

10851539

mr sunil datt

3/16/2023 11:14:10 AM

45 Years

Male

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 PR 131 . ST elevation, consider anterolateral injury.....ST >0.15mV, I aVL V2-V6
 QRSD 83 . Tall T, consider metabolic/ischemic abnrm.....T >1.2mV
 QT 393
 QTc 436

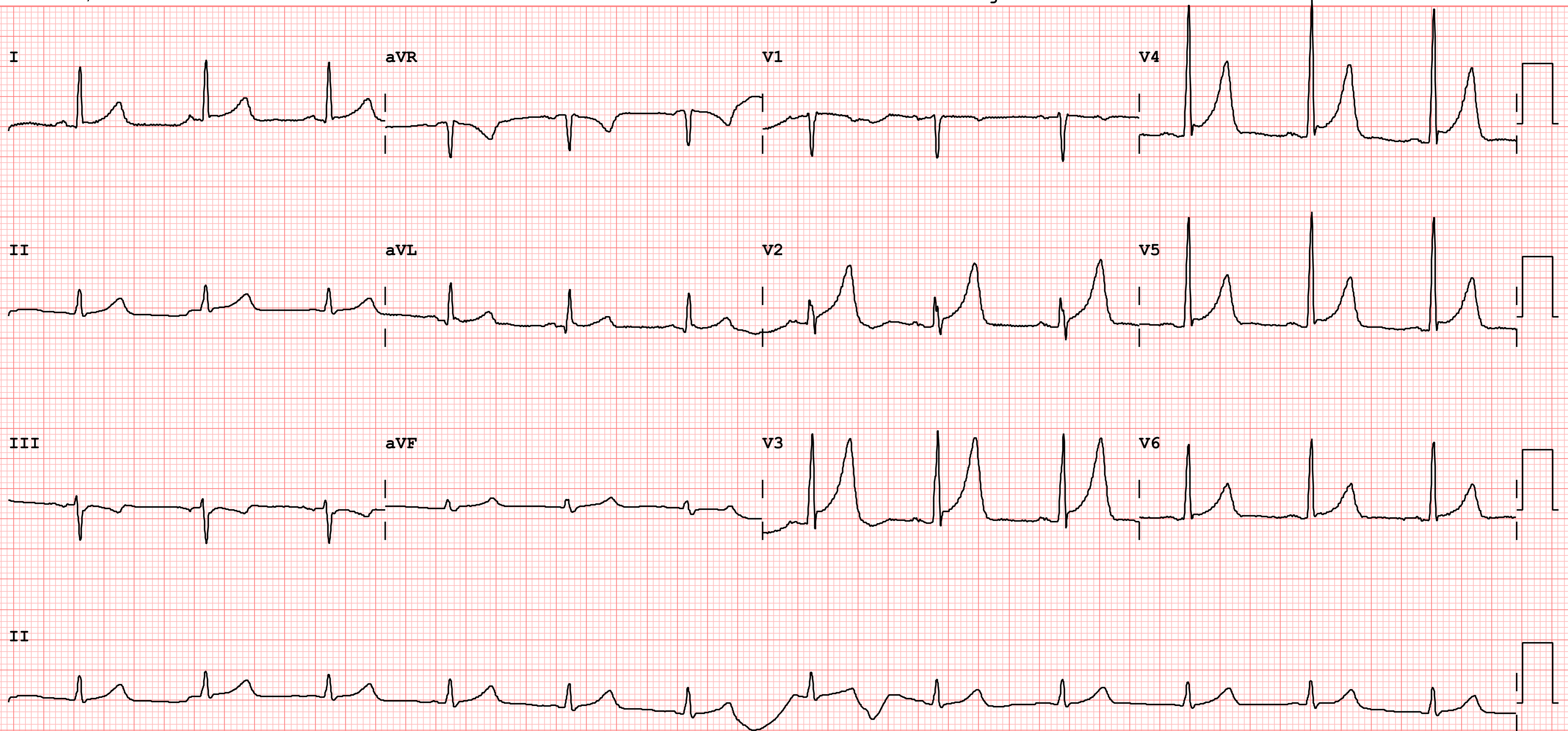
--AXIS--

P 4
 QRS 0
 T 14

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 31230300798
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 13:53
Receiving Date : 16 Mar 2023 13:42

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba



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Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 32230305963
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 15:02
Receiving Date : 16 Mar 2023 11:28

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)

11.1 #

As per American Diabetes Association (ADA)
% **[4.0-6.5] HbA1c in %**
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 272 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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.63	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.37	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	10.520 #	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>



Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 32230305963
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 12:51
Receiving Date : 16 Mar 2023 11:28

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	176	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	111	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	44	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	22	mg/dl	[10-40]
LDL- CHOLESTEROL	110 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.5		<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.



