

**LABORATORY REPORT**

Name : MR ABHISHEK SRIVASTAVA Age : 32 Yr(s) Sex : Male
Registration No : MH011410832 Lab No : 202310003037
Patient Episode : H18000001336 Collection Date : 14 Oct 2023 10:58
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 15:25
Receiving Date : 14 Oct 2023 13:45

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name	: MR ABHISHEK SRIVASTAVA	Age	: 32 Yr(s) Sex :Male
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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.64	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.53	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.63	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.80		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	15.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	14.10 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	77.0	IU/L	[32.0-91.0]
GGT	24.0	U/L	[7.0-50.0]



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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	40.5 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	18.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.98	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	8.7 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	140.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.63	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	101.6	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.



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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	242 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	50.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	171.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.8		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.4		<3 Optimal 3-4 Borderline >6 High Risk

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



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Registration No	: MH011410832	Lab No	: 202310003037
Patient Episode	: H18000001336	Collection Date	: 14 Oct 2023 13:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Oct 2023 16:11
Receiving Date	: 14 Oct 2023 13:45		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	DARK YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.025	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Department of Laboratory Medicine
LABORATORY REPORT

Name : MR ABHISHEK SRIVASTAVA Age : 32 Yr(s) Sex : Male
Registration No : MH011410832 Lab No : 32231005954
Patient Episode : R03000055139 Collection Date : 14 Oct 2023 19:22
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 14 Oct 2023 20:26
Receiving Date : 14 Oct 2023 19:43

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.110	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.730	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	2.690	µIU/mL	[0.340-4.250]

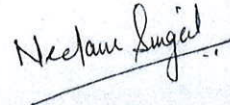
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* 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. Neelam Singal
CONSULTANT BIOCHEMISTRY

Department of Laboratory Medicine
LABORATORY REPORT

Name : MR ABHISHEK SRIVASTAVA Age : 32 Yr(s) Sex : Male
Registration No : MH011410832 Lab No : 32231005954
Patient Episode : H18000001336 Collection Date : 14 Oct 2023 19:22
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 20:26
Receiving Date : 14 Oct 2023 19:43

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	3.550 #	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

Neelam Singal

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Department of **LABORATORY REPORT**

Name : MR ABHISHEK SRIVASTAVA **Age** : 32 Yr(s) Sex :Male
Registration No : MH011410832 **Lab No** : 202310003037
Patient Episode : H18000001336 **Collection Date** : 14 Oct 2023 10:58
Referred By : HEALTH CHECK MGD **Reporting Date** : 14 Oct 2023 14:42
Receiving Date : 14 Oct 2023 13:45

HAEMATOLOGY

COMPLETE BLOOD COUNT (AUTOMATED)

SPECIMEN-EDTA Whole Blood

RBC COUNT (IMPEDENCE)	4.97	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.3	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.7	%	[40.0-50.0]
MCV (DERIVED)	89.9	fL	[83.0-101.0]
MCH (CALCULATED)	28.8	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	211	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.3		
WBC COUNT (TC) (IMPEDENCE)	9.05	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	37.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]

ESR 20.0 # mm/1sthour [0.0-10.0]

Department of Laboratory Medicine
LABORATORY REPORT

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 Registration No : MH011410832 Lab No : 202310003037
 Patient Episode : H18000001336 Collection Date : 14 Oct 2023 10:58
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 Receiving Date : 14 Oct 2023 13:45

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.5 % [0.0-5.6]

Method: HPLC

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

Estimated Average Glucose (eAG) 111 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.

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	: MR ABHISHEK SRIVASTAVA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011410832	Lab No	: 202310003038
Patient Episode	: H18000001336	Collection Date	: 14 Oct 2023 10:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Oct 2023 15:25
Receiving Date	: 14 Oct 2023 10:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	mg/dl	[70.0-110.0]

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	: MR ABHISHEK SRIVASTAVA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011410832	Lab No	: 202310003039
Patient Episode	: H18000001336	Collection Date	: 14 Oct 2023 16:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Oct 2023 18:14
Receiving Date	: 14 Oct 2023 16:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	91.0	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

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Abhishek SRIVASTAVA	STUDY DATE	14/10/2023 1:10PM
AGE / SEX	32 y / M	HOSPITAL NO.	MH011410832
ACCESSION NO.	R6251908	MODALITY	US
REPORTED ON	14/10/2023 10:07PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 122 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.3 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 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 98 x 43 mm.

Left Kidney: measures 89 x 40 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhakar Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

NAME	MR Abhishek SRIVASTAVA	STUDY DATE	14/10/2023 11:10AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH011410832
ACCESSION NO.	R6251907	MODALITY	CR
REPORTED ON	14/10/2023 4:05PM	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:

XR- CHEST PA VIEW
 No significant abnormality seen.

