

**HEALTH CHECK UP**

Name : Mr. Joginder pal Singh

Date : 6/9/2023

Age : 59 yrs

Sex :  Male /  Female

Marital status : Married / Single

**PERSONAL HISTORY**

Habits : Smoking / Tobacco & Snuff / Alcohol OCC

Drug allergy if any : .....

Medical : ..... No

Surgical : .....

Height 173 cm Weight 91 Kg. BP 139/80 Pulse 86 M-

Vision : Rt 6/36 Lt 6/36 With Spectacles  Rt 6/12 Lt 6/9

Colour Vision :  Normal /  Abnormal  
Near Vision N-24, NEN-18  
Inspect N-6 BE

**FAMILY HISTORY**

Father ..... Mother ..... Siblings .....

CVS : Heart Sound ..... Normal Murmurs ..... Absent Thrills ..... Absent

RS : Rate ..... /mt Breath sounds ..... Normal Adventitious ..... Absent

ABDOMEN : Tenderness ..... Absent Rigidity ..... Absent Bowel sound ..... Normal

Liver ..... NAD Kidney ..... NAD Hernia ..... Absent

CNS : Cranial Nerves ..... NAD Sensory System ..... NAD Motor System ..... NAD

ENT ..... NAD

Remarks

Dr. Bharti Jeswani  
MBBS

Dr. Seema Kale  
MBBS, MD

Dr. S. K. Suri  
MBBS

Dr. Meenakshi  
MBBS

THE APOLLO CLINIC  
Rajouri Garden  
Dr. Meenakshi Gupta Leekha  
(M.B.B.S.)  
DMC Reg. No - 30339

