


<b>Patient Name</b> : Mr. AVINASH CHANDRA	<b>Reg No.</b> : 2845/UHID23DL	<b>Lab ID.</b> : 2359/OPDPB23DL
<b>Age / Gender</b> : 43Y / Male	<b>Date</b> : 27-Jul-2023	
<b>Mobile No.</b> : 9099914898	<b>Manual No.</b>	<b>Collected</b> : 27-Jul-2023 11.29
<b>Refd. By</b> : Dr. .		<b>Received</b> : 27-Jul-2023 11.30
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 232103	<b>Report</b> : 27-Jul-2023 15.02

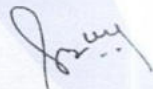
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

#### COMPLETE BLOOD COUNT

HEMOGLOBIN	15.3	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	6.2	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	66	%	40-75	Electrical impedance
Lymphocyte	25	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	08	mm/1sthr	0-20	Westergren's
RBC COUNT	4.99	mili/cmm	3.8-5.5	Electrical impedance
PCV	44	%	35-45	Calculated
MCV	88.00	Fl	80-100	Calculated
MCH	30.7	Picogram	27.5-33.2	Calculated
MCHC	34.80	gm/dl	32-36	Calculated
PLATELET COUNT	201	10 <sup>3</sup> /uL	150-450	Electrical impedance

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



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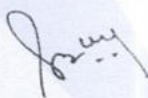
HEAMOTOLOGY

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

"O"  
"POSITIVE"

Manual  
Manual

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




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Age / Gender : 43Y / Male	Date : 27-Jul-2023	
Mobile No. : 9099914898	Manual No.	Collected :27-Jul-2023 11.29
Refd. By : Dr. .		Received :27-Jul-2023 11.30
Sample Type : Plasma(Sodium fluoride)	Sample ID : 232103	Report :27-Jul-2023 15.02

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	97.7	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)

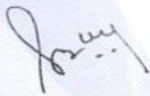
2-hr PG > 200 mg/dl during OGTT (75-G)\*

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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Age / Gender : 43Y / Male	Date : 27-Jul-2023	
Mobile No. : 9099914898	Manual No.	Collected :27-Jul-2023 14.00
Refd. By : Dr. .		Received :27-Jul-2023 14.00
Sample Type : Plasma(Sodium fluoride)	Sample ID : 232103	Report :27-Jul-2023 15.02

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

Blood Sugar PP	102.0	mg/dl	70-150	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)

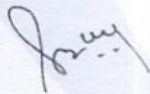
2-hr PG > 200 mg/dl during OGTT(75-G)\*

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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TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMOTOLOGY**

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

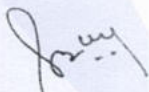
Good control :

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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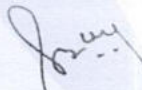
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Sample Type : Serum	Sample ID : 232103	Report : 27-Jul-2023 15.02

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	<b>NEGATIVE</b>	Serology		Immunochromatography

**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 1<sup>st</sup> week .


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

  
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TEST NAME	RESULT	UNIT	RANGE	METHOD
HIV 1 & II	<b>NEGATIVE</b>			Immunochemistry

Serology

**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 (21 -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	15.2	mg/dl	15.0-45.0	urease
Serum Creatinine	1.0	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	6.50	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>				
PROTEN	6.55	g/dl	6.4-8.3	Biuret
ALBUMIN	4.7	g/dl	3.4-4.8	Bcg
GLOBULIN	1.85	g/dl	2.3-3.5	
A/G RATIO	2.54	g/dl		
Calcium	9.5	mg/dl	8.6-10.2	Arsenazo
Sodium	139.7	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.4	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.7	mmol/L	98.0-109.0	ISE Indirect

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	160.00	mg/dl	123-199	CHOD-PAP
Triglycerides	97.8	mg/dl	40-160	Gpo
HDL Cholesterol Direct	55.3	mg/dl	35.3-79.5	Direct
Vldl	20	mg/dl	4.7-22.1	
LDL Cholesterol Direct	85.1	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.9		0.0-4.97	
LDL/HDL Ratio	1.5		0.0-3.55	

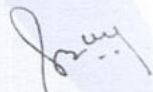
#### INTERPRETATION:-

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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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232103	<b>Report</b> : 27-Jul-2023 15.02

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 mg/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
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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.