Please correlate clinically



Dr. Prabhakar Gupta MBBS, DNB, MNAMS
 CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

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**HEALTH CHECK RECORD**

Hospital No: MH011410832	Visit No: H18000001336
Name: MR ABHISHEK SRIVASTAVA	Age/Sex: 32 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 14/10/2023 11:41AM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -PHC

SYSTEMIC/ OPHTHALMIC HISTORY -NIL

EXAMINATION DETAILS RIGHT EYE LEFT EYE

VISION 6/6 6/6

CONJ NORMAL NORMAL

CORNEA CLEAR CLEAR

LENS CLEAR CLEAR

OCULAR MOVEMENTS FULL FULL

NCT 15 16

FUNDUS EXAMINATION

OPTIC DISC C:D 0.3 C:D 0.4 HNRR(OU)

MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT

E/D NST 4 TIMES DAILY BE X 6MONTH

REVIEW AFTER 6 MTH

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

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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**& DAY CARE CENTRE****Helpline: 99996 51125**In association with
Manipal Hospitals - Ghaziabad**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

32 years
Male

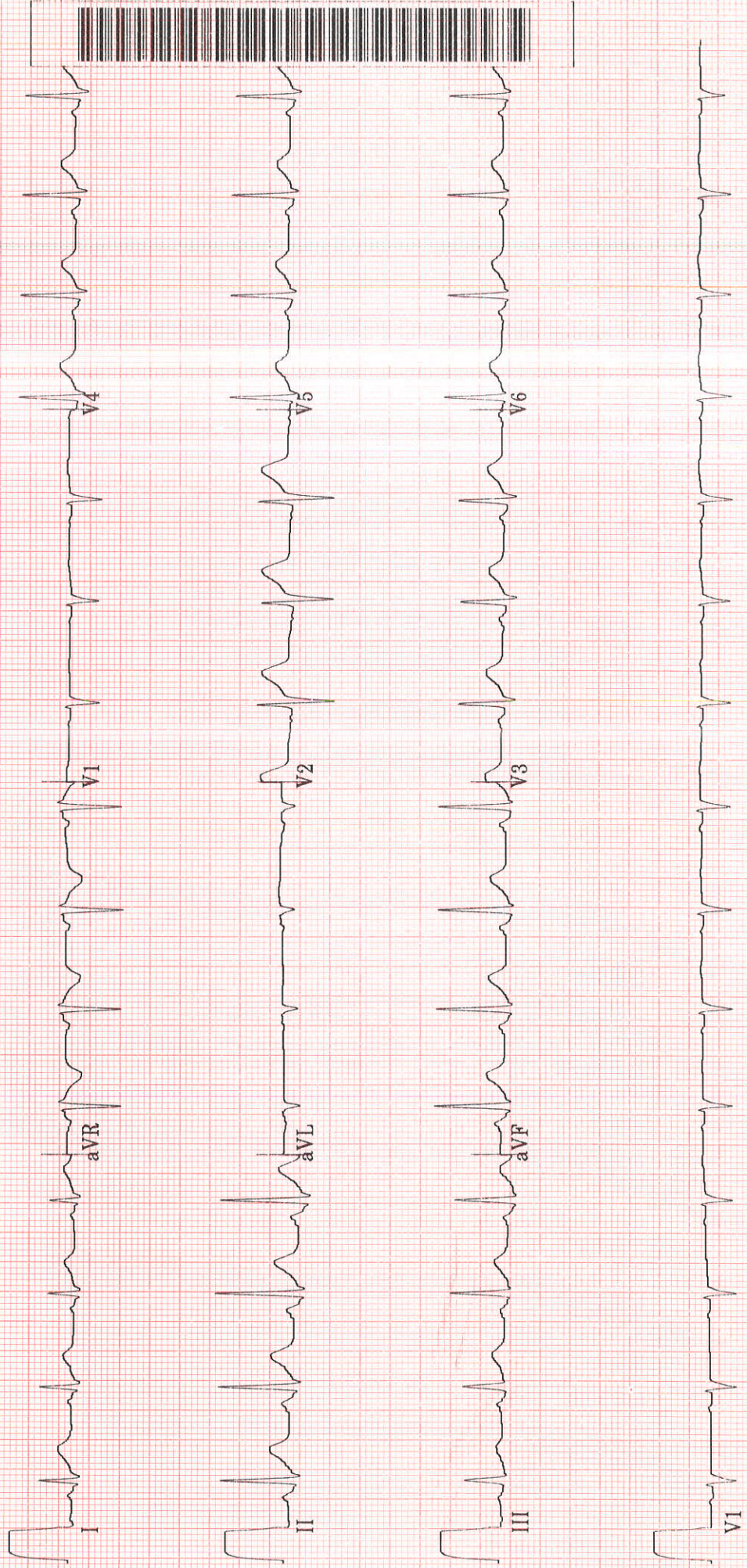
Caucasian

Vent. rate 77 bpm
PR interval 136 ms
QRS duration 84 ms
QT/QTc 354/433 ms
P-R-T axes 77 73 67

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by: Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	ABHISHEK SRIVASTAVA	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011410832	Order Date	: 14/10/2023
Ref. Doctor	: HCP	Report Date	: 14/10/2023

Protocol : Bruce **MPHR** : 188BPM
Duration of exercise : 6min 53sec **85% of MPHR** : 159BPM
Reason for termination : THR achieved **Peak HR Achieved** : 160BPM
Blood Pressure (mmHg) : Baseline BP : 118/78mmHg **% Target HR** : 85%
Peak BP : 140/78mmHg **METS** : 8.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	118/78	Nil	No ST changes seen	Nil
STAGE 1	3:00	136	124/78	Nil	No ST changes seen	Nil
STAGE 2	3:00	153	134/78	Nil	No ST changes seen	Nil
STAGE 3	0:53	160	140/78	Nil	No ST changes seen	Nil
RECOVERY	3:12	117	124/78	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 Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
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Cardiology Registrar

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Page 1 of 2

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