



L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel: +91 40-2784 5852, 6649 1787

Fax: +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : MR.ASHUTOSH BAJPAI [81302]

Age / Gender : 51 Years / Male

Ref.By : -

Req.No

-

BIL1836482

TID/SID : UMR0726922/ 23253292

Registered on: 01-Mar-2022 / 08:50 AM Collected on: 01-Mar-2022 / 08:51 AM

Reported on : 01-Mar-2022 / 13:16 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour	Yellow		Light Yellow
Method:Photo detectors(instrument)			
Appearance	Clear		Clear
Method:Photo diode array sensor			
Specific gravity	1.010		1.003-1.030
Method:lon concentration/colour indicator			
Reaction and pH	7.5		5.0-8.0
Method:Double Indicator			
Protein	Negative		Negative
Method:Protein Error of pH indicators			
Glucose	Negative		Negative
Method:Double sequential enzymatic/GOD-PAP			
Urobilinogen	Negative	mg%	0.2-1.0
Method:Reagent strip/Reflectance photometry			mg%
Ketones	Negative		Negative
Method:Strip method/Nitroprusside method			
Blood	Negative		Negative
Method:Peroxidase			
Bile Salt	Negative		Negative
Method:Hays Method			
Bile Pigment	Negative		Negative
Method:Fouchets Method			
Microscopic Examination			
Pus cells (leukocytes)	1 - 2	/hpf	0-5 /bpf
Method:Microscopy Of Sediment			/hpf
RBC (erythrocytes)	Nil	/hpf	0-2
Method:Microscopy Of Sediment			/hpf
Epithelial cells	Nil	/hpf	0-8 /hpf
Method:Microscopy Of Sediment			/hpf
Crystals	Nil	/lpf	Nil /lpf
Method:Microscopy Of Sediment			/lpf

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Page 1 of 17

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Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai Regd. No: 52272 **MD PATHOLOGY**

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Page 2 of 17

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: 7.30 am to 9.30 am

Call: 7995421787, 7093445852,8121147282, 9885202212

Sundays & Holidays

Free Home Visit for Sample Collection.

:7.00 am to 1.00 pm





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DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Results

Blood Grouping (ABO) 0

Rh Typing (D) Method:Agglutination

Parameter

POSITIVE

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin.,	14.1	gm/dL	13.0-17.0 g/dL gm/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	5.4	mill /cu.mm	4.5-5.5
Method:Electrical Impedence			mill /cu.mm
PCV/HCT.,	42	%	40-50 %
Method:Numeric Integration			
MCV.,	78	fL	83-101 fL
Method:Calculated			
MCH.,	25.8	pg	27-32 pg
Method:Calculated			
MCHC	32.9	g/dL	31.5-34.5 gm/dL g/dL
Method:Calculated			
RDW (CV).,	15.7	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	5.9	cells/cumm	4-10 cells/cumm
Method:Impedence flowcytometry/Light scattering			Cells/Cultilli
Differential Count			
Neutrophils:,	57	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes:,	36	%	20-40 %
Method:Flowcytometry/Microscopy	_	0/	0.40.0/
Monocytes.,	5	%	2-10 %
Method:Flowcytometry/Microscopy	•	0/	4.0.07
Eosinophils.,	2	%	1-6 %
Method:Flowcytometry/Microscopy	0	0/	0.00/
Basophils.,	0	%	0-2 %
Method:Flowcytometry/Microscopy	2.26	colle/oumm	2.0-7.0
Absolute Neutrophil Count	3.36	cells/cumm	cells/cumm
Absolute Lymphocyte Count	2.12	cells/cumm	1.0-3.0 cells/cumm

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.3	cells/cumm	0.20-1.0 cells/cumm
Absolute Eosinophil Count	0.12	cells/cumm	0.02-0.5 cells/cumm
Absolute Basophil Count	0	cells/cumm	0.02-0.1 cells/cumm
Platelet Count Method:Electrical Impedence	180	lakhs/cumm	150-410 lakhs/cumm
Peripheral Smear			
RBC Method:Microscopy	Normocytic and Normochromic,Mic ytes+.	croc	
WBC	Within normal		

limits.No abnormal Method:Microscopy cells seen. Discrete and **Platelets** adequate.Normal in Method:Microscopy morphology