Name : MR SUNIL DUTT Age : 45 Yr(s) Sex :Male
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Patient Episode : H03000053027 Collection Date : 16 Mar 2023 09:59
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Receiving Date : 16 Mar 2023 11:28

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.60	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.27 #	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.33	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	34.90	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	58.80 #	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	162 #	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	8.5 #	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.9 #	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.18		[1.10-1.80]

Note:

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

*New born: 4 times the adult value





Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
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Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 12:51
Receiving Date : 16 Mar 2023 11:28

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.70 #	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	3.8	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.4	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.0	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	135.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	3.97	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	96.6	mmol/l	[95.0-105.0]
eGFR	114.0	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 SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 32230305963
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.622	ng/mL	[<2.500]

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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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 32230305964
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 18:28
Receiving Date : 16 Mar 2023 11:30

BIOCHEMISTRY

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 235 # mg/dl [70-100]

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

Dr.Lakshita singh



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Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 33230303558
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 15:31
Receiving Date : 16 Mar 2023 11:32

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 7.0 /1sthour [0.0-10.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	7670	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.34	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.6	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	46.0	%	[40.0-50.0]
MCV (Calculated)	86.1	fL	[83.0-101.0]
MCH (Calculated)	29.2	pg	[25.0-32.0]
MCHC (Calculated)	33.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	96000 #	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.9	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	64.1	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	26.1	%	[20.0-40.0]



Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 33230303558
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Mar 2023 15:44
Receiving Date : 16 Mar 2023 11:32

HAEMATOLOGY

Monocytes (Flowcytometry)	7.3	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.2	%	[1.0-6.0]
Basophils (Flowcytometry)	0.3 #	%	[1.0-2.0]
IG	1.00	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.9	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	2.0	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.6	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.2	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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

Dr.Lakshita singh



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Name	: MR SUNIL DUTT	Age	: 45 Yr(s) Sex :Male
Registration No	: MH010851539	Lab No	: 38230301163
Patient Episode	: H03000053027	Collection Date	: 16 Mar 2023 09:59
Referred By	: HEALTH CHECK MHD	Reporting Date	: 16 Mar 2023 17:01
Receiving Date	: 16 Mar 2023 13:46		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	6.5	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.030	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
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	
Yeast cells	NIL	

Interpretation:



Name : MR SUNIL DUTT **Age** : 45 Yr(s) Sex :Male
Registration No : MH010851539 **Lab No** : 38230301163
Patient Episode : H03000053027 **Collection Date** : 16 Mar 2023 09:59
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CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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

Dr.Lakshita singh



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NAME	Sunil DUTT	STUDY DATE	16-03-2023 13:55:38
AGE / SEX	045Yrs / M	HOSPITAL NO.	MH010851539
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	16-03-2023 16:45:55	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN SCREENING

Findings:

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

Gall bladder is adequately distended and 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 and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen in either kidney. Bilateral pelvicalyceal systems are not dilated.

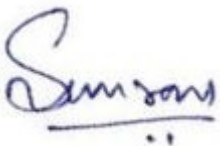
Urinary bladder is optimally distended with normal in wall thickness and clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in size and shows heterogeneous echotexture with parenchymal calcification. It weighs 23.5 gms.

No significant free fluid is detected

Impression: USG findings are suggestive of grade I fatty liver

Kindly correlate clinically.



**Dr. Simran Singh DNB, FRCR(UK), DMC Reg. no. 36404
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	Sunil DUTT	STUDY DATE	16-03-2023 13:55:38
AGE / SEX	045Yrs / M	HOSPITAL NO.	MH010851539
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	16-03-2023 16:45:55	REFERRED BY	Dr. Health Check MHD

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