pulsation appear normal.


Dr. Harshita Surange

MBBS, DMRD (RADIODIAGNOSIS)

DIPLOMA IN MSK, UCAM (Spain)

Reg.No. MCI/16522, DMC/18402



BOOK APPOINTMENT





Radiology No.	: 5544/OPDPB22DL	Date	: 29-Nov-2022
Patient Name	: Mr. ASHISH KUMAR SINGH	Age/Sex	: 32Y
Guardian Name	:	UHID No.	: 5092/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8296551670

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture.

It measures 33x30x42mm which is equal to 22.26gms.

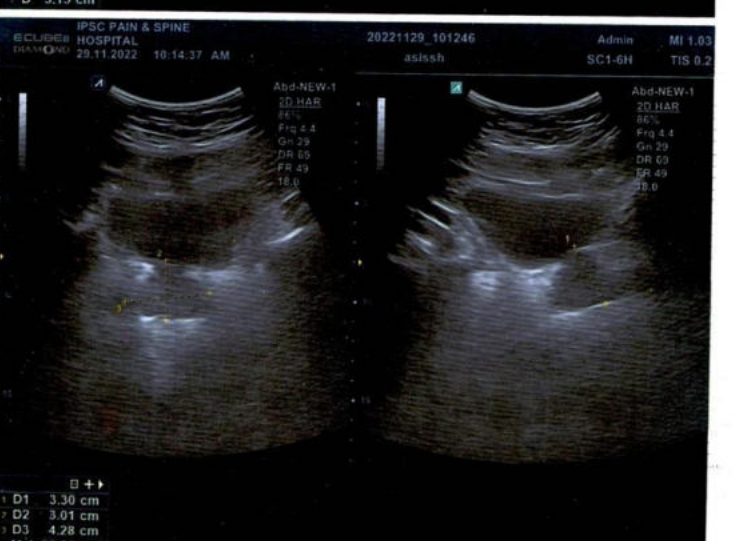
Impressions: Fatty liver grade I

Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





Radiology No.	: 5544/OPDPB22DL	Date	: 29-Nov-2022
Patient Name	: Mr. ASHISH KUMAR SINGH	Age/Sex	: 32Y
Guardian Name	:	UHID No.	: 5092/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8296551670

