

NAME	ANIL chatrath	STUDY DATE	01-04-2023 09:03:58
AGE / SEX	065Yrs / M	HOSPITAL NO.	MH002468270
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	02-04-2023 10:57:31	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.



Dr. Divya Jain MBBS, DNB
DMC/R/7955
Associate Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	ANIL chatrath	STUDY DATE	01-04-2023 09:03:58
AGE / SEX	065Yrs / M	HOSPITAL NO.	MH002468270
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	02-04-2023 10:57:31	REFERRED BY	Dr. Health Check MHD

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.



Name	: MR ANIL CHATRATH	Age	: 60 Yr(s) Sex :Male
Registration No	: MH002468270	Lab No	: 32180400264
Patient Episode	: H30000002140	Collection Date	: 07 Apr 2018 10:31
Referred By	: HEALTH CHECK MHD	Reporting Date	: 07 Apr 2018 15:24
Receiving Date	: 07 Apr 2018 11:02		

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 6.0 As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology Turbidimetric inhibition immunoassay (TINIA)

Estimated Average Glucose (eAG) 126 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.

LIPID PROFILE

TOTAL CHOLESTEROL (CHOD/POD)	251 #	mg/dl	Specimen: Serum [<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	160 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	49	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	32	mg/dl	[10-40]
LDL- CHOLESTEROL	170 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	5.1		<4.0 Optimal 4.0-5.0 Borderline



Name : MR ANIL CHATRATH **Age** : 60 Yr(s) Sex :Male
Registration No : MH002468270 **Lab No** : 32180400264
Patient Episode : H30000002140 **Collection Date** : 07 Apr 2018 10:31
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Apr 2018 13:14
Receiving Date : 07 Apr 2018 11:02

BIOCHEMISTRY

LDL.CHOL/HDL.CHOL Ratio 3.5

>6 High Risk
<3 Optimal
3-4 Borderline
>6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

KIDNEY PROFILE -

Specimen: Serum

BUN (Urease/GLDH)	17.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.90	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.5	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	10.3 #	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.8	mg/dl	[2.3-4.7]
eGFR	92.5	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.



Name : MR ANIL CHATRATH **Age** : 60 Yr(s) Sex :Male
Registration No : MH002468270 **Lab No** : 32180400264
Patient Episode : H30000002140 **Collection Date** : 07 Apr 2018 10:31
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Apr 2018 13:15
Receiving Date : 07 Apr 2018 11:02

BIOCHEMISTRY

Specimen Type : serum

Serum LIVER FUNCTION TEST

BILIRUBIN-TOTAL (mod.J Groff)**	0.81	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.23 #	mg/dl	[<0.2]
SGOT/ AST (P5P,IFCC)	21.00	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	24.00	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	75	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.4	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.7	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.7	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.70		

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MR ANIL CHATRATH **Age** : 60 Yr(s) Sex :Male
Registration No : MH002468270 **Lab No** : 32180400264
Patient Episode : H30000002140 **Collection Date** : 07 Apr 2018 10:31
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Apr 2018 12:45
Receiving Date : 07 Apr 2018 11:02

BIOCHEMISTRY

Specimen Type : Serum

Serum FREE T3 (ECLIA) 2.75 pg/mL [2.40-4.20]

Specimen Type : Serum

Serum FT4 (ECLIA) 1.37 ng/dL [0.80-2.30]

Specimen : Serum

Serum TSH (CLIA) 3.400 μ IU/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>

Page 4 of 6

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

Dr. Lona Mohapatra
CONSULTANT PATHOLOGY



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited



Name : MR ANIL CHATRATH **Age** : 60 Yr(s) Sex :Male
Registration No : MH002468270 **Lab No** : 33180400220
Patient Episode : H30000002140 **Collection Date** : 07 Apr 2018 10:31
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Apr 2018 11:40
Receiving Date : 07 Apr 2018 10:59

HAEMATOLOGY

COMPLETE BLOOD COUNT (Automated)