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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	06	mm/hour	0-10 mm/hour
Method:Westergren			

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.4	mg/dL	7-23 mg/dL
Method:Calculated			

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Reported on : 01-Mar-2022 / 13:06 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.95	mg/dL	0.60-1.30 mg/dL

Method:Alkaline Picrate

* Sample processed at Parkline

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Ref.By : -

Req.No

F1 Veers / Male

BIL1836482

TID/SID : UMR0726922/ 23253293F

Registered on : 01-Mar-2022 / 08:50 AM

Collected on : 01-Mar-2022 / 08:51 AM Reported on : 01-Mar-2022 / 14:03 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	92	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic: >/=126 mg/dL

* Sample processed at Parkline

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BII 1836482

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Registered on: 01-Mar-2022 / 08:50 AM

Collected on : 01-Mar-2022 / 10:04 AM Reported on : 01-Mar-2022 / 14:03 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	138	mg/dL	Normal: 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic: >/=200 mg/dL

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Radiologists Timings(Weekdays): 7.30 am to 1.30 pm

& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am

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:7.00 am to 1.00 pm

Lab Timings (Weekdays): 7.00 am to 8.30 pm

Sundays & Holidays

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Age / Gender : 51 Years / Male Registered on : 01-Mar-2022 / 08:50 AM

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	6.0	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	125	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note: Mean Plasma Glucose is calucated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION:

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- 4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- 5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	207	mg/dL	Desirable Level: < 200 Borderline: 200 - 239 High: > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	36	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	142	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	29	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	148	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.75		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.94		-

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin.	0.59	mg/dL	0.3-1.2 mg/dL
Method:Diazo with sulphanilic acid			
Direct Bilirubin.	0.13	mg/dL	0.00-0.40 mg/dL
Method:Diazo with sulphanilic acid			
Indirect Bilirubin.	0.46	mg/dL	
Method:Calculated			
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	25	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT)	19	U/L	10-40 U/L
Method:IFCC without P5P	F0	1.17	00 445 114
ALP (Alkaline Phosphatase).	50	U/L	30-115 U/L
Method:AMP-IFCC			
PROTEINS			
Total Protein.	7.08	g/dL	6.0-8.0 g/dL
Method:Biuret			
Albumin.	4.30	g/dL	3.5-4.8 g/dL
Method:Bromocresol Green (BCG)			
Globulin.	2.78	g/dL	2.3-3.5 g/dL
Method:Calculated			
A/GRatio.	1.55		0.8-2.0
Method:Calculated			
Gamma GT.	30	U/L	7.0-50.0 U/L
Method:IFCC-Enzymatic			

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value		Biological Reference Interval
Prostate Specific Antigen (PSA) Total	2.24	ng/mL	0-3.9 ng/mL
Method:Enhanced chemiluminescence			

Interpretation:

- 1. Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination, prostatic massage, cystoscopy, needle biopsy etc
- 3. Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
- 4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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Lab Timings (Weekdays): 7.00 am to 8.30 pm

Sundays & Holidays :7.00 am to 1.00 pm

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& 5.45 pm to 7.45 pm

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Fax: +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : MR.ASHUTOSH BAJPAI [81302]

Age / Gender : 51 Years / Male

Ref.By : -

Req.No

BII 1836482

TID/SID : UMR0726922/ 23253291

Registered on: 01-Mar-2022 / 08:50 AM

Collected on : 01-Mar-2022 / 08:51 AM

Reported on : 01-Mar-2022 / 13:06 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3)	1.56	ng/mL	0.970-1.69 ng/mL
Method:Enhanced chemiluminescence			
Thyroxine Total (T4).	11.8	μg/dL	5.53-11.0 μg/dL
Method:Enhanced chemiluminescence			
Thyroid Stimulating Hormone (TSH).	2.07	μIU/mL	0.465-4.68 μIU/mL
Method:Enhanced chemiluminescence			

Note: Change in method and reference range NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50 2nd Trimester : 0.20 - 3.00 3dr Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2. Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai Regd. No: 52272 MD PATHOLOGY

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The Test marked with *are not accredited by NABL