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

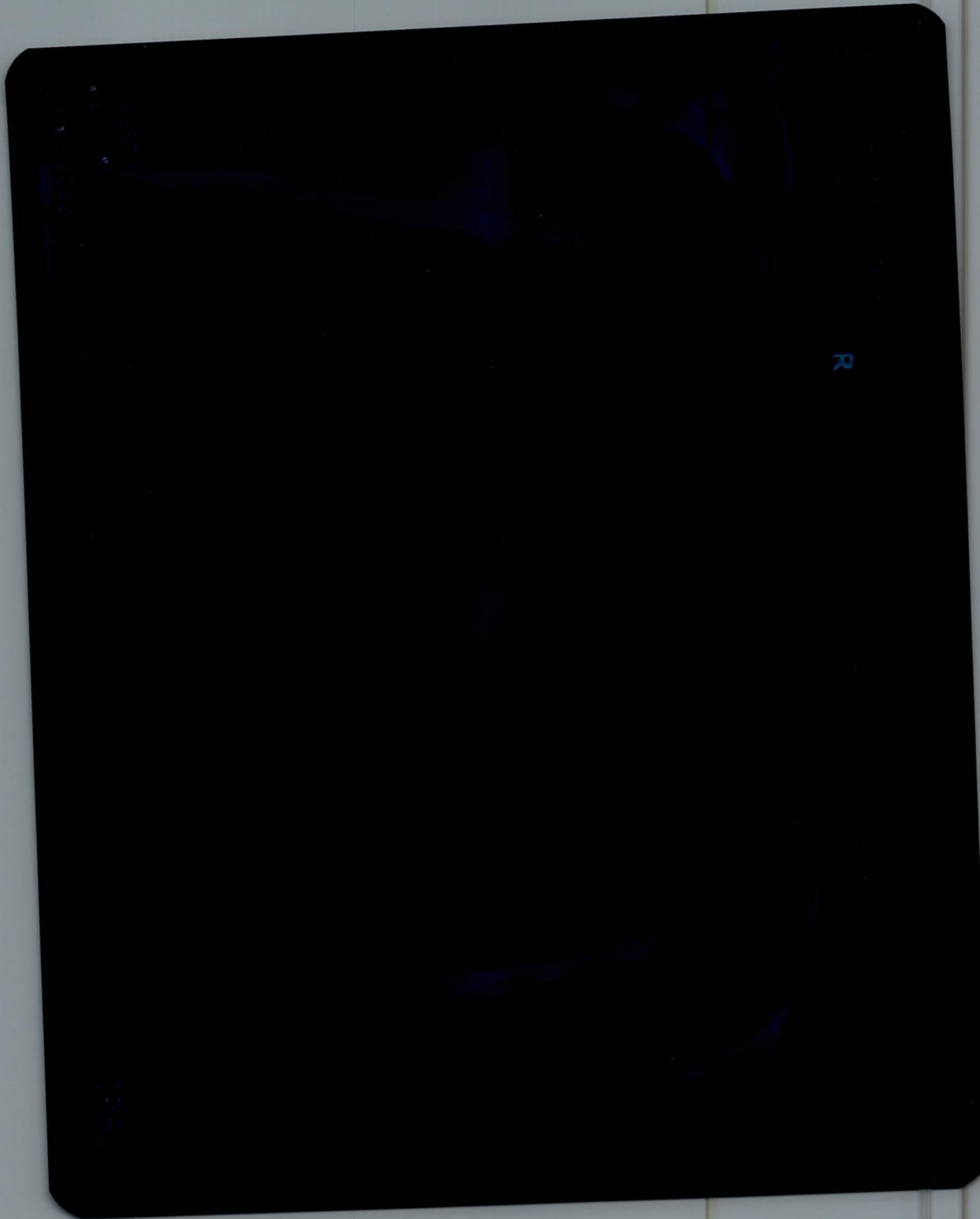


Dr. Harshita Surange
MBBS,DMRD(RADIODIAGNOSIS)
DIPLOMA IN MSK,UCAM(Spain)
Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT







भारत सरकार



आधार

भारत सरकार

Unique Identification Authority of India

नामांकन क्रम / Enrollment No 1180/52561/02584

To,

आशीष कुमार सिंह

Ashish Kumar Singh

S/O Satiya Prakash

RZ-T-70/228, DAYAL PARK,

WEST SAGAR PUR

South West Delhi

Delhi 110046

29/11/2011

Ref: 139 / 25C / 275916 / 277305 / P



UE233204917IN



आपका आधार क्रमांक / Your Aadhaar No. :