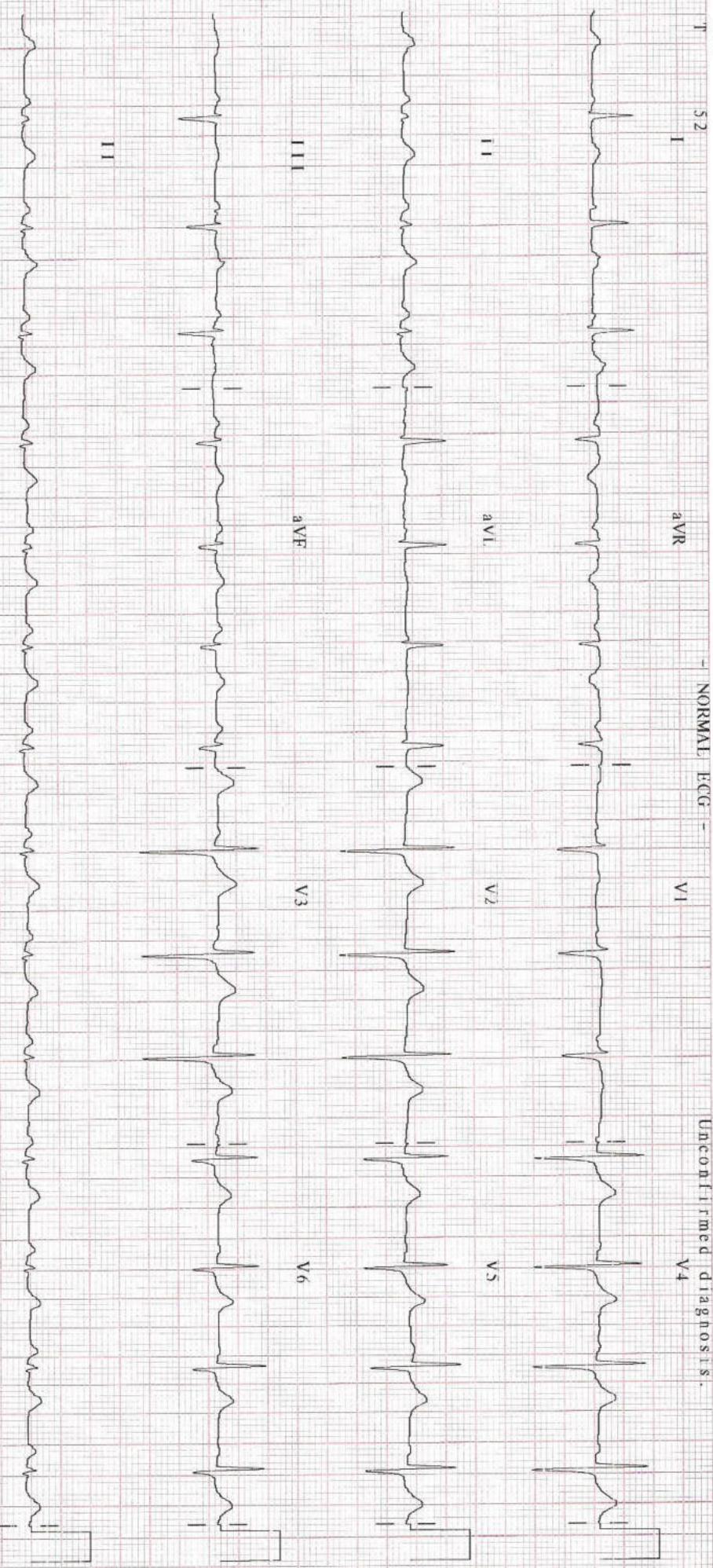
HOME SAMPLE COLLECTION FACILITY AVAILABLE

06-Sep-2023 17:26:08 mr joginder pal sahni  
59 Years Male

Rate 86 . NORMAL SINUS RHYTHM, RATE 86.....normal P axis, PR, rate & rhythm

PR 157  
QRSD 76  
QT 351  
QTc 420

--Axis--  
P 67  
QRS -7



Unconfirmed diagnosis.



NAME: MR JOGINDER PAL SAHNI  
REF

AGE: 59 / Sex / M  
DATE 06/09 /2023

**ECHO ADULT (COLOUR DOPPLER)**

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) 32.4 mm	(1.5 cm/m <sup>2</sup> )	IVS (Ed) 14.5 mm	(0.6-1.2cm)
LA (es) 30.0 mm	(1.5 cm/m <sup>2</sup> )	LVPW (Ed) 13.6 mm	(.6-1.3cm)
RVID (ed) Normal	(0.9cm/m <sup>2</sup> )	EF	65.0 % (0.62-0.85)
LVID (ed) 42.0 mm	(2.6-3.4 cm/m <sup>2</sup> )	FS	35.0
LVID (es) 25.0 mm			

**MORPHOLOGICAL DATA**

Mitral Valve	Normal	Interatrial Septum	Normal
Aortic Valve	Normal	Interventricular Septum	Normal
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	LVH	Left Atrium	Normal
Pericardium	Normal		
Colour Doppler	TRACE AR, NO PAH, IVC NORMAL,		
Wall motion	Normal		

**IMPRESSION :** MILD CONCENTRIC LVH WITH MILD LV DIASTOLIC DYSFUNCTION  
NO RWMA, LVEF ~ 65 %, TRACE AR  
RV FUNCTION NORMAL, NO PAH, IVC NORMAL.