Specimen-EDTA Blood

WBC Count (TC)	5930	/cu.mm	[4400-11000]
RBC Count	4.30 #	million/cu.mm	[4.50-5.50]
Haemoglobin	12.5 #	g/dl	[13.0-17.0]
Haematocrit [PCV]	37.9 #	%	[40.0-50.0]
MCV	88.6	f1	[83.0-101.0]
MCH	29.2	pg	[27.0-32.0]
MCHC	33.0	g/dl	[31.5-34.5]
Platelet Count	246000	/ cu.mm	[150000-400000]
RDW (CV)	12.8	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils	55.3	%	[40.0-75.0]
Lymphocytes	31.9	%	[20.0-45.0]
Monocytes	7.6	%	[2.0-10.0]
Eosinophils	4.9	%	[0.0-7.0]
Basophils	0.3	%	[0.0-1.0]





Name : MR ANIL CHATRATH **Age** : 60 Yr(s) Sex :Male
Registration No : MH002468270 **Lab No** : 33180400220
Patient Episode : H30000002140 **Collection Date** : 07 Apr 2018 10:31
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Apr 2018 12:48
Receiving Date : 07 Apr 2018 10:59

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 21.0 # /1sthour [0.0-12.0]

ROUTINE URINE ANALYSIS (Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour YELLOW (Pale Yellow - Yellow)
 Appearance CLEAR
 Reaction[pH] 5.0 (4.6-8.8)
 Specific Gravity 1.025 (1.015-1.025)

CHEMICAL EXAMINATION

Protein/Albumin Negative (NIL-TRACE)
 Glucose NOT DETECTED (NIL)
 Ketone Bodies NOT DETECTED (NIL)
 Urobilinogen NIL (NORMAL)
 Bile Salts NOT DETECTED (NEGATIVE)
 Bile Pigments NIL (NIL)

MICROSCOPIC EXAMINATION

WBC/Pus Cells 1-2 /hpf (4-6)
 Red Blood Cells NIL (1-2)
 Epithelial Cells 1-2 /hpf (2-4)
 Casts NIL (NIL)
 Crystals NIL (NIL)
 Bacteria NIL
 Spermatozoa ABSENT
 Tricomonas Vaginalis ABSENT
 Yeast cells NIL

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



Name:	ANIL CHATRATH	Hospital No:	MH002468270
Age:	65	Sex:	M
Doctor:	Health Check MHD	Episode No:	H30000002140
Order:	Tread Mill Test	Result Date:	07 Apr 2018 16:04

TMT (TREAD MILL/STRESS TEST)

1. Baseline ECG is within normal limit.
2. The patient exercised for 9.36 minutes on BRUCE PROTOCOL and achieved a work load of 12.0 METS.
3. THR achieved.
4. He attained a peak hear rate of 165 BPM which is 103 % of the predicted maximum heart rate.
5. No significant ST-T changes observed at peak exercise and during recovery.
6. BP response was normal.
7. No symptoms and significant arrhythmia noted.

IMPRESSION: TMT is negative for reversible ischemia

DR. SARITA GULATI
MD, DM
SENIOR INTERVENTIONAL CARDIOLOGIST

Dr. Sarita Gulati
CONSULTANT

NAME	ANIL chatrath	STUDY DATE	01-04-2023 09:13:31
AGE / SEX	065Yrs / M	HOSPITAL NO.	MH002468270
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Ultrasound abdomen n pelvis
REPORTED ON	01-04-2023 12:51:02	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size **and shows grade I fatty changes**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK = 9.9 x 4.8 cm and LK = 9.6 x 5.1 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

The post void urine volume is 27 cc

Prostate is enlarged in size. It measures 30.5 cc in volume.

Retro-peritoneum is normal.

No significant free fluid is detected.

IMPRESSION:

- Grade I fatty liver.
- Prostatomegaly

Kindly correlate clinically



N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	ANIL chatrath	STUDY DATE	01-04-2023 09:13:31
AGE / SEX	065Yrs / M	HOSPITAL NO.	MH002468270
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Ultrasound abdomen n pelvis
REPORTED ON	01-04-2023 12:51:02	REFERRED BY	Dr. Health Check MHD

Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.