9823 0516 6069

आधार - आम आदमी का अधिकार



आशीष कुमार सिंह

Ashish Kumar Singh

जन्म वर्ष / Year of Birth : 1990

पुरुष / Male



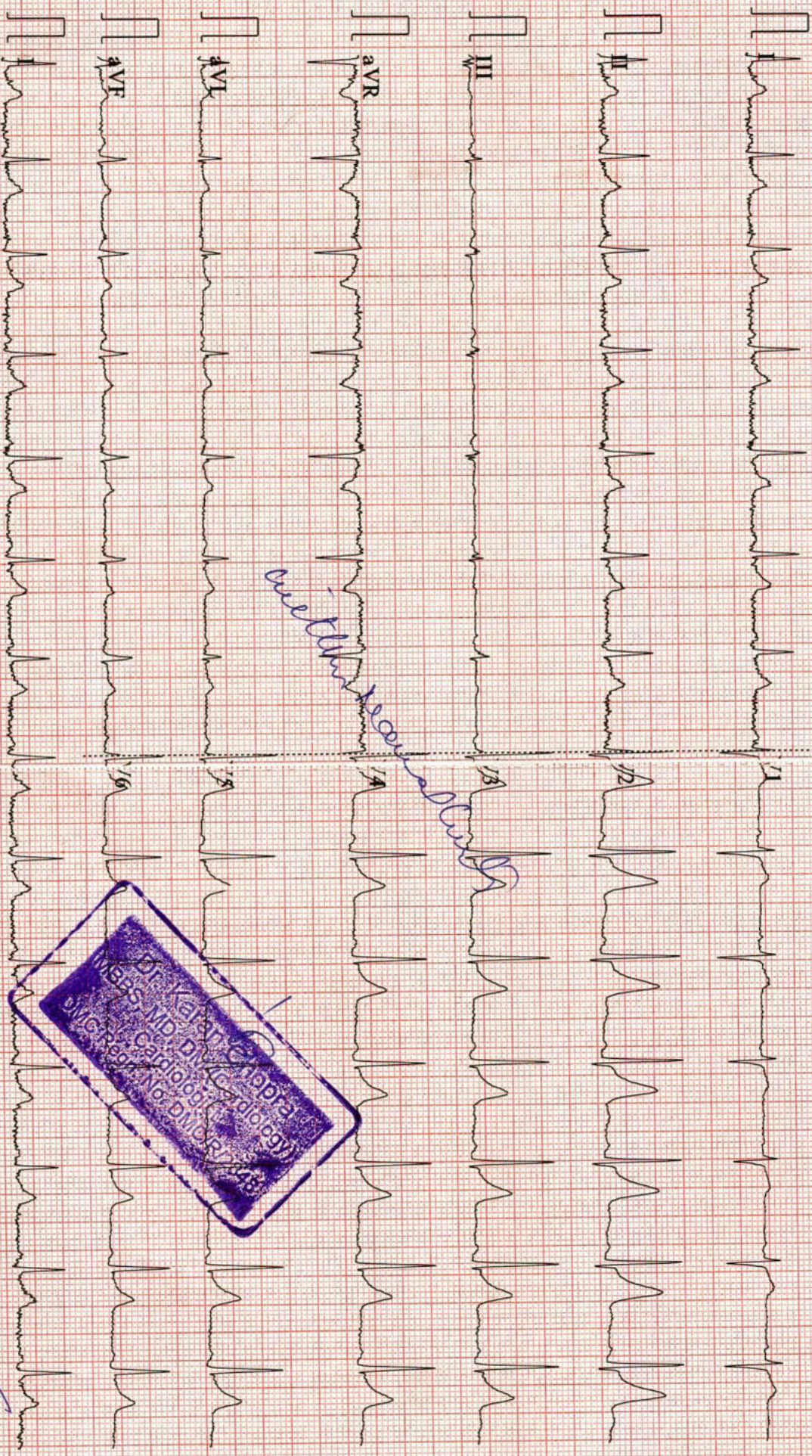
9823 0516 6069

ashish kumar singh
Male 32 Years
Req. No. :

HR	: 82	bpm
P	: 94	ms
PR	: 128	ms
QRS	: 76	ms
QT/QTcBz	: 344/402	ms
P/QRS/T	: 37/31/35	°
RV5/SV1	: 1.306/0.617	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Dr. Kalpana Chandra
MBBS, MD, DM (Cardiology)
Diplo Reg. No. D110/R/248

CARDIART *[Signature]*

THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH
 I.D. 3548
 Age 32/M
 Date 29-11-2022