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<b>Age / Gender</b> : 43Y / Male	<b>Date</b> : 27-Jul-2023	
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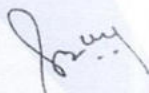
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

<b>Serum Bilirubin</b>				
Total Bilirubin	0.93	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.41	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.52	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	6.55	g/dl	6.4-8.3	Biuret
ALBUMIN	4.7	g/dl	3.4-4.8	Bcg
GLOBULIN	1.85	g/dl	2.3-3.5	
A/G RATIO	2.54	g/dl		
SGOT	49	U/L	0-35	IFCC
SGPT	17	U/L	0.0-45	IFCC
Gamma GT	11.4	U/L	0-55	Glupa-c
Alkaline Phosphatase	81	U/L	53-128	Amp

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BOOK APPOINTMENT

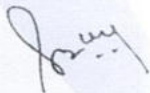


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<b>Age / Gender</b> : 43Y / Male	<b>Date</b> : 27-Jul-2023	
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<b>Refd. By</b> : Dr. .		<b>Received</b> : 27-Jul-2023 11.30
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232103	<b>Report</b> : 27-Jul-2023 15.15

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HORMONES</b>				
TSH	3.55	µIU/ml		CLIA
<b>Adults</b>				
21-100 yrs	0.42 - 5.45			
<b>Pediatric</b>				
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			
<b>Pregnancy</b>				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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



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BOOK APPOINTMENT



**Patient Name** : Mr. AVINASH CHANDRA  
**Age / Gender** : 43Y / Male  
**Mobile No.** : 9099914898  
**Refd. By** : Dr. .  
**Sample Type** : URINE

**Reg No.** : 2845/UHID23DL  
**Date** : 27-Jul-2023  
**Manual No.**  
**Sample ID** : 232103

**Lab ID.** : 2359/OPDPB23DL  
  
**Collected** : 27-Jul-2023 11.29  
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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

1.030 1.015-1.025

PH

6.0 5.5 - 7

**CHEMICAL EXAMINATION**

ALBUMIN

NIL

SUGAR

NIL

**MICROSCOPIC EXAMINATION**

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

BACTERIA

NIL

OTHERS

NIL

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


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BOOK APPOINTMENT



<b>Patient Name</b> : Mr. AVINASH CHANDRA	<b>Reg No.</b> : 2845/UHID23DL	<b>Lab ID.</b> : 2376/OPDPB23DL
<b>Age / Gender</b> : 43Y / Male	<b>Date</b> : 27-Jul-2023	
<b>Mobile No.</b> : 9099914898	<b>Manual No.</b>	<b>Collected</b> : 27-Jul-2023 15.53
<b>Refd. By</b> : Dr. .		<b>Received</b> : 27-Jul-2023 15.53
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232111	<b>Report</b> : 27-Jul-2023 15.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**CLINICAL PATHOLOGY**

PSA TOTAL 0.65 ng/ml 0-4.1

< 4.1

0-40 yrs : < 1.4

41-50 yrs : < 2.0

51-60 yrs : < 3.1

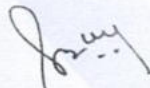
61-70 yrs : < 4.1

71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia ( BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free ( unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

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



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BOOK APPOINTMENT



<b>Radiology No.</b>	: 2359/OPDPB23DL	<b>Date</b>	: 27-Jul-2023
<b>Patient Name</b>	: <b>Mr. AVINASH CHANDRA</b>	<b>Age/Sex</b>	: 43Y Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2845/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>9099914898</b>

