

LABORATORY REPORT

Name : CHANDAN KUMAR Age : 33 Yr(s) Sex : Male
 Registration No : MH010619422 Lab No : 32230912088
 Patient Episode : O03001180197 Collection Date : 28 Sep 2023 18:48
 Referred By : REFERRAL DOCTOR Reporting Date : 29 Sep 2023 09:24
 Receiving Date : 28 Sep 2023 19:00

BIOCHEMISTRY**THYROID PROFILE, Serum**

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.89	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	5.95	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	5.920 #	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
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

Dr.Himansha Pandey



LABORATORY REPORT

Name : CHANDAN KUMAR
Registration No : MH010619422
Patient Episode : H18000001226
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:52

Age : 33 Yr(s) Sex :Male
Lab No : 202309006048
Collection Date : 28 Sep 2023 08:52
Reporting Date : 28 Sep 2023 15:52

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.15	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.6	%	[40.0-50.0]
MCV (DERIVED)	90.5	fL	[83.0-101.0]
MCH (CALCULATED)	29.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	152	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.1		
WBC COUNT (TC) (IMPEDENCE)	3.90 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	19.0 #	mm/1sthour	[0.



LABORATORY REPORT

Name : CHANDAN KUMAR
Registration No : MH010619422
Patient Episode : H18000001226
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:52

Age : 33 Yr(s) Sex :Male
Lab No : 202309006048
Collection Date : 28 Sep 2023 08:52
Reporting Date : 28 Sep 2023 17:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.3	%	[0.0-5.6]
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Method: HPLC

As per American Diabetes Association (A
HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)	105	mg/dl
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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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name : CHANDAN KUMAR
Registration No : MH010619422
Patient Episode : H18000001226
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 09:51

Age : 33 Yr(s) Sex : Male
Lab No : 202309006048
Collection Date : 28 Sep 2023 09:51
Reporting Date : 28 Sep 2023 16:50

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	226 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	141	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	28	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	149.0 #	mg/dl	[<120.0]
At e optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.0		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name	: CHANDAN KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH010619422	Lab No	: 202309006048
Patient Episode	: H18000001226	Collection Date	: 28 Sep 2023 08:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 16:43
Receiving Date	: 28 Sep 2023 08:52		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	18.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.90	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.8	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.62	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	111.8	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.



LABORATORY REPORT

Name : CHANDAN KUMAR
Registration No : MH010619422
Patient Episode : H18000001226
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:52

Age : 33 Yr(s) Sex : Male
Lab No : 202309006048
Collection Date : 28 Sep 2023 08:52
Reporting Date : 28 Sep 2023 16:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.71	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.56	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.41	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.58		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	22.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	28.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	77.0	IU/L	[32.0-91.0]
GGT	20.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : CHANDAN KUMAR Age : 33 Yr(s) Sex : Male
Registration No : MH010619422 Lab No : 202309006048
Patient Episode : H18000001226 Collection Date : 28 Sep 2023 08:52
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:44
Receiving Date : 28 Sep 2023 08:52

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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

**Dr. Alka Dixit Vats
Consultant Pathologist**

**LABORATORY REPORT**

Name : CHANDAN KUMAR
 Registration No : MH010619422
 Patient Episode : H18000001226
 Referred By : HEALTH CHECK MGD
 Receiving Date : 28 Sep 2023 08:52

Age : 33 Yr(s) Sex : Male
 Lab No : 202309006049
 Collection Date : 28 Sep 2023 08:52
 Reporting Date : 28 Sep 2023 16:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

96.0

mg/dl

[70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),
 Drugs-
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats
 Consultant Pathologist



LABORATORY REPORT

Name : CHANDAN KUMAR Age : 33 Yr(s) Sex : Male
Registration No : MH010619422 Lab No : 202309006050
Patient Episode : H18000001226 Collection Date : 28 Sep 2023 13:15
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:14
Receiving Date : 28 Sep 2023 13:15

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 110.0 mg/dl [80.0-140.0]

Method: Hexokinase

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

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

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	CHANDAN KUMAR	STUDY DATE	28/09/2023 9:37AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010619422
ACCESSION NO.	R6169280	MODALITY	US
REPORTED ON	28/09/2023 10:29AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 130 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 80 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9.1 mm.
 COMMON BILE DUCT: Appears normal in size and measures 2.1 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 90 x 36 mm.
 Left Kidney: measures 100 x 47 mm.
 PELVI-CALYCEAL SYSTEMS: Compact.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal. Few low level internal echoes are seen in urinary bladder lumen Rest normal.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 25 x 25 mm with volume 12 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Few low level internal echoes seen in urinary bladder lumen (ADV: Urine Routine and Microscopy for further evaluation).