RATE 82bpm
 B.P. 120/80

PRETEST
 HYPERVENT
 PHASE TIME 0:27

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH

I. D. 3548

Age 32/M

Date 29-11-2022

RATE 139bpm

B.P. 150/80

Bruce

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

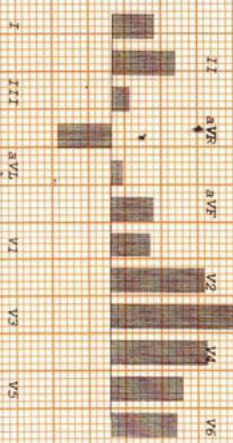
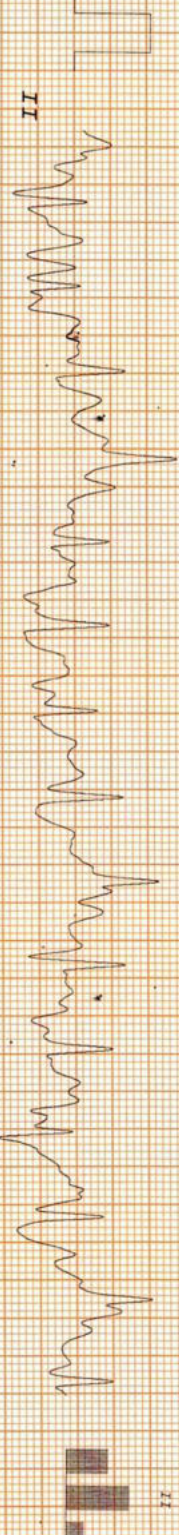
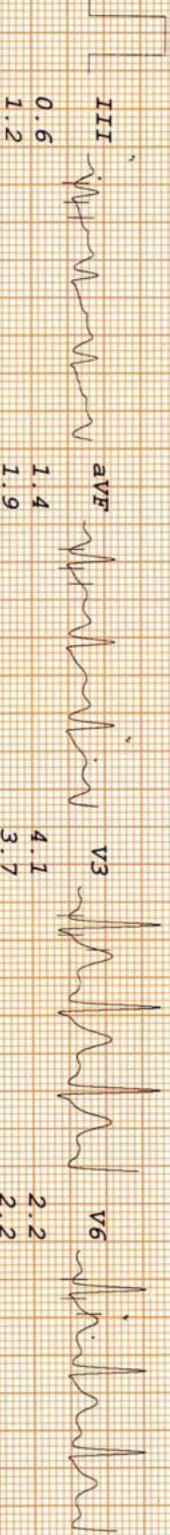
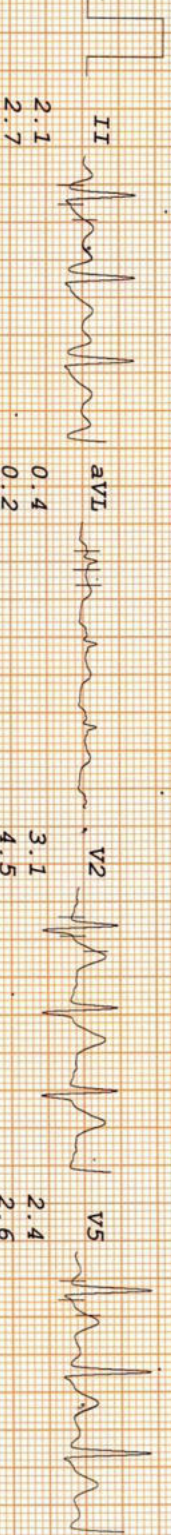
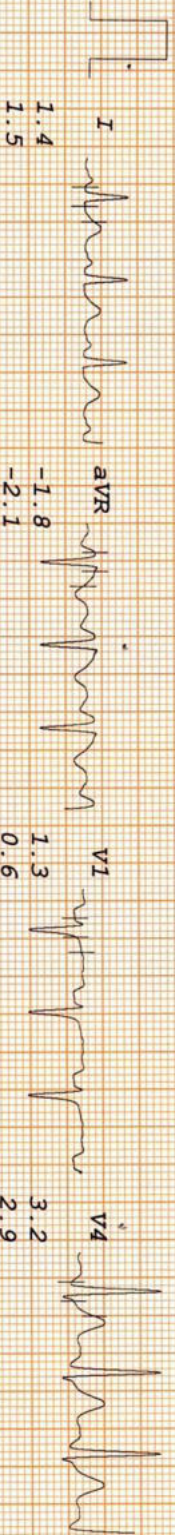
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

RATE 165bpm
B.P. 160/80

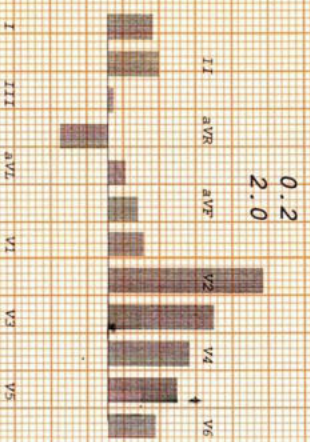
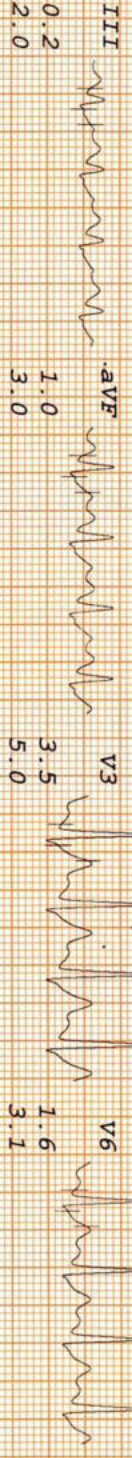
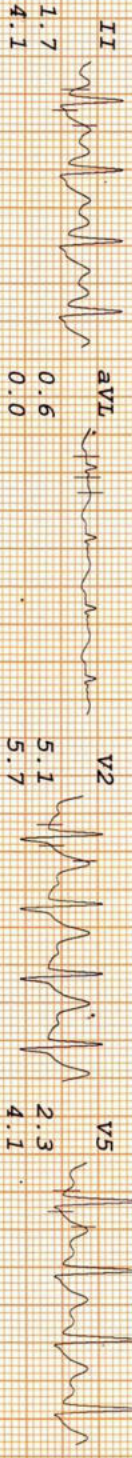
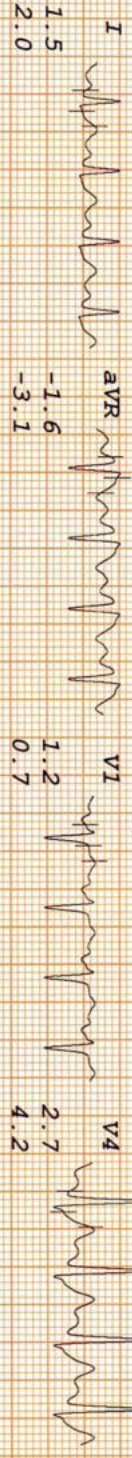
Bruce
Stage 4
TOTAL TIME 11:26
PHASE TIME 2:26