## X-RAY CHEST

**Indication:** H/O-Routine check-up.

### 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



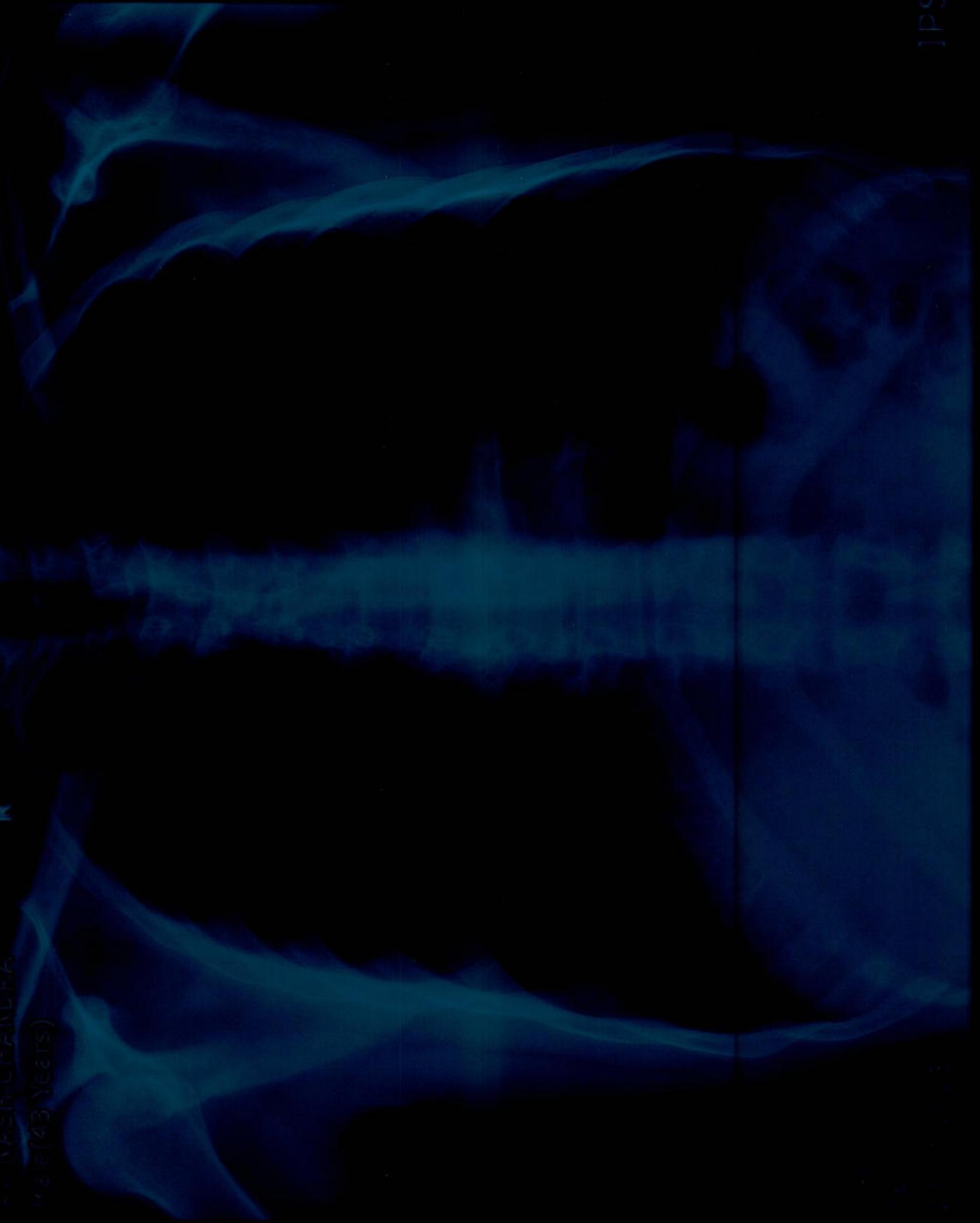
BOOK APPOINTMENT



WASH. CHAMBERA  
Male (43 Years)

R

JPSC





<b>Radiology No.</b>	: 2359/OPDPB23DL	<b>Date</b>	: 27-Jul-2023
<b>Patient Name</b>	: <b>Mr. AVINASH CHANDRA</b>	<b>Age/Sex</b>	: 43Y Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2845/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>9099914898</b>

## ULTRASOUND OF WHOLE ABDOMAN

**The liver** is normal in size contour and 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-92 x 44mm.**

Renal artery pulsation appear normal.

