MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

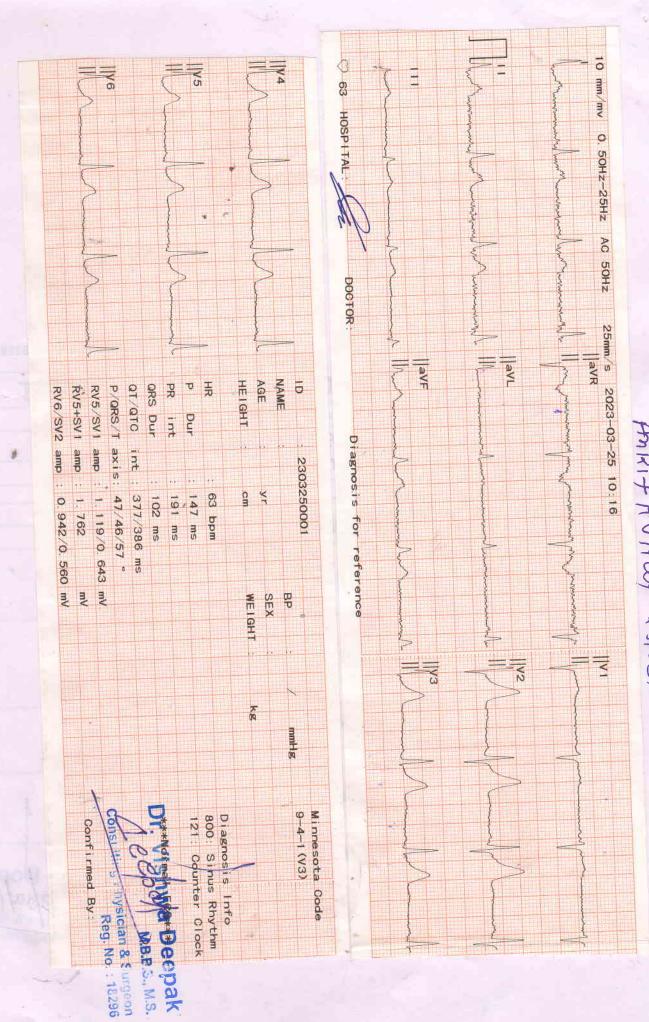
(Opp Tyagi Hostel)

Ph-0121-4009679,9927286318

PHYSICAL ASS	SESSMEST FORMAT
25/03/23.	
AMKIT KUHO	Gender Hgle
179.	Gender H9/E- WEIGHT (Kg) 83. ABDOMEN (cm) 97.
130/84.	
No	
ho	
6 4	
40	
25.9	Dr. Vishwa Deepa
	25/03/23. AM KIT IKUHO 01/07/1988. 179. 102 130/84. NO NO NO

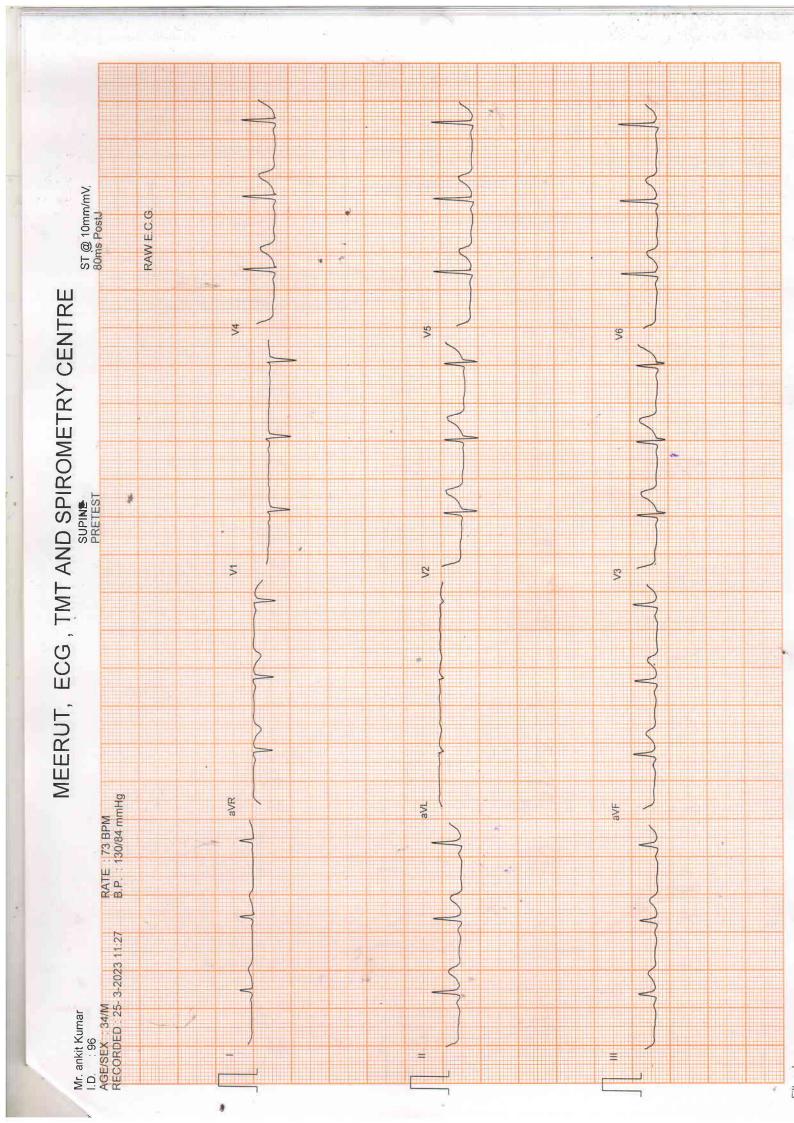
Insured's Sign

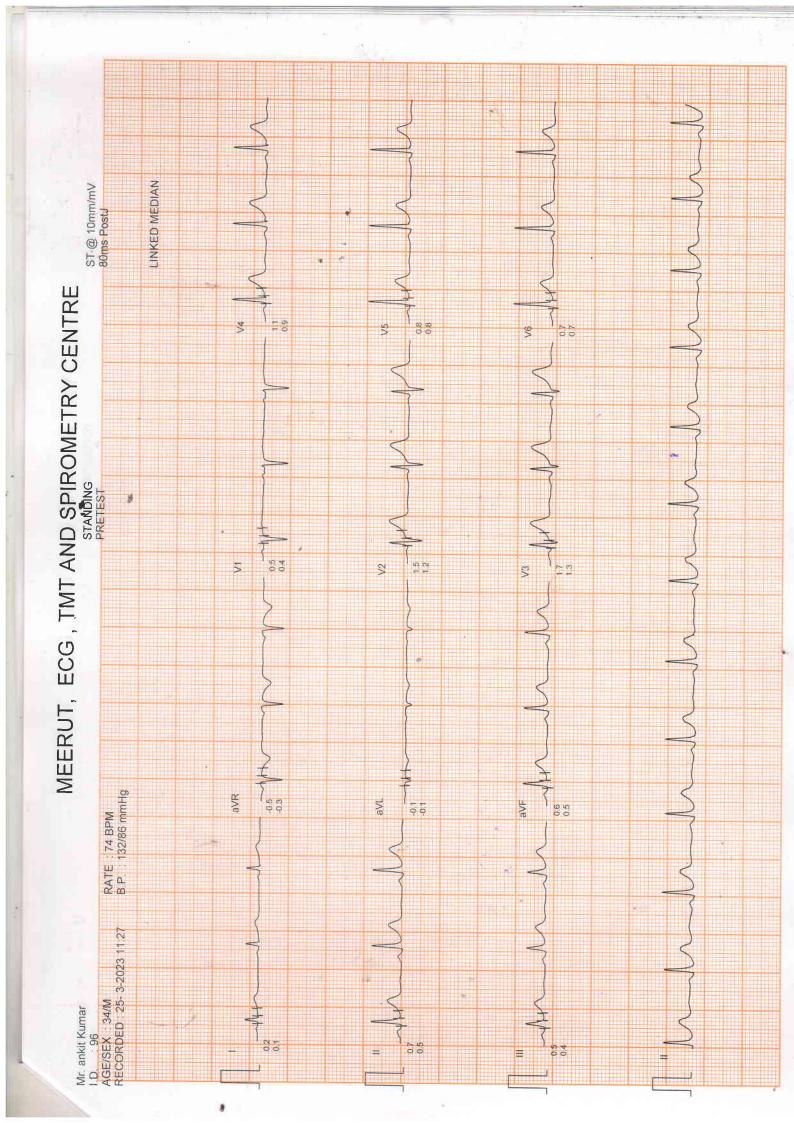