ST @ 10mm/mV
80ms Post J
Speed 6.17 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III



THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

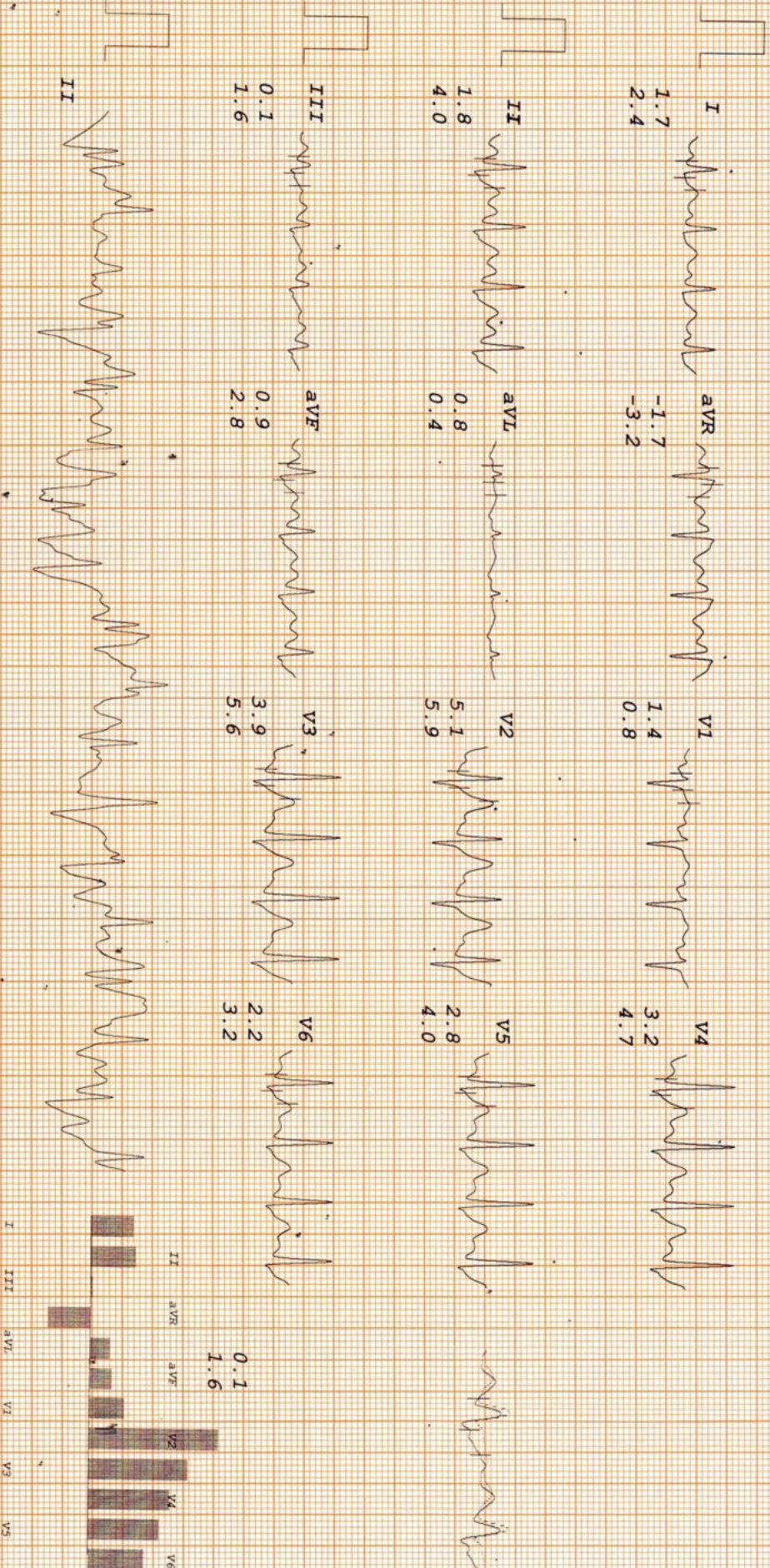
RATE 160bpm
B.P. 160/80

Bruce
PK-EXERCISE
TOTAL TIME 11:34
PHASE TIME 2:34
ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III



ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

RATE 124bpm
B.P. 150/80

Recovery
TOTAL TIME 12:49
PHASE TIME 0:55

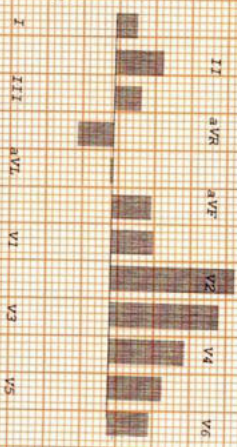
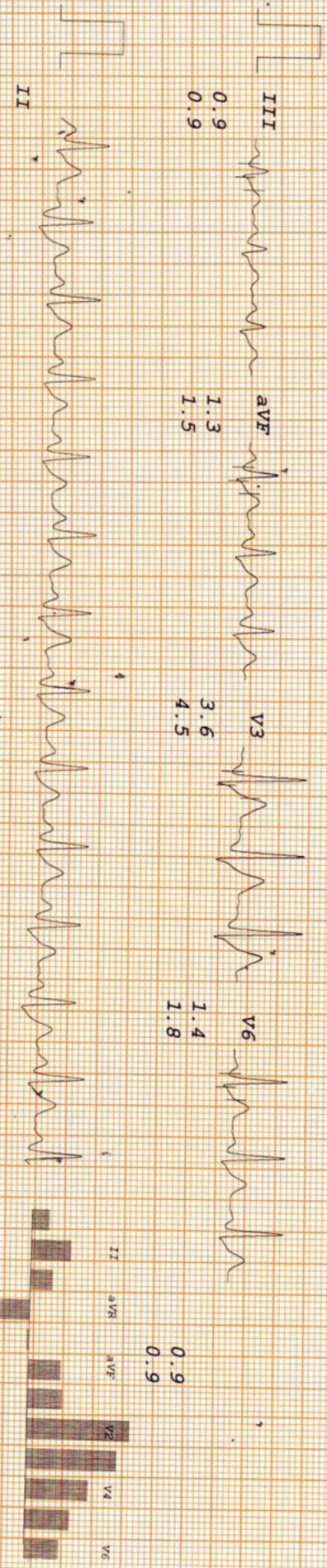
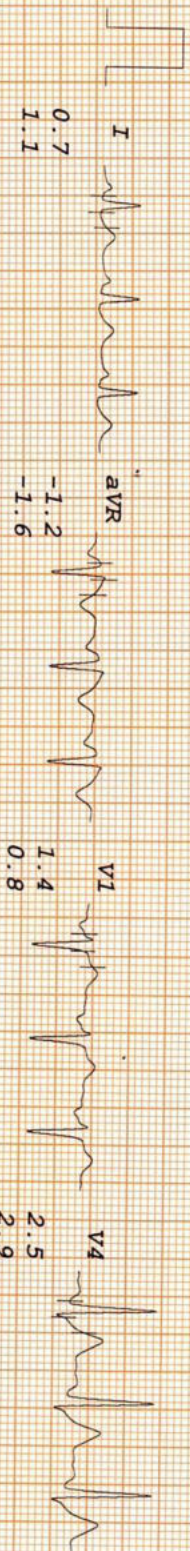
ST @ 10mm/mV
80ms Post J