**Left kidney** is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .**Fine echogenic foci are seen in the left kidney**


**suggestive of sand particle.**

No calculus, mass or hydronephrotic changes seen.

**Left kidney measures-103 x 50mm.**

Renal artery pulsation appear normal.

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

  
Dr. Harshita Surange

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<b>Radiology No.</b>	: 2359/OPDPB23DL	<b>Date</b>	: 27-Jul-2023
<b>Patient Name</b>	: Mr. AVINASH CHANDRA	<b>Age/Sex</b>	: 43Y Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2845/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: 9099914898

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 27 x 28 x 38mm which is equal to 15gms.

**Impression : Essentially normal sonogram.**

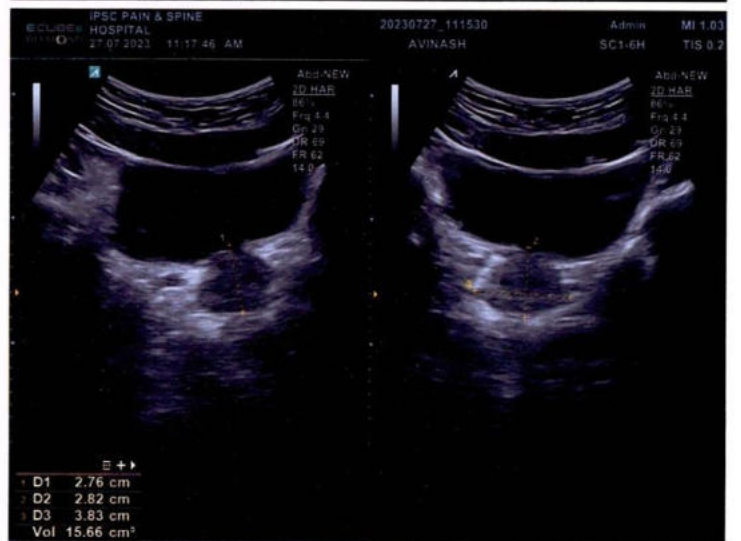
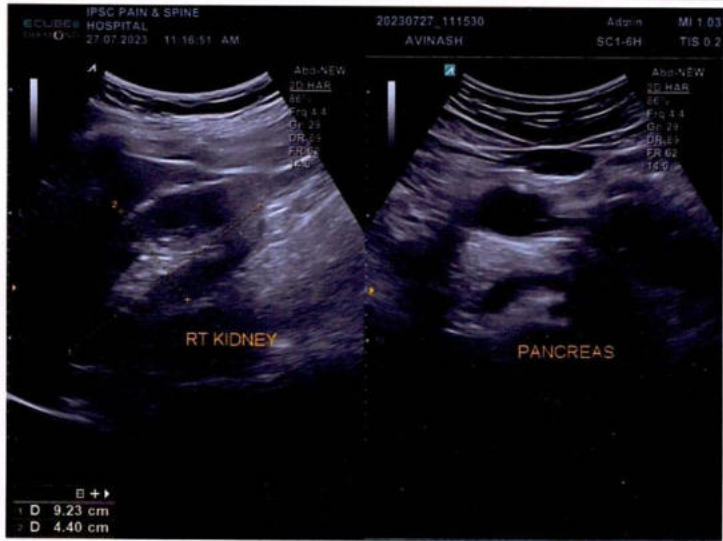
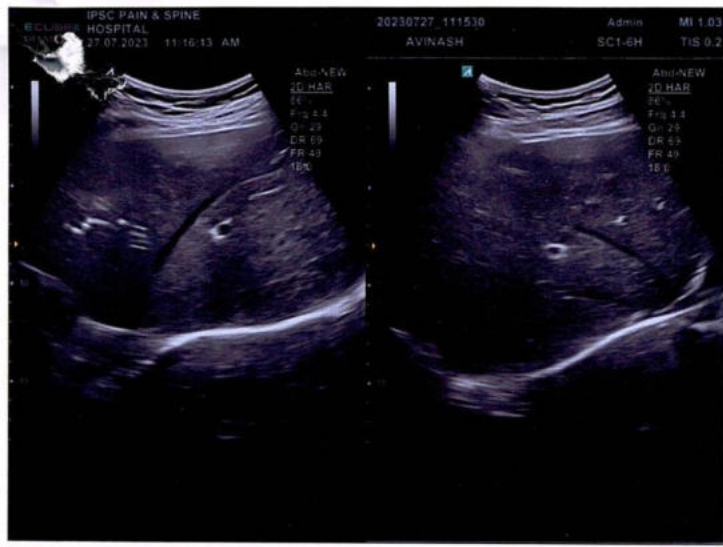


