



Gottipati Dileep Kumar

118491



*Gottipati Dileep Kumar*

**ADITYA DIAGNOSTICS & RESEARCH LABORATORIES**  
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Name : MR. DILEEP KUMAR G  
Age /Sex : 30 Y / M  
Ref. By : BANK OF BARODA (MW)

Reg. No : 022-1058  
Registration Date : 13-08-2021  
Alt ID : 8801715124

**MEDICAL CHECK UP FORM**

Physical Examination

Height (Cms) : 173 Weight (KG) : 91  
Body Mass Index (BMI) : 30.2  
Pulse Rate : 97 /Min Regular / Abnormal  
B.P : 111 / 78 mmHg  
Skin : 9: Fungal Infection  
Nails :  
Oral Hygenic : Normal

Personal History

Smoking : Yes / No  No  
Alcoholism : Yes / No  No  
Diabetes : Yes / No  No  
Hypertension : Yes / No  No  
Allergy : Yes / No  No

Complaints if any : NO

Family History : NO

Systemic Examination - Abnormality - If Yes Please explain

- \* CVS : Yes / No  No
- \* CNS : Yes / No  No
- \* GI Tract : Yes / No  No
- \* Abdomen : Yes / No  No
- \* Respiratory Tract : Yes / No  No

Investigations : (N = Normal; R - See Report)

Diagnosis (if any) : None

Recommendations / Impression

Fatty Liver  
STP N.V

PHYSICIAN SIGNATURE & STAMP  
*Dr. Vasudha*  
Dr. Vasudha R  
Ret. Dy. Civil Surgeon  
MBS Reg. No. 19636



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### VISUAL ACUITY

Right Eye

Left Eye

Distant Vision  
Without Glasses

With Glasses

Near Vision  
Without Glasses

With Glasses

Colour Vision  
Opinion / Advice

6/6

6/6

N/6

N/6

Normal

Optician  
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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Triiodothyronine Total (TT3)	105 ng/dL	60 - 200 ng/dL
Thyroxine - Total (TT4)	7.12 µg/dl	4.5 - 12.0 µg/dl
Thyroid Stimulating Hormone(TSH)	2.05 µIU/ml	0.3 - 5.5 µIU/ml
Method: C.L.I.A		

**Interpretation:**

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**\* End of Report \***

*Dr K. Mohesh Kumar MD*  
Consultant Pathologist

*Dr Rajani Girdha*  
Chief Biochemist

*Dr Rajani Girdha*  
Chief Biochemist



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Investigation

Result

Complete Urine Examination

Investigation	Result
<b>PHYSICAL EXAMINATION</b>	
Colour	Pale Yellow
Apperance	Clear
Reaction	Acidic
Specific Gravity	1.015
<b>CHEMICAL EXAMINATION</b>	
Albumin	Nil
Glucose	Nil
<b>MICROSCOPIC EXAMINATION</b>	
Pus Cells	1-2 /HPF
Epithelial Cells	2-3 /HPF
RBC	Nil /HPF
Crytals	Nil
Casts	Nil
Bacteria	Nil
Others	Nil

End of report

Dr. K. Mahesh Kumar, MD  
 Consultant Pathologist

Verified by

Dr. Rajani Gutlia  
 Chief Biochemist



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**Department of Biochemistry**

Investigation	Result	Reference Range
% HbA1c (Glycosylated Haemoglobin) (Method: HPLC-NGSP Certified)	5.2 %	< 6.0 : Pre-Diabetic 6-7 : Good Control 7-8 : Weak Control > 8.0 : Poor Control

**Intrepretation :**

HbA1c is an indicator of glycomic 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 with in 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.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...). 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.

Dr. Rajini G, PhD  
 Chief Biochemist

\*End of Report\*

Dr. K. Mahesh Kumar, MD  
 Consultant Pathologist



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Reg. No : 022-1058  
Registration Date : 15-08-2021  
Alt ID : 8801715124

**Department of Biochemistry**

Investigation	Result	Reference Range
<b>Liver Function Tests</b>		
Total Bilirubin (Method: Waller & Gerarde)	0.38 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Waller & Gerarde)	0.12 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.27 mg/dl	
Alkaline Phosphatase (Method: GSCC)	119 U/L	Male : 53 - 128 U/L Female : 42 - 88 U/L Children : 54 - 369 U/L
SGPT (Method: IFCC)	19 IU/L	UP TO 55 IU/L
SGOT (Method: IFCC)	25 IU/L	UP TO 55 IU/L
Total Protein (Method: Biuret)	7 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3 gm/dl	
A/G Ratio	1.33	
Gamma GT (IFCC Method)	29 U/L	Male : 10 - 60 U/L Female : 7 - 35 U/L