THE DIAGNOSTIC & IMAGING CENTRE

LINKED MEDIAN

Mag. X 2

III



ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

RATE 109bpm
B.P. 140/80

THE DIAGNOSTIC & IMAGING CENTRE

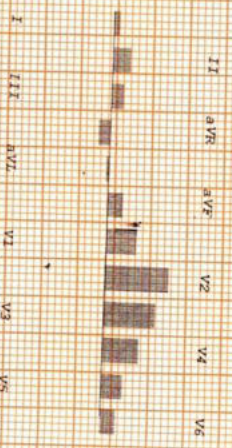
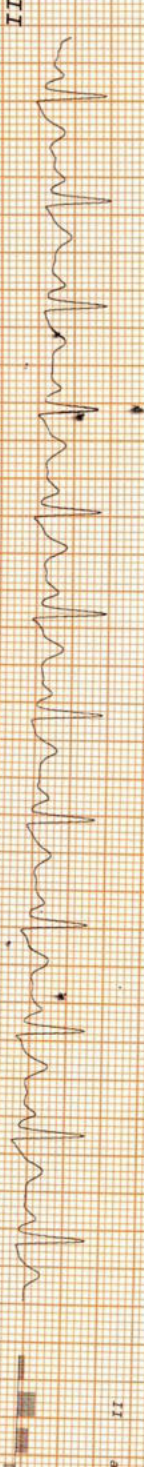
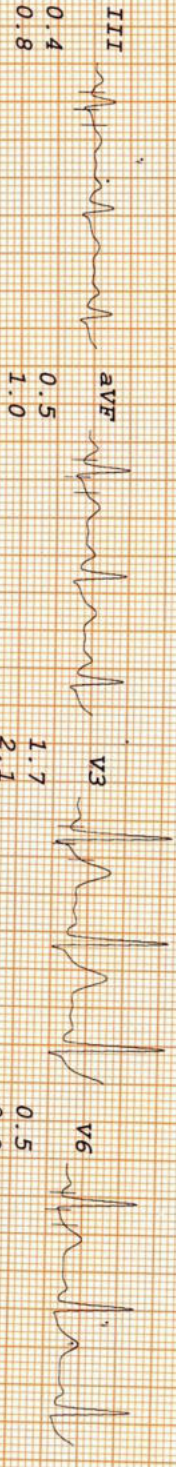
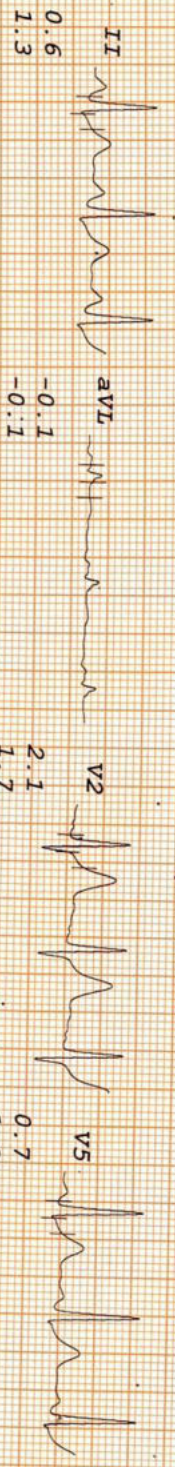
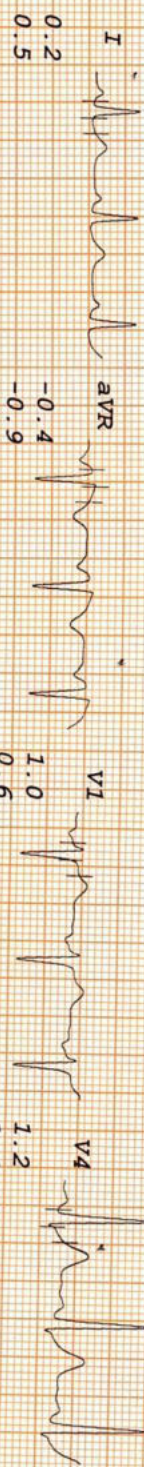
Bruce
RECOVERY
TOTAL TIME 13:49
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