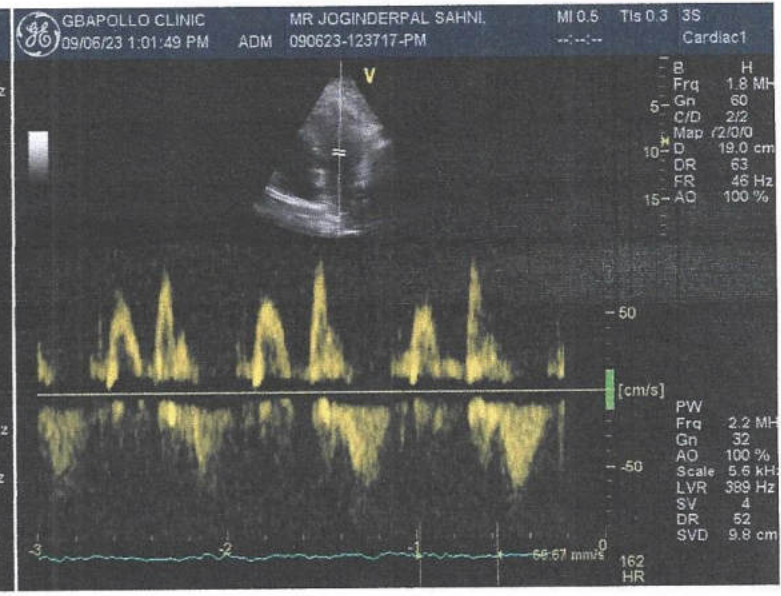
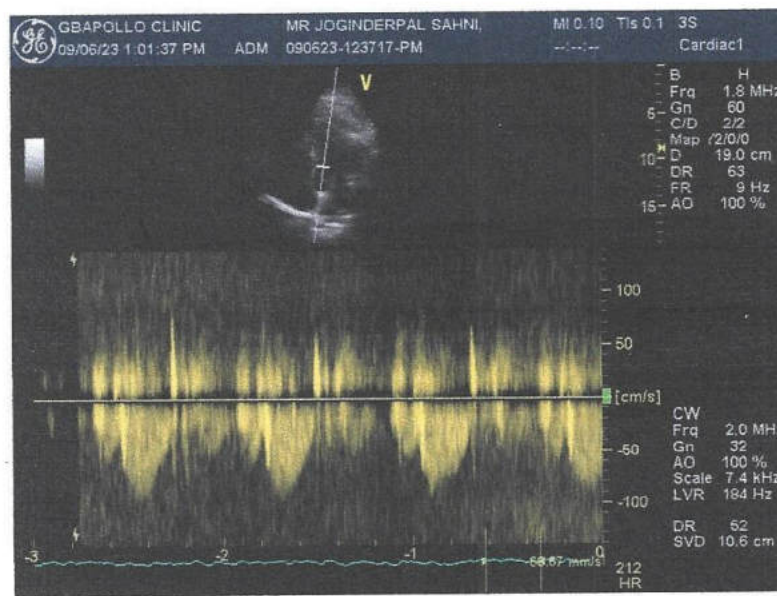
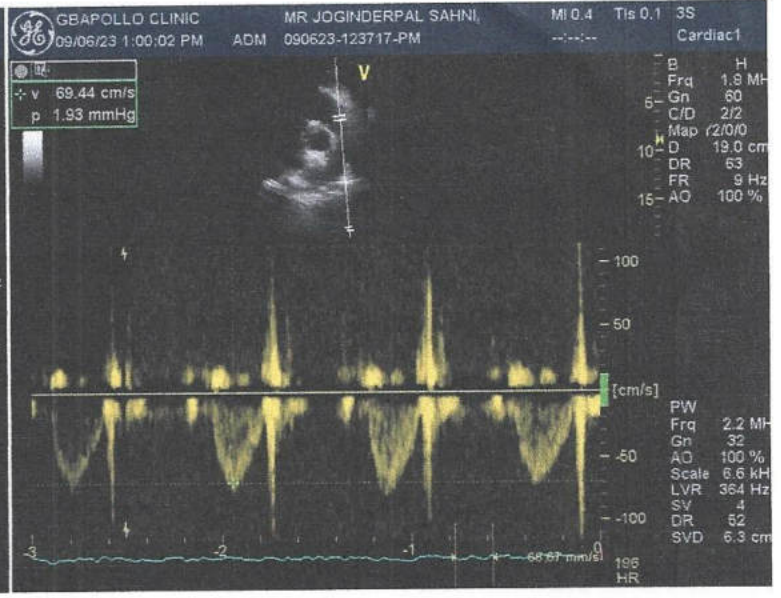
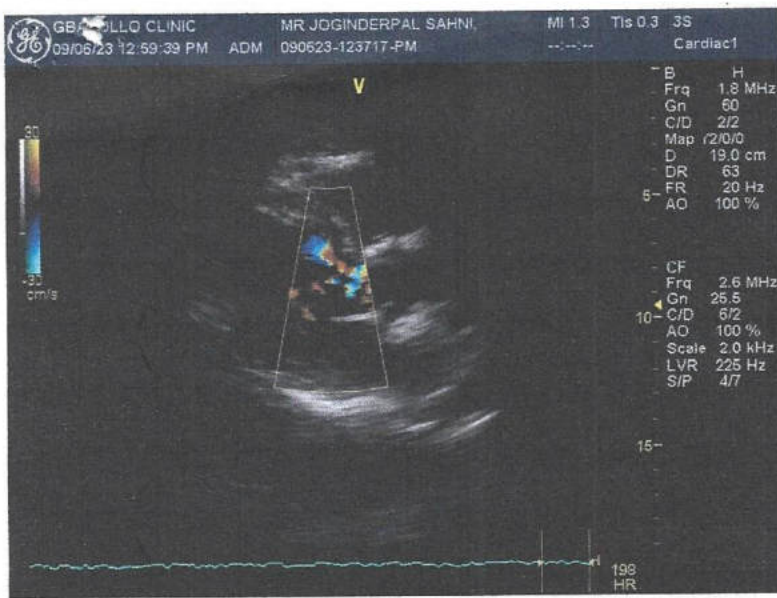


**DR SEEMA KALE MD  
SEN. (PHYSICIAN)**

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**MSME UAM NO. : DL11E0021531**