Consulting hysic in & surgeon Doctors Sign No.: 182

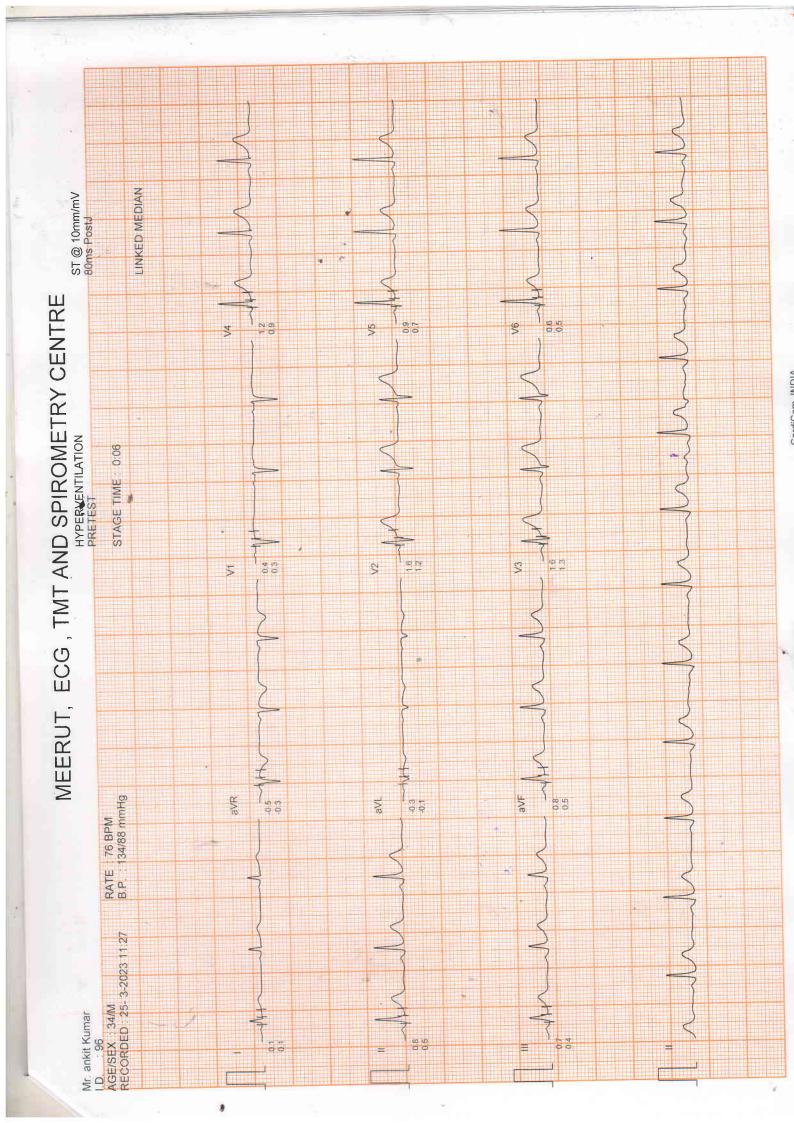


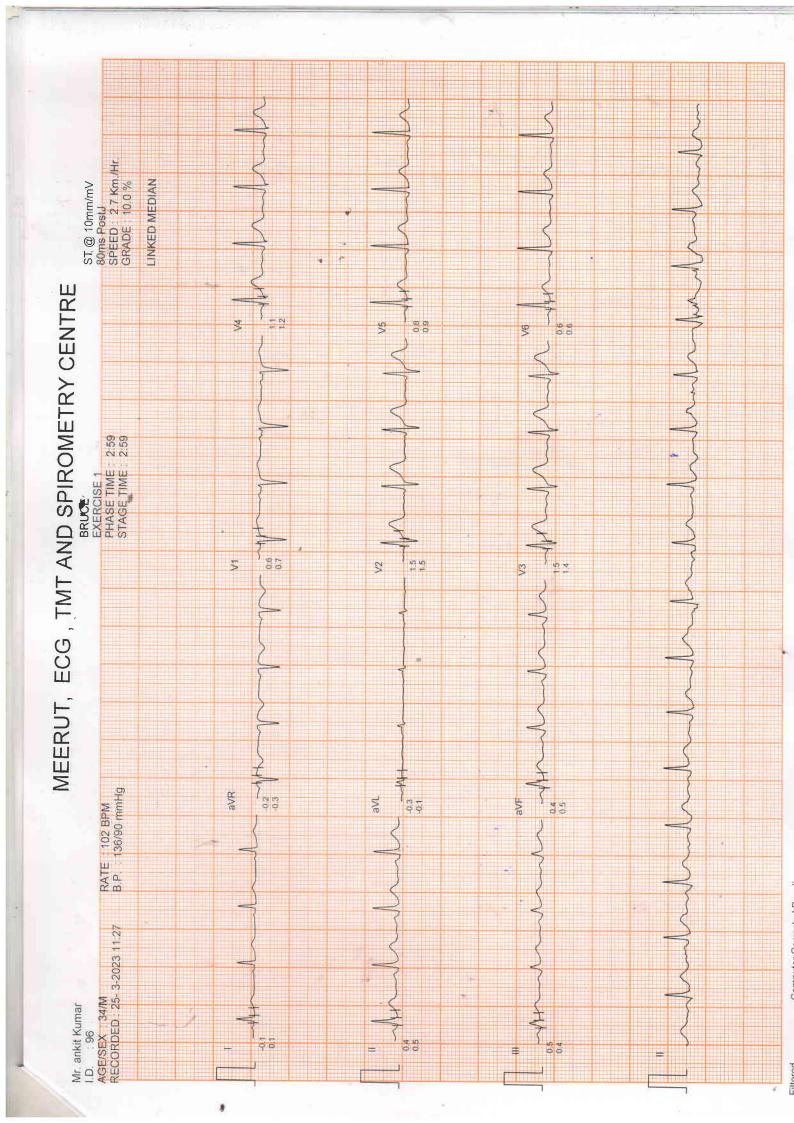
MEERUT, ECG, TMT AND SPIROMETRY CENTRE

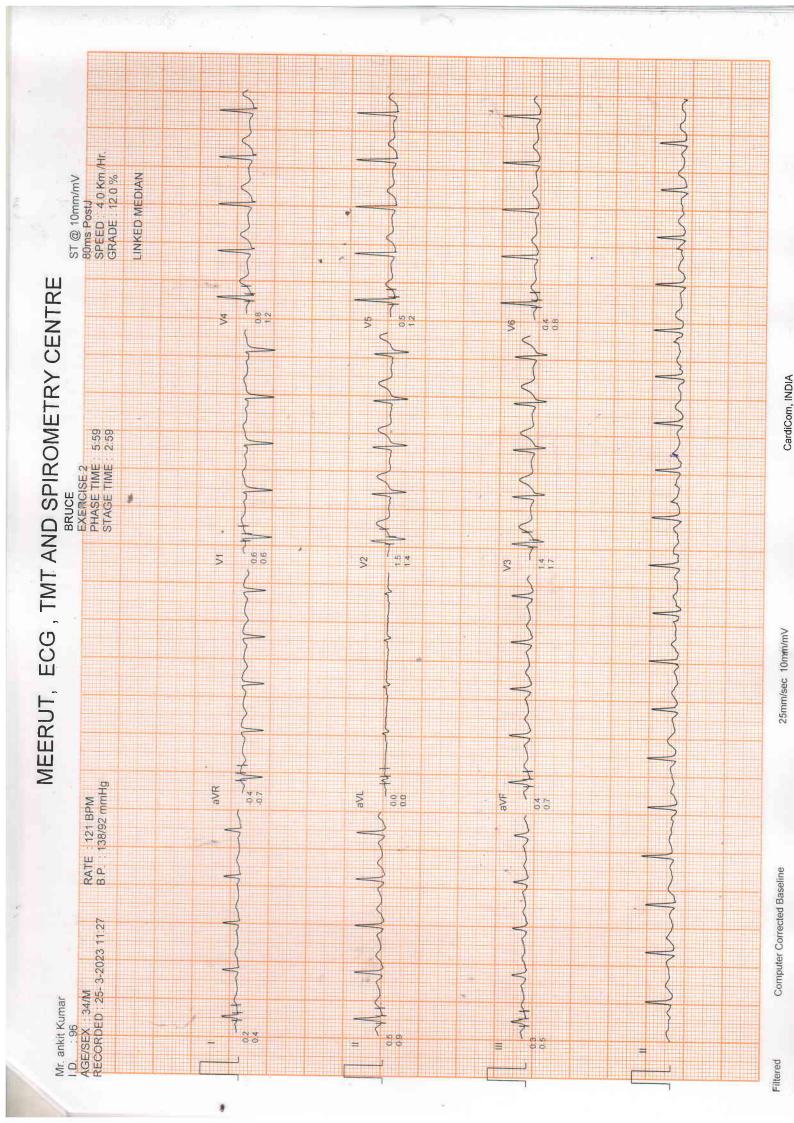
PHASE STAGE SPEED GRADE HR. TIME TIME (Km./Hr.) (%) (%) (BPW) (BPW) (%) (%) (BPW) (BPW) (%) (%) (%) (%) (BPW) (BPW) (%) (%) (%) (%) (%) (%) (%) (%) (%) (%	Mr. ankit Kumar Age/Sex : 34/M Ref. by Meerut Histo Pathology Centre	