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BOOK APPOINTMENT





To,

JPSC.

Dwaraka Sector - 19

Res: Stool test For Annual Health  
Check-up.

It is to inform you that  
I've refused the stool test on my own  
will. It is for your information please.

Regards

  
Avinash Chandra

27/07/2023

JPSC PAIN AND SPINE HOSPITAL  
Plot No 453 Dwaraka Sector-19  
New Delhi-110075

<b>Radiology No.</b>	: 2361/OPDPB23DL	<b>Date</b>	: 27-Jul-2023
<b>Patient Name</b>	: <b>Mr. AVINASH CHANDRA</b>	<b>Age/Sex</b>	: 43Y Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2845/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>9099914898</b>

## 2D-ECHO-DOPPLER REPORT

### Final Interpretation

- No RWMA, LVEF-60%
- Trace TR (RVSP- 13 mm Hg)
- Normal mitral inflow pattern
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

### M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

### Measurements (mm):

	Observed Values	Normal Values
<b>Aortic root diameter</b>	31	20-36 (22mm/M <sup>2</sup> )
<b>Aortic Valve Opening</b>		15-26



BOOK APPOINTMENT



<b>Radiology No.</b> :	2361/OPDPB23DL	<b>Date</b> :	27-Jul-2023
<b>Patient Name</b> :	Mr. AVINASH CHANDRA	<b>Age/Sex</b> :	43Y Male
<b>Guardian Name</b> :		<b>UHID No.</b> :	2845/UHID23DL
<b>Referred By</b> :	Dr. .	<b>Mobile No.</b> :	9099914898

Left Atrium size	31		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	50	43	(ED= 37-56)
Inter ventricular Septum	10	13	(ED= 6-12)
Posterior Wall Thickness	11	13	(ED= 5-10)
LV Ejection Fraction (%)	60%		55%-80%

### Doppler velocities (cm/sec)

Pulmonary valve			Aortic valve		
Max velocity	73		Max velocity	91	
Mitral valve			Tricuspid valve		
E	71	Max PG =	Max Velocity	183	
A	55		Mean Velocity		
DT		Mean PG =	Mean PG	13	
E/A					

### Regurgitation

MR		TR	
Severity	nil	Severity	trace
Max Velocity		PASP	13
AR		PR	
Severity	nil	Severity	nil