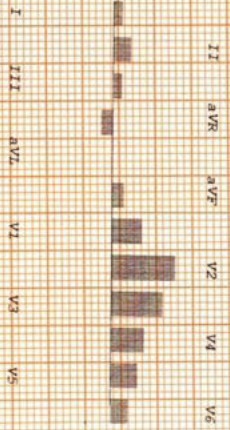
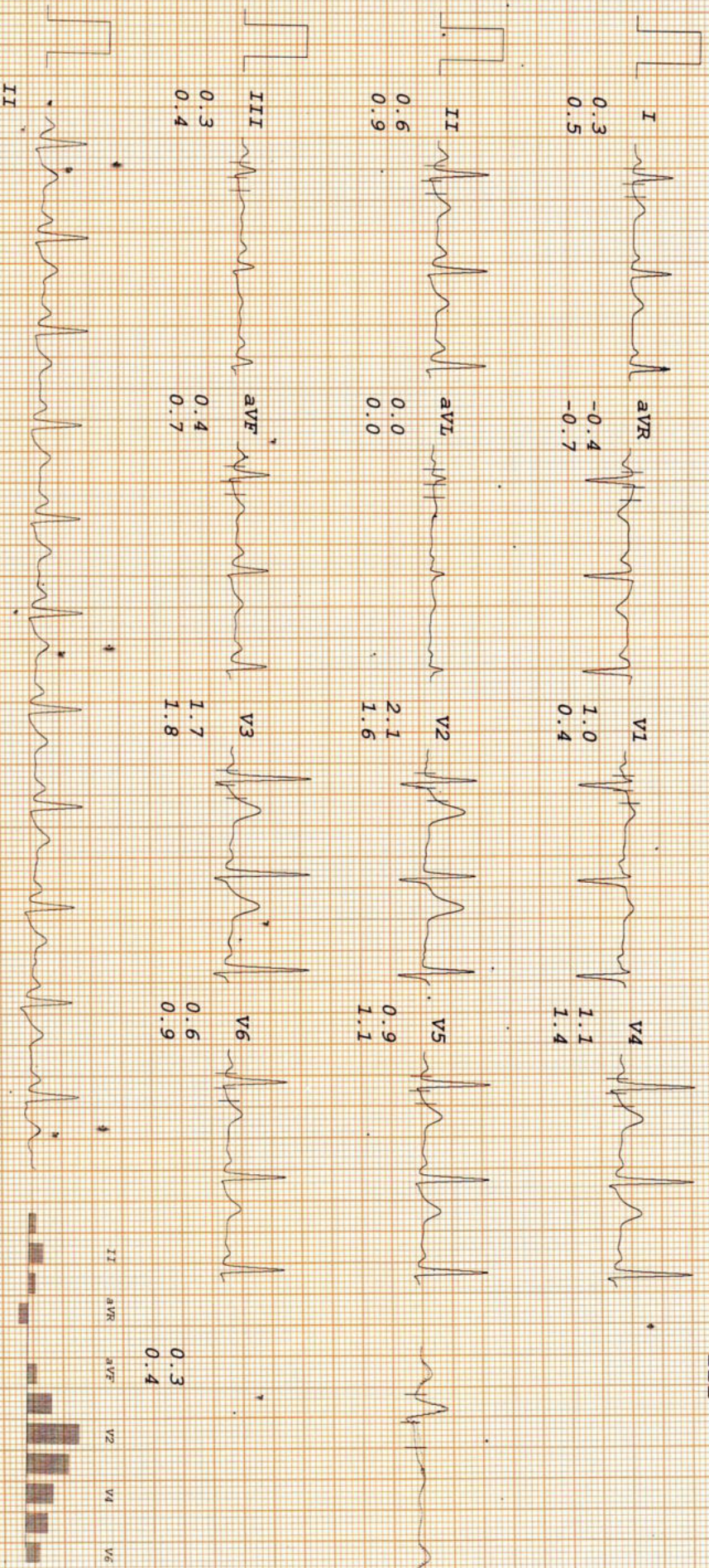
RATE 100bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 14:49
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



THE DIAGNOSTIC & IMAGING CENTRE

ASHISH KUMAR SINGH

I.D. 3548
Age 32/M
Date 29-11-2022

RATE 102bpm
B.P. 120/80

Bruce
RECOVERY
TOTAL TIME 15:29
PHASE TIME 3:35

ST @ 10mm/mV
80ms PostJ

LINKED MEDIUM

Mag. X 2

III