Pathology Cen	fre	ID: 96 Ht/Wt: 179/83 Recorded: 25, 3,2028,11:27	0034 41:07		TREADMILL TE Protocell BRUC	TREADMILL TEST SUMMARY REPORT Protocel: BRUCE	REPORT	÷		
FINE STAGE SPEED GRADE HR 9 RPP RPP NO 11 TO 12	ndication1. Diagnosti ndication2. Diagnosti ndication3. Diagnostii	000	-				Medication1: N Medication2: N Medication3: N					
259 259 259 259 259 259 259 259 259 259	PHASE	PHASE	STAĞE	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	. B.P. (mmHg)	RPP X100	=	ST LEVEL (mm)	VS	METS
2 59 2 59 4 00 1000 102 10992 138 04 115 08 158 08	SUPINE STANDING HYPERVENT	90:0	90:0			73	130/84 132/86 134/88	46 6 7 10 101	0.8		5 8 5 5 5 5	
259 2:59 0:00 0:00 1:14 138:92 157 0:01 1:6 0:00 1:14 138:92 157 0:01 1:5 0:02 173:04:04:04:04:04:04:04:04:04:04:04:04:04:	STAGE 1 STAGE 2 STAGE 3 STAGE 4	25.59 9.559 1.659	2.59 2.59 0.16	2.70 4.00 5.40 6.70	12.00 14.00 16.00	102 121 162 071	138/90 138/92 140/94 142/96	138 166 226 241	0.4		86-99 86-4	4.80 10.00 10.36
9.19 Minutes 173 bpm 93 % of larget heart rate 186 bpm 142/96 mmHg 10.42 METS CAM GPA, CG / V T' MET / S N CG GATO	PEAK EXER RECOVERY	9.19	2:59	00.00	0.00	173	142/96	245	0 0 0		0.0	10.42
" CAGPLYTIMT IS NEGGHIV MISSING SEN	ESULTS xercise Duration ax Heart Rate ax Blood Pressure ax Work Load bason of Termination	nn er er er er	9 Minutes bpm 93 % of t 96 mmHg 2 METS	arget heart rate 186.	, udq							