**DR ANIL SAHOO**  
MD, PGDCC (CARDIOLOGY)



BOOK APPOINTMENT

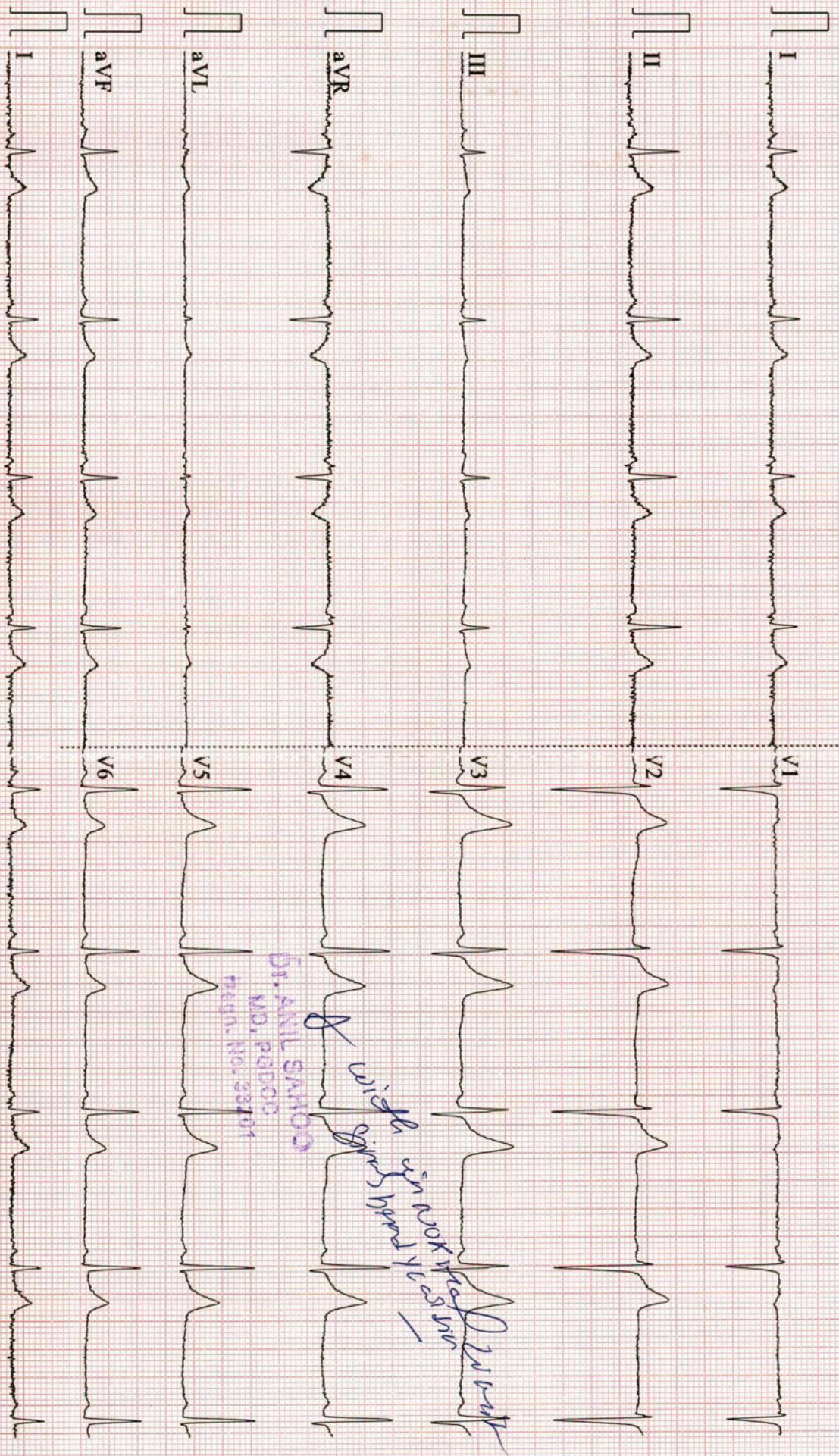


ID: 2  
avinash chandra  
Male 43 Years  
Req. No. :

27-07-2023 10:56:26 AM  
HR : 52 bpm  
P : 110 ms  
PR : 148 ms  
QRS : 78 ms  
QT/QTcBz : 386/359 ms  
P/QRS/T : 54/57/44 °  
RV5/SV1 : 1.25/0.940 mV

Diagnosis Information:  
Sinus bradycardia  
Normal ECG except for rate

Report Confirmed by:



Dr. ANIL SAHOO  
M.D. PDDCC  
Regd. No. 33101

*Handwritten signature and notes:*  
Dr. Anil Sahoo  
M.D. PDDCC  
Regd. No. 33101