Dr. Rajan G. PhD  
Chief Biochemist

\*End of Report\*

Dr. K. Mahesh Kumar, MD  
Consultant Pathologist



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**Department of Biochemistry**

Investigation	Result	Reference Range
Fasting Plasma Glucose * <i>Blood Sugar</i> <i>Method GOD-POD</i>	70 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * <i>(Blood Sugar)</i> <i>Method GOD-POD</i>	N/R mg/dl	70 - 160 mg/dl
Blood Urea * <i>Method GLDH</i>	17 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * <i>Calculated</i>	7.9 mg/dl	6 - 25.5 mg/dl
Serum Creatinine * <i>Method Enzymatic</i>	0.7 mg/dl	Male : 0.7 - 1.3 Female : 0.6 - 1.1 New Born 1 - 4 days : 0.3 - 1.0 Infant (upto 1 year) : 0.2 - 0.4 Children : 0.3 - 0.7
Serum Uric Acid * <i>Method:Uricase POD</i>	6.3 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.8 - 6.0 mg/dl

\*End of Report \*

Mr Rajini G, PhD  
Chief Biochemist

Dr R Mahesh Kumar, MD  
Consultant Pathologist



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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	14.7 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	5.0 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	40 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	81 Cubic microns	76 - 98 Cubic microns
MCH	24 Picograms	27 - 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC ( Total )	7,800 cells/cmm	4,000 - 11,000 cells/cmm
<u>DIFFERENTIAL COUNT</u>		
Neutrophils (Polymorphs)	75 %	Adults : 40 - 75 % Children : 36 - 50 %
Lymphocytes	20 %	Adults : 20 - 40 % Children : 38 - 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,64,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	04 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Lab incharge

Method : Automated Cellcounter & Microscopy

\* End of Report \*

*Dr K Mallesh Kumar 240*  
 Consultant Pathologist

Verified *[Signature]*

*Dr Rajani Gupta*  
 Chief Biochemist



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**X-RAY CHEST PA VIEW**

- Visualized lung fields are clear.
- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.

**IMPRESSION:**

**\*\* NORMAL STUDY**

Consultant Radiologist



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A.I.D : 8801715124

Ultrasound Scan Abdomen

- Liver** Size ( 142 mm), Shape, contour normal. Increased echotexture. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal.
- Gall Bladder** Size, shape and wall thickness are normal. No calculus or no mass lesions are seen.
- Spleen** Size : 114 mm, Shape and echotexture normal. No abnormal calcifications seen.
- Pancreas** Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.
- Kidneys** Right kidney Measures : 85 x 42 mm  
Left kidney Measures : 90 x 52 mm  
Peri renal areas normal. Renal capsule normal. Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelvicaiyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Prostate** Size, Echotexture normal. No calcification seen. Volume - 17 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** \*\* FATTY LIVER ✓

DR. ABDUR  
Consultant Radiologist

(1) WhatsApp



GE HEALTHCARE  
140821 18:09:52

ADN 140821-130835

DHEEP KUMAR

RF

PM 2.6 715 0.1 40

B  
0 - Frq  
Gn  
- E/A  
Mad  
D  
DR  
FR  
AO

5-

M

10-

15-





ADITYA DIAGNOSTICS

14/03/21 18:09:52

ADHM 140321-180833

DILEEP KUMAR

RF



M 0.5 TR 0.1 AC

NEZ

B  
 0-Frq  
 G1  
 E/A  
 Map  
 D  
 DR  
 FR  
 AO

5-

10-

15-

Stage	Stage Time (Minutes)	Phase Time (Minutes)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (bpm)	P.V.C.	Comments
Supine					1.0	112	112/70	0		
Standing					1.0	115	115/70	0		
Exert					1.0	105	140/80	147		
Stage 1	3:00	3:01	1.7	10.0	4.7	144	140/80	201		
Stage 2	3:00	6:01	2.5	12.0	7.1	173	140/80	242		
Peak Ex	1:53	7:54	0.0	0.0	7.4	131	140/80	183		
Recovery	1:00		0.0	0.0	1.2	122	140/80	170		
Recovery	2:00		0.0	0.0	1.0	118	140/80	165		
Recovery	3:00		0.0	0.0	1.0	116	140/80	162		
Recovery	4:00		0.0	0.0	1.0	114	140/80	159		
Recovery	5:00		0.0	0.0	1.0	129	140/80	180		
Recovery	6:00		0.0	0.0	1.0	124	140/80	173		

Findings:

Exercise Time: 7:54 minutes  
 Max HR attained: 173 bpm 91% of Max Predictable HR 190  
 Max BP: 140/80 (mmHg)  
 Workload attained: 7.4 (Fair Effort Tolerance)  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur.  
 Final Impression: Test is negative for inducible ischemia.  
 Maximum Depression: 7:54

*Test is negative for inducible ischemia*

Dr. V. P. ...

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