Lab Timings (Weekdays): 7.00 am to 8.30 pm

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& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am



NABL Accredited Certificate No.MC-2566

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TEST REPORT

: MR.ASHUTOSH BAJPAI [81302] Name

Age / Gender : 51 Years / Male

Ref.By

Req.No

BIL1836482

TID/SID : UMR0726922/ 23253291

Registered on: 01-Mar-2022 / 08:50 AM

Collected on : 01-Mar-2022 / 08:51 AM Reported on : 01-Mar-2022 / 13:06 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.19	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai Regd. No: 52272 **MD PATHOLOGY**

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& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am

Free Home Visit for Sample Collection.



NABL Accredited Certificate No.MC-2566

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TEST REPORT

: MR.ASHUTOSH BAJPAI [81302] Name

Age / Gender : 51 Years / Male

Ref.By

Req.No

BIL1836482

: UMR0726922/ 23254688 TID/SID Registered on: 01-Mar-2022 / 08:50 AM

Collected on : 01-Mar-2022 / 14:26 PM

Reported on : 01-Mar-2022 / 15:04 PM

Reference : Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

Urine Glucose Fasting

Nil

NIL

Method:Reagent strip/Reflectance photometry

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai Regd. No: 52272 MD PATHOLOGY

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Page 17 of 17

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Email parklinediagnostics@gmail.com www.parklinediagnostics.com

MEDICAL EXAMINATION REPORT

Name	Mr. Ashutosh Bajpa	Date: 01/03/2022
Company	alo: medi wheel	Reg. No.: 1836483
Contact No.	8889788839	Sex M Age: S1
Туре	Pre-Emp	Emp. No.: 81302
A Street	Overseas	Height 176 cus
	Annual	Weight (5/cg/s
Remarks		
	- Déviced to follow - l'est all physical within (w	4 tab parametres
		DR. PRIYANKA SANNIDHI MBBS Regn. No. 11351
Fitness Status	Medically Fit / Unfit	Physician's Signature

TO DEPORT
MEDICAL EXAMINATION REPORT
COMPREHENSIVE MEDICAL EXAMINATION REPORT
NAME Mr. Ashufosh Rajpai NAME Mr. Ashufosh Rajpai One Male Chest Fand
NAME Mr. Ashutosh water AGE Sign Male MARITAL STATUS Manied CHILDREN: M F2 AMOUNT OF Shorter bland.
MARITAL STATUS Maurice Chilles on fur (Rr) standard
ICATION (IF AIV)
Tuborculosis, Diabetes, Asthma, Cancer
Any family H/o: High Blood Pressure, Heart Disease, Tubercured Any family H/o: High Blood Pressure, Heart Disease,
Any family 110
Any personal H/o Major illness like: Typhoid NIL Jaundice NIL Etc. Any personal H/o Major illness like: Typhoid A Amadush discolaration on the It Feet. Skin infection 2 Dozest
Any personal H/o Major illness like: Typhoid
(00/3/11)
H/o Blood Transfusion NIC Giddiness
H/o Blood TransfusionRecent Vaccination
H/o Blood Transico. N(C Giddiness
Any Personal H/O.
Heart Disease Tuberculosis,
High Blood Pressure, Heart Disease Tubble X X X X X X X X X
Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, W
Drug Abuse, Drug Allergy, Micturition, Bowers,
T. Telpress young.
Present illness / Medication GENERAL EXAMINATION
Nutritional Status:
Conjunction Nodes:
Fdema Feet:
Varicose Veins:
Nose .
Throat & Oral Cavity:

Distant Vi	sion : Near Vision :	
Right Eye:	436 +4.50 Sph 6/6	Right Eye: Add +2.00 sph N6
With glass	es / Without glasses	With glasses / Without glasses
left Eye :_	6/36 + 4.50 spm 6/6	left Eye: Add +2.00 Sph 6/6
with glasse	es / without glasses	with glasses / without glasses
Colour Vis	ion: Bearly	Ophthalmologist's Signature
Right Ear		Left Ear
Hearing:	N	
Rinee's Te	st;	(N)
Weber Tes	at:	
Discharge	: NIL	NIL
	To the studential of	
	SYSTEMIC EXA	MINATION
Pulse :	so bym	B.P.: 120/80 why
Lungs :	A. Shape of Chest B. Breath Sounds C. Adventitious Sounds	metricel
Heart :	A. Sounds & top	
	B. Murmurs No munus	Nervous System
Abdomen	: A. Liver NPD	A. Higher Function :
	B. Spleen NPD	B. Craneal Nerves :
	C. Piles NIL	C. Sensory System :
	D. Any Lump NIL	D. Motor System :
		E. Jerks:
General:	A. Hernia	
7	B. Hydrocele	
	C. Varicocele	
Breast:	Rt	t.

