
Name: **PRAMOD KUMAR MEENA**

Hospital No: MH010806004

Age: 34 Sex: M

Episode No: H03000052430

Doctor: Health Check MHD

Result Date: 25 Feb 2023 16:31

Order: Xray chest PA (CXR)

X-RAY CHEST - PA VIEW

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.

Kindly correlate clinically

Dr. Nipun Gumber
ASSOCIATE CONSULTANT

010806004

mr pramod kumar meena

2/25/2023 11:04:51 AM

34 Years

Male

Rate 71 . Sinus rhythm.....normal P axis, V-rate 50- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 140

QRSD 86

QT 360

QTc 392

--AXIS--

P 46

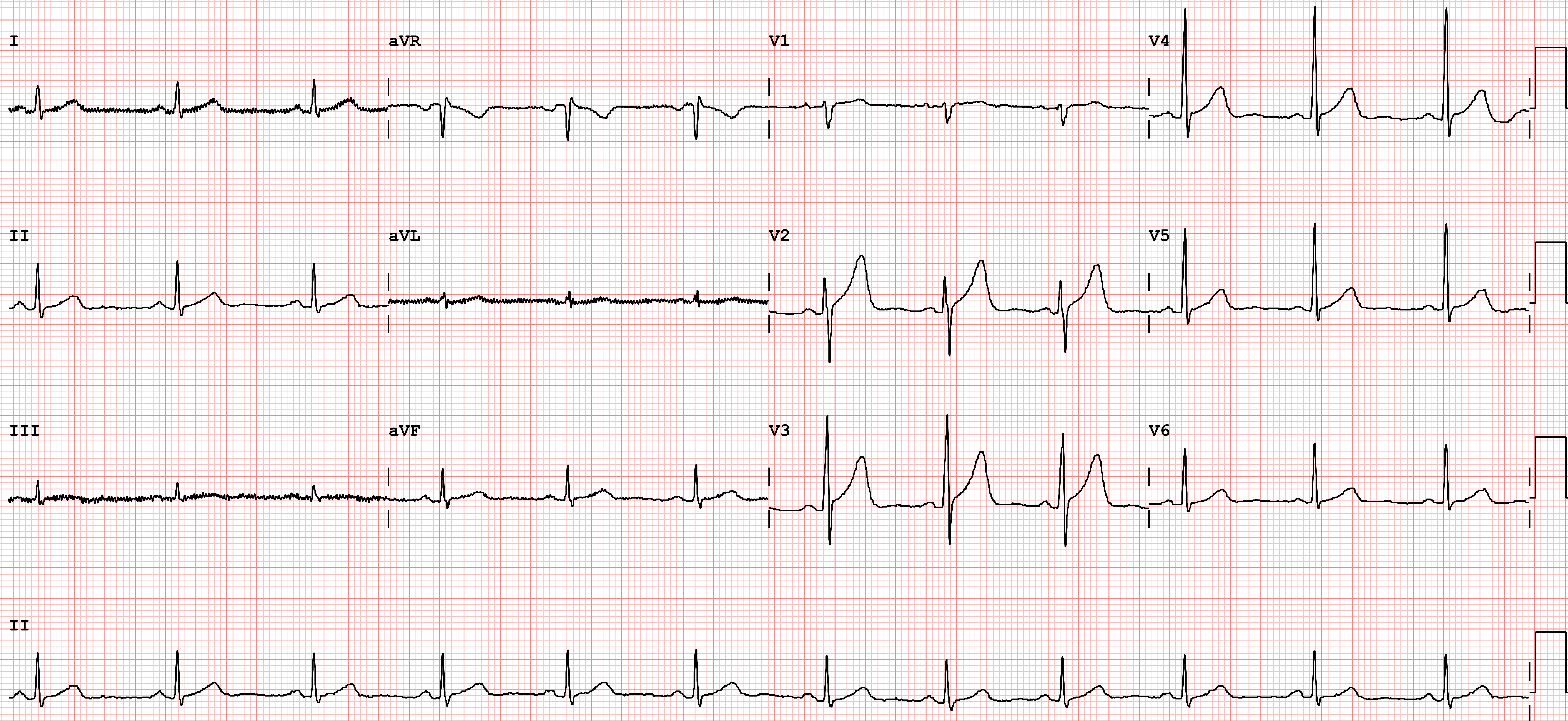
QRS 38

T 42

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 31230201119
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 16:12
Receiving Date : 25 Feb 2023 12:23

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 32230209693
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 12:18
Receiving Date : 25 Feb 2023 11:00

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood
HbA1c (Glycosylated Hemoglobin) 5.1 As per American Diabetes Association(ADA)
% [4.0-6.5]HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5
Methodology (HPLC)
Estimated Average Glucose (eAG) 100 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.07	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.34	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.520	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128



Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 32230209693
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 12:12
Receiving Date : 25 Feb 2023 10:59