DEPARTMENT OF LABORATORY MEDICINE

Name MR JOGINDER PAL SAHANI Age 59 Yrs. Sex Male  
Date 06/09/2023 Home Coll. Dt/Time Ref. No. 20-21/5719  
Refd. by. Reporting Date/Time 06/09/2023 Srl. No. 1004

**HAEMATOLOGY TEST REPORT**

Test Name	Observed Value Value	Unit	Bio. Reference Range
<b>Blood Group -ABO</b> Tube Agglutination : EDTA	"AB"		
<b>Blood Group Rh</b> Tube agglutination : EDTA	Positive		

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

Dr. Prashant Purwar  
Consultant Pathologist

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**PROFILE**

Merilyzer AutoQuant 400

Test Name	Observed Value	Unit	Bio. Reference Range
HbA1C (Glycosylated Haemoglobin)			
HbA1C (Glycosylated Haemoglobin) Boronate affinity assay : EDTA	5.9	%	4.2 - 6.0
Good Control	: 6.0-7.0.		
Bad Control	: 7.0-8.0.		
Poor Control	: >8.		

\*\*\*\*\* End of Report \*\*\*\*\*

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 Dr. Prashant Purwar  
 Consultant Pathologist



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## BIOCHEMISTRY TEST REPORT

Merilyzer AutoQuant 400

Test Name	Observed Value	Unit	Bio. Reference Range
Blood Sugar (Glucose)-Fasting Sample - Fluoride, Method: GOD-POD.	88	mg /dl	70 - 110
Blood Sugar (Glucose)-Post Prandial Sample: Sodium Fluoride; Method/Technology: GOD-POD Method, End Point.	134	mg/dl	70 - 140

\*\*\*\*\* End of Report \*\*\*\*\*

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 Consultant Pathologist

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**Lipid Profile-serum**

Test Name	Observed Value Value	Unit	Bio. Refrence Range
Cholesterol-serum Sample- Plain; Method-CHOD-PAP	193	mg/dL	120 - 240
Triglycerides-serum Sample- Plain; Method- GPO-PAP	118	mg/dL	50 - 200
HDL-Cholesterol-serum Sample- Plain; Method-Direct	45.1	mg/dL	30 - 50
VLDL-Cholesterol-serum Derived	23.6	mg/dL	10 - 40
LDL(Cholesterol)-serum Sample- Plain; Method-Direct/Calculated	* 124.3	mg/dL	60 - 100
Cholesterol / HDL Ratio-serum Derived	4.3		0.0 - 4.5

**LFT( Liver Function Test**

Bilirubin (Total)-serum Sample:Plain; Method/Technology: Diazo Method, Photometry.	0.81	mg/dl	0.1 - 1.3
Bilirubin (Direct)-serum Sample:Plain;Method / Technology: Diazo Method, Photometry.	0.20	mg/dl	0.0 - 0.3
Indirect Bilirubin - serum Derived	0.61	mg/dl	0.0 - 1.1
SGOT (AST)-serum Sample:Plain;Method / Technology:IFCC without Pyridoxal Phosphate/Kinetic.	20.7	IU/L	0 - 35
SGPT (ALT)-serum Sample:Plain;Method / Technolo:IFCC without Pyridoxal Phosphate/Kinetic.	11.1	IU/L	0 - 45




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Alkaline Phosphatase-serum Sample: Plain; Method/Technology: AMP Buffer/Kinetic.	61.8	U/L	30 - 117
G G T P - serum Sample: plain; Method / Technology: Szaz Method/Photometry.	25.1	U/L	10.0 - 50.0
Protein Total - serum Sample: Plain; Method / Technology: Biuret Method / Photometry	7.1	gm/dl	5.8 - 8.0
Albumin-serum Sample: Plain; Method/Technology: BCG Method, Photometry.	4.3	gm/dl	3.7 - 5.2
Globulin-serum Derived	2.8	gm/dl	2.5 - 3.5
A/G Ratio-serum Derived	1.5		1.2 - 2.0

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**KFT - Renal Profile-serum**

Blood Urea	23.3	mg/dl	10 - 50
Sample: Plain; Method/Technology: Urease, Photometry.			
Creatinine-serum	0.95	mg/dl	0.5 - 1.3
Sample: Plain; Technology/Method: Jaffe Kinetic, Photometry.			
Uric Acid-serum	3.8	mg/dl	3.5 - 7.2
Sample: Plain; Method/Technology: Uricase Enzymatic, Photometry.			
Sodium (Na <sup>+</sup> ) - serum	140.8	mmol/L	136.0 - 142.0
ISE			
Potassium (K <sup>+</sup> ) - serum	3.8	mmol/L	3.8 - 5.0
ISE			
Chloride(Cl) - serum	101.4	mmol/L	95.0 - 103.0
ISE			
Calcium-serum	9.2	mg/dl	9.2 - 11.0
Sample: Plain; Method/Technology: OCPC Method, Photometry.			
Phosphorus-serum	3.1	mg/dl	2.3 - 4.7
Sample: Plain; Method / Technology: Molybdate UV, Photometry.			

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MSME UAM NO. : DL11E0021531

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**SPECIAL TEST REPORT**

Test Name	Observed Value	Unit	Bio. Reference Range
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Thyroid Profile (FT3, FT4, TSH/T3, T4, TSH)

Serum FT3	4.2	pmol/l	3.2 - 5.9
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Method: Immunofluorescence (Tosoh)

Triiodothyronine T3 is a hormone produced by the thyroid and by conversion of T4 to T3. Free T3 is used in the diagnosis and monitoring of hyperthyroidism. Free T3 assays can differentiate most cases of nonthyroidal illness from TSH dependent hyperthyroidism.

Serum FT4	15.8	pmol/l	10.6 - 21.0
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Method: Immunofluorescence (Tosoh)

FT4 is the active fraction of tetraiodothyronine. FT4 increases in patients with hyperthyroidism, whereas it is decreased in patients of hypothyroidism. Patients on hormone replacement therapy may have an elevated FT4 levels. Values of FT4 may be used in conjunction of TSH levels.

Serum TSH	1.5	uIU / ml	0.25 - 5.0
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Method: Immunofluorescence (Tosoh)

TSH is an early and sensitive indicator of decreased thyroid reserve. This assay helps to diagnose hypothyroidism and hyperthyroidism, monitors T4 replacement or T4 suppressive therapy and quantifies TSH levels in the subnormal range.

\*\*\*\*\* End of Report \*\*\*\*\*

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**URINE EXAMINATION TEST REPORT**

Test Name	Observed Value	Unit	Bio. Reference Range
<b><u>Urine R/M Examination</u></b>			
Quantity	30	ml.	
Colour	Pale Yellow		Pale Yellow
Tranparency	Clear		Clear
Urine Specific Gravity	1.005		1.005 - 1.030
Dipstick			
pH	6.0		5.5 - 7.5
Dipstick / pH paper			
<b><u>Chemical Examination</u></b>			
Protein	Nil		Nil
Dipstick/Heat & acetic acid			
Sugar	Nil		Nil
Dipstick/Benedicts reagent			
<b><u>Microscopic Examination</u></b>			
Pus Cells	2-3	/HPF	1-2
RBC'S	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Epithelial Cells	1-2	/HPF	1-2
Bacteria	Nil	/HPF	Nil

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

  
**Dr. Prashant Purwar**  
 Consultant Pathologist

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MSME IIM NO. : DL11E0021531

Patient Name : Mr. Joginder Pal Sahni	MR No	: FRAJ0000
Age/Sex : 59Y/M	Visit No	: FRAJOPV
Pres Doctor :	Bill Date	: 06.09.2023
Ref.by :	Report Date	: 06.09.2023

**ULTRASOUND WHOLE ABDOMEN**

**LIVER:** Liver is normal in size with **increased echogenicity s/o fatty liver**. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

**GALL BLADDER:** Gall bladder is well visualised. Its wall thickness is normal. No calculus or mass lesion is seen in gall bladder. Common bile duct is normal (not dilated).

**PANCREAS:** Pancreas appears normal in size and echopattern.

**SPLEEN:** Spleen appears normal in size and echopattern.

**KIDNEYS:** Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No calculus / hydronephrosis seen.

Visualised parts of retroperitoneum do not show any lymphadenopathy.

**URINARY BLADDER:** Urinary bladder is well distended and shows clear contents.

**PROSTATE:** Prostate is enlarged in size. It measures ~ 4.9 x 3.8 x 3.6cm vol ~ 36.4cc.

No free fluid detected.

**IMPRESSION:- MILD FATTY LIVER CHANGES.  
PROSTATONEGALY.**

To be correlate clinically

  
Dr. Manish Kumar  
Consultant Radiologist.

**Disclaimer:** Renal calculi less than 5mm could be missed on an Ultrasound. NCCT KUB is the modality of choice for the same.

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### X-RAY CHEST P A VIEW

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

**IMPRESSION:- NORMAL STUDY.**

To be correlated clinically.

  
**Dr. Manish Kumar**  
Consultant Radiologist.