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date:

Signature

leu Bash

Place:

Note: General Physical Examination and Investigation included in the health check-up
Have certain limitations and may not be able to detect all iatent and asymptomatic diseases.
Any new symptoms developing after the health check-up or persisting therafter should be brought to the attention of the treating physician.



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TEST REPORT

Name

: Mr . ASHUTOSH BAJPAI [81302]

Age / Gender : 51 Years / Male

Ref.By

: Medi Wheel

Reg. No

: BIL1836482

: UMR0726922

Registered on : 01-Mar-2022 08:50 AM

Reported On : 01-Mar-2022 03:09 PM

Ultrasound Abdomen and Pelvis

LIVER is normal shape, size (12.5 cms) and increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size (10.3 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Corticomedullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

Right kidney measures 11.2 x 4.5 cms, Left kidney measures 10.4 x 5.0 cms.

URINARY BLADDER shows normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

Pre void: 400 cc, Post void: 37 cc.

PROSTATE shows normal shape, enlarged in size and normal in echopattern.

It measures 3.8 x 4.4 x 3.7 cms, Vol - 32 cc.

No evidence of free fluid in the abdomen.

IMPRESSION:

- * Grade I fatty liver.
- * Grade I prostatomegaly.

Suggested clinical correlation and follow up

Dr.Karuna Belide Consultant Radiologist

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Free Hame Visit for Sample Collection

Sundays & Holidays

: 7.00 am to 1.00 pm

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& 5.30 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am

Call : 700E421797 700244E9E2 0121147292 009E202212



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TEST REPORT

Name

: Mr . ASHUTOSH BAJPAI [81302]

Age / Gender

: 51 Years / Male

Ref.By

: Medi Wheel

Reg. No

: BIL1836482

TID

: UMR0726922

Registered on : 01-Mar-2022 08:50 AM

Reported On

: 01-Mar-2022 10:53 AM

DEPARTMENT OF X-RAY X-Ray Chest PA View

Lungs are clear.

Cardio thoracic ratio is normal.

Hila are normal.

C P angles are free.

Diaphragmatic hump on right.

Bony cage is normal.

Dr. D.J. MOHAN MD DMRD (Reg No. 8985) Consultant Radiologist

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Sundays & Holidays

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& 5.30 pm to 7.45 pm

Sundays & Holidays

: 7.30 am to 9.30 am

WAL WALL

CARDIART

HR : 89 bpm
P : 108 ms
PR : 147 ms
QRS : 97 ms
QT/QTc : 332/406 ms
P/QRS/T : 76/58/59 °
RV5/SV1 : 1.204/0.517 mV

Dr. NAVEEN KUMAR .C M.D., D.M. Consultant Cardiologist Reg. No. 52291

Diagnosis Information: Sinus Rhythm ***Normal ECG***

PATIENT SUMMARY REPORT

PARKLINE DIABNOSTIES PVI LTD

1836483 ID

NAME MR ABINITOBII BAJPAI

AGE/BEX BI / MALE

HEIGHT (cm): 176 WEIGHT (kg): 85

PROTOCOL : BRUCE

REF. BY

: MEDIWHEEL

DONE BY : DR NAVEEN KUMAR C

TECHNICIAN : G.M.SURESH

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

Routine Check Up.

Hypertension.

Very Active.

ECG

THR ACHIEVED

Good (> 10 METS).

No.

Normal.

Normal.

Negative for ondribte ischemiq

Dr. NAVEEN KUMAR .C

Consultant Cardiologist Reg. No. 52291

Page No.: 1

Confirmed By :_

Signature