BIOCHEMISTRY

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	188	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	118	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	43	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	24	mg/dl	[10-40]
LDL- CHOLESTEROL	121 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:
 Reference ranges based on ATP III Classifications.
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 32230209693
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 12:11
Receiving Date : 25 Feb 2023 10:59

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.61	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.22 #	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.39	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	20.60	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	20.60	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	136 #	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	8.2	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.8	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.4	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.41		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 32230209693
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 12:10
Receiving Date : 25 Feb 2023 10:59

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	13.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.99	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	5.5	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.0	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	142.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	5.71 #	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	106.6 #	mmol/l	[95.0-105.0]
eGFR	99.0	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 32230209694
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 16:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 21:54
Receiving Date : 25 Feb 2023 17:30

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 104 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 98 mg/dl [70-100]

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Dr. Neelam Singal
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Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 33230205991
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:30
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 12:32
Receiving Date : 25 Feb 2023 11:00

HAEMATOLOGY

Lymphocytes (Flowcytometry)	32.2	%	[20.0-40.0]
Monocytes (Flowcytometry)	7.7	%	[2.0-10.0]
Eosinophils (Flowcytometry)	12.4 #	%	[1.0-6.0]
Basophils (Flowcytometry)	0.9 #	%	[1.0-2.0]
IG	0.00	%	
Neutrophil Absolute(Flourescence flow cytometry)	2.5	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.7	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.7 #	/cu mm	[0.0-0.5]x10³
Basophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr. Priyanka Bhatia
CONSULTANT PATHOLOGY



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Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 38230201698
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:30
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 15:41
Receiving Date : 25 Feb 2023 14:11

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflectance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	2-3/hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	



Name : MR PRAMOD KUMAR MEENA **Age** : 34 Yr(s) Sex :Male
Registration No : MH010806004 **Lab No** : 38230201698
Patient Episode : H03000052430 **Collection Date** : 25 Feb 2023 10:30
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Feb 2023 15:41
Receiving Date : 25 Feb 2023 14:11

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis,

bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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-----END OF REPORT-----

Dr. Priyanka Bhatia
CONSULTANT PATHOLOGY



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Name: **PRAMOD KUMAR MEENA**

Hospital No: MH010806004

Age: 34 Sex: M

Episode No: H03000052430

Doctor: Health Check MHD

Result Date: 25 Feb 2023 16:30

Order: Tread Mill Test

EXERCISE STRESS TEST REPORT (TMT)

Findings:

Baseline ECG NSR
Premedications Nil

Protocol	Bruce	MPHR	186
Duration of exercise	8 Minutes 29 sec	85% OF MPHR	158
Reason for termination	THR achieved	METS	10.10
Peak achieved	166	%of MPHR achieved	89 %

Stage	Time	Heart rate (bpm)	BP (mmHg)	ECG(ST/T changes/arrhythmia)	Symptoms
Control	0.00	86	130/80	No ST-T changes seen	Nil
Stage 1	3.00	125	130/80	No ST-T changes seen	Nil
Stage II	3.00	148	140/80	No ST-T changes seen	Nil
Stage III	2.29	166	150/80	No ST-T changes seen	Nil
Recovery	3.00	104	140/80	No ST-T changes seen	Nil

Result:

- Normal heart rate and BP response
- No significant ST-T changes were seen during exercise or recovery period.
- No symptomatic of angina/ chest pain during the test
- No significant arrhythmia during the test

FINAL IMPRESSION.

- Exercise stress test is **Negative** for reversible myocardial Ischemia.
- Good effort tolerance.



Name: **PRAMOD KUMAR MEENA**

Hospital No: MH010806004

Age: 34 Sex: M

Episode No: H03000052430

Doctor: Health Check MHD

Result Date: 25 Feb 2023 16:30

Order: Tread Mill Test

DR. SAMANJOY MUKHERJEE
MD, DM
CONSULTANT CARDIOLOGIST

DR. (MAJ) J S KHATRI
MBBS, PGDCC, FNIC
SPECIALIST (NON-INVASIVE CARDIOLOGY)

Dr Samanjoy Mukherjee
ASSOCIATE CONSULTANT

NAME	Pramod kumar MEENA	STUDY DATE	25-02-2023 13:41:42
AGE / SEX	034Yrs / M	HOSPITAL NO.	MH010806004
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	25-02-2023 14:51:21	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is mildly enlarged in size (10.8cm) and normal in echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in size, shape and echopattern. It measures 15.3cc in volume.

No significant free fluid is detected.

Impression:

Normal study.

Kindly correlate clinically



Dr. Pankaj Saini MD,DHA,

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	Pramod kumar MEENA	STUDY DATE	25-02-2023 13:41:42
AGE / SEX	034Yrs / M	HOSPITAL NO.	MH010806004
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	25-02-2023 14:51:21	REFERRED BY	Dr. Health Check MHD

DMC reg. no. 15796
Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.