DR. Woop SERV	APRESSIONS	,	Maph	'C9/YT.	MIT I'S	N C3	94,10					
	J.						Dr. S.M. M.B.B.S.D. Moop. (USA) SENJOR (Reg. No.	Card (CARDIO CARDIOLO TZ 158 U.	CIST P.M.C.			
			•				Cardiologist					

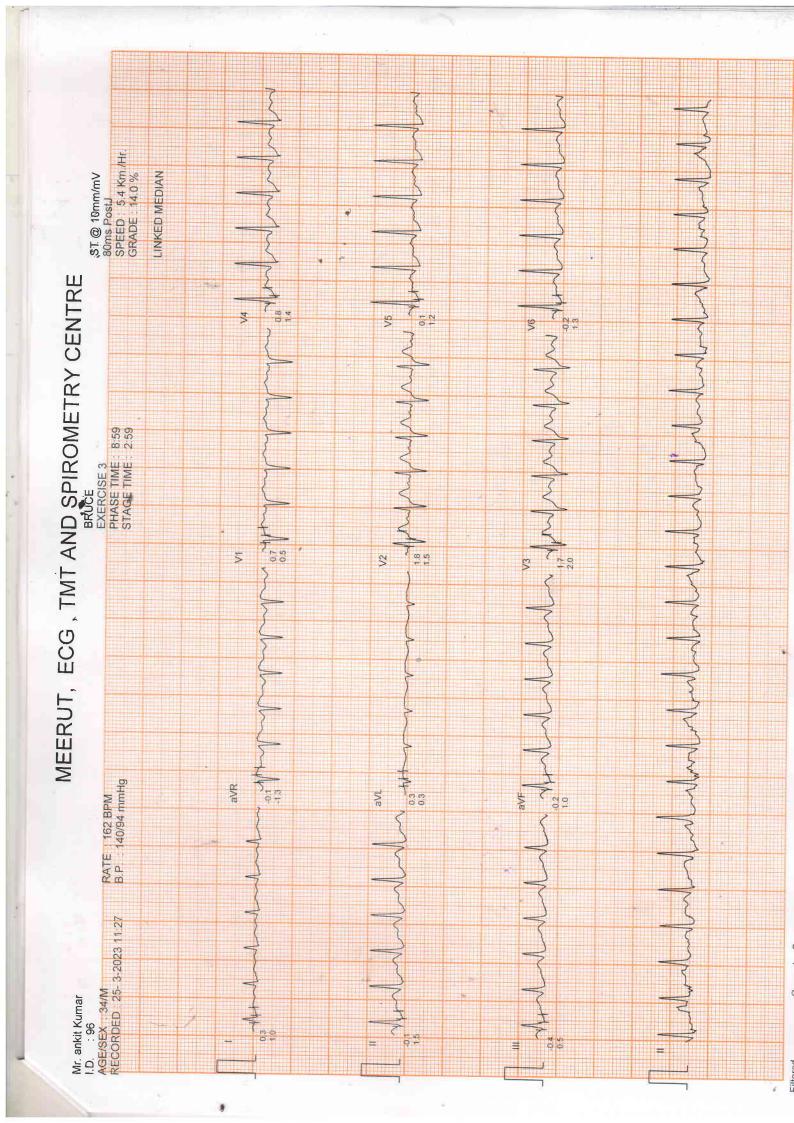


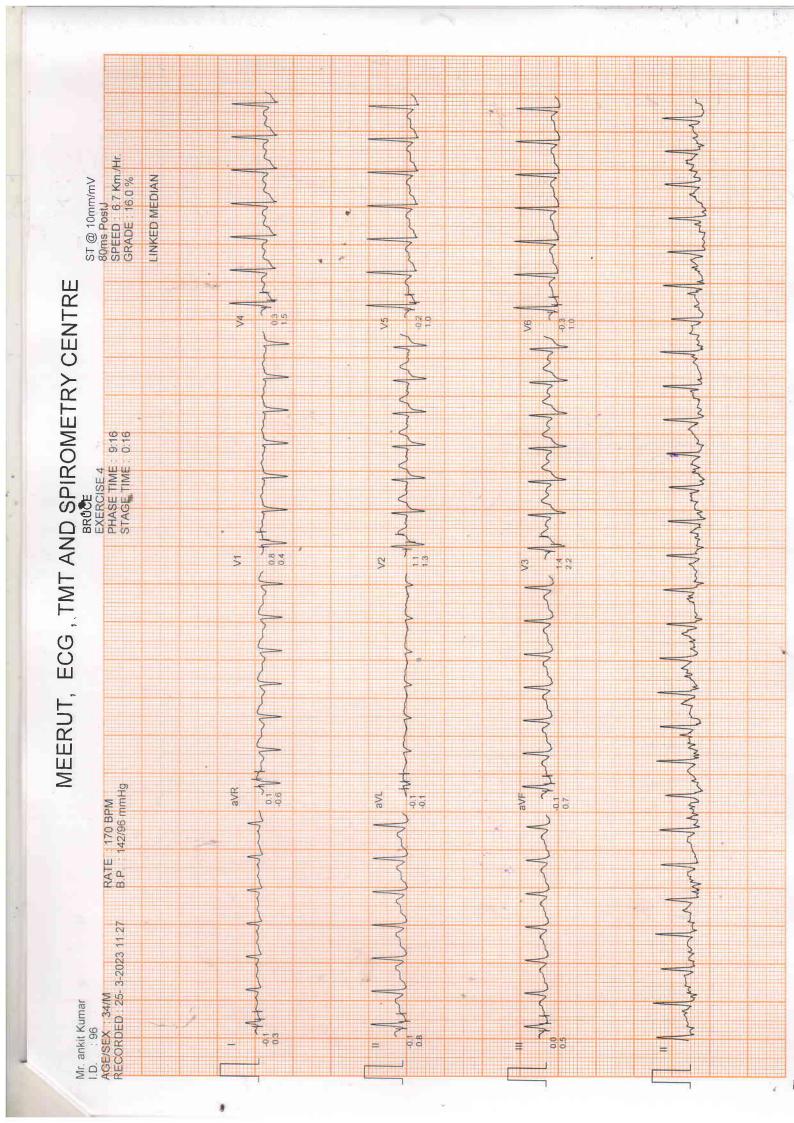


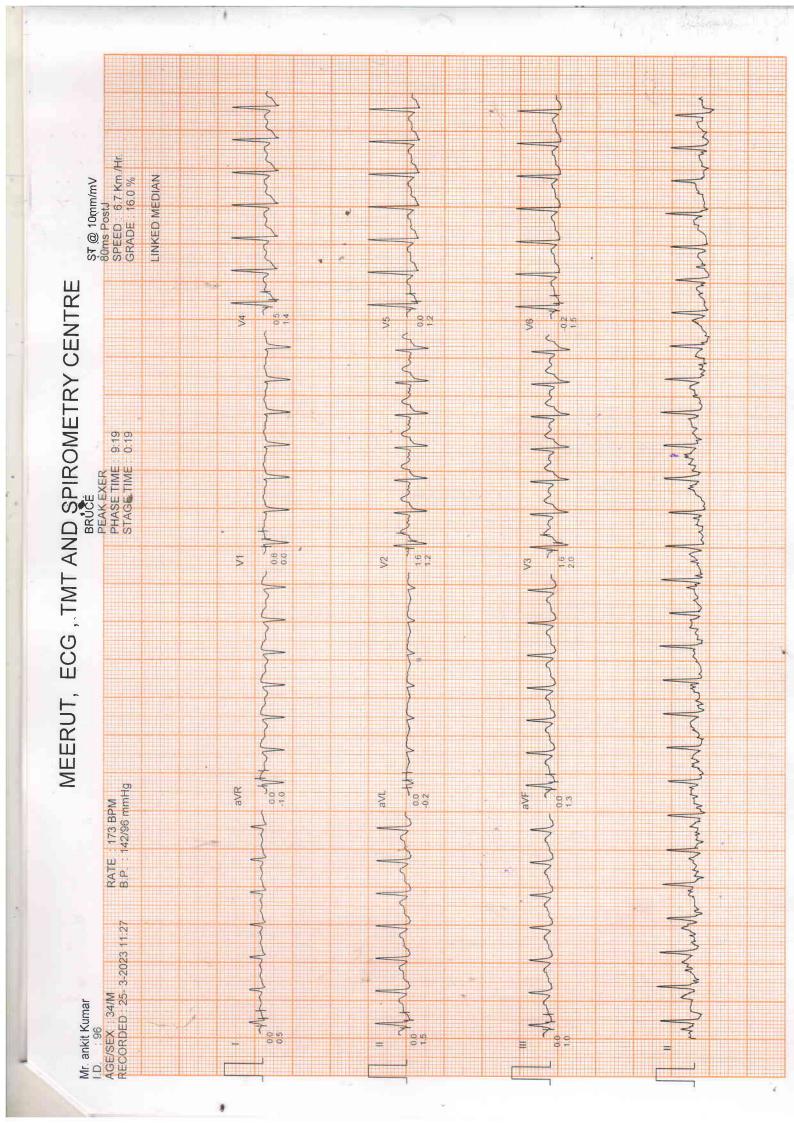


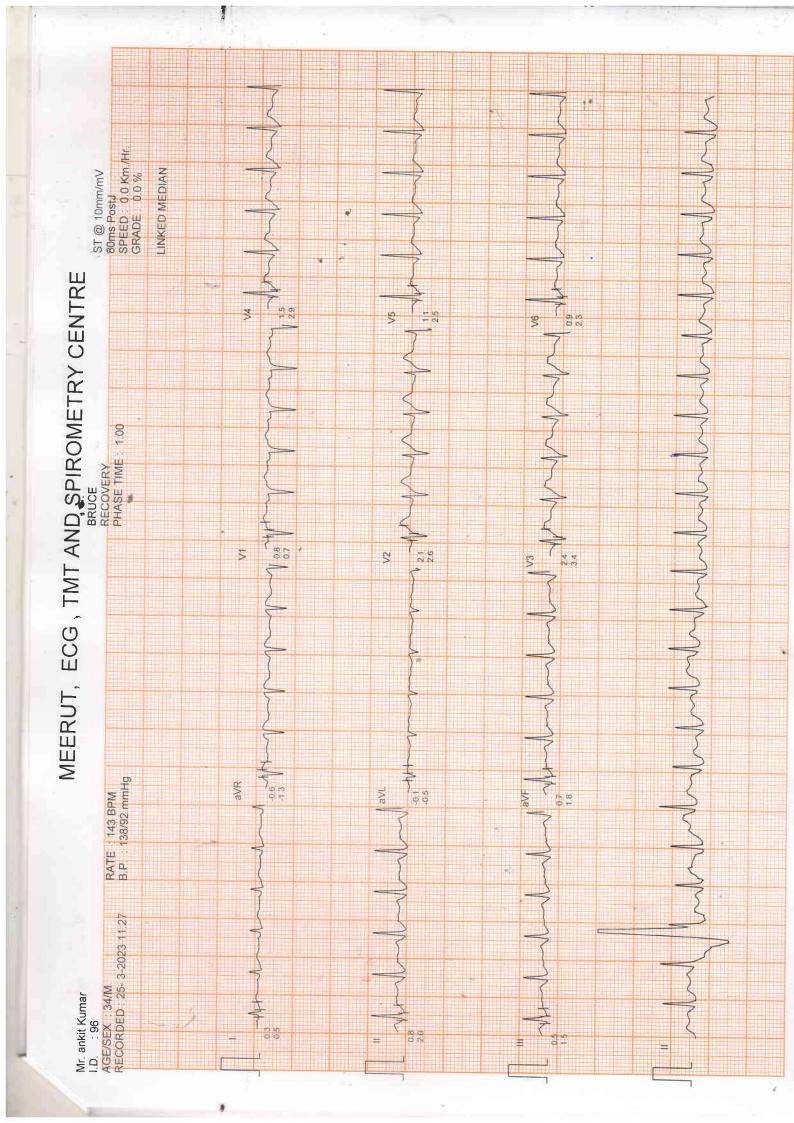