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****

RADIOLOGY REPORT

NAME	CHANDAN KUMAR	STUDY DATE	28/09/2023 9:09AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010619422
ACCESSION NO.	R6169279	MODALITY	CR
REPORTED ON	28/09/2023 9:21AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****

32 years
Male

Asian

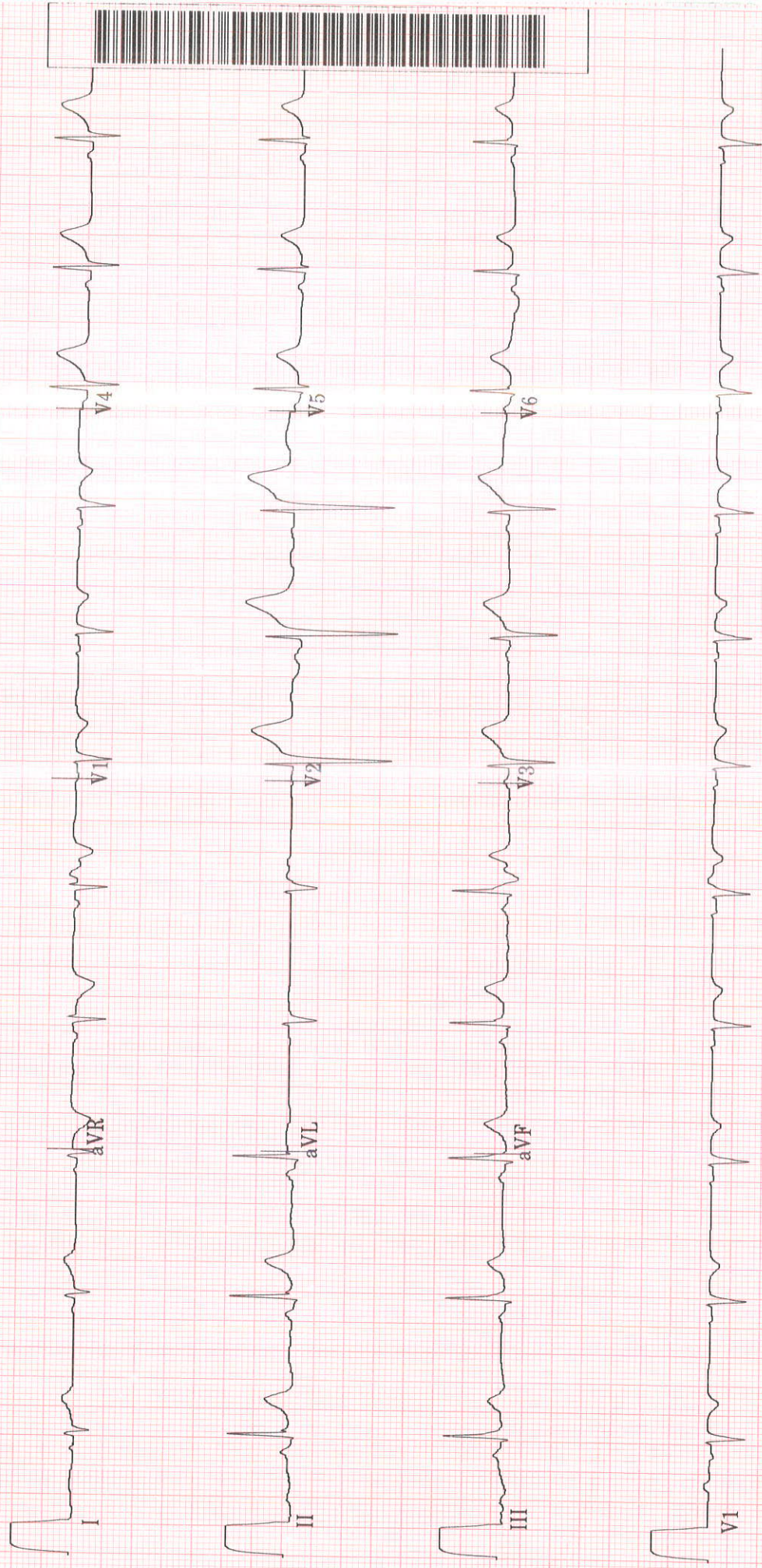
Vent. rate 64 bpm
PR interval 136 ms
QRS duration 76 ms
QT/QTc 358/383 ms
P-R-T axes 69 94 64

Normal sinus rhythm
Rightward axis
Borderline ECG

Technician:
Test ind:

Referred by: hcp

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	CHANDAN KUMAR	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	10619422	Order Date	: 28/09/2023
Ref. Doctor	: HCP	Report Date	: 28/09/2023

Protocol : Bruce **MPHR** : 188BPM
Duration of exercise : 4min 28sec **85% of MPHR** : 159BPM
Reason for termination : THR achieved **Peak HR Achieved** : 165BPM
Blood Pressure (mmHg) : Baseline BP : 110/76mmHg **% Target HR** : 87%
Peak BP : 130/76mmHg **METS** : 6.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	110/76	Nil	No ST changes seen	Nil
STAGE 1	3:00	127	120/76	Nil	No ST changes seen	Nil
STAGE 2	1:28	165	130/76	Nil	No ST changes seen	Nil
RECOVERY	3:01	63	114/76	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY),MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

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Page 1 of 2

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**HEALTH CHECK RECORD**

Hospital No: MH010619422	Visit No: H18000001226
Name: CHANDAN KUMAR	Age/Sex: 33 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 28/09/2023 01:07PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - H/O RE AMBLYOPIA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	CF	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	19	18

FUNDUS EXAMINATION
OPTIC DISC C:D 0.2 SMALL DISC C:D 0.3 NRR HEALTHY
MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
E/D AQUALINA 4 TIMES DAILY BE
REVIEW AFTER 6 MTH

Anant Vir Jain
DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmology)"
Reg. No.: 18126

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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Manipal Hospitals - Ghaziabad**Helpline: 99996 51125****Dr. Anant Vir Jain**, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma**Dr. Shishir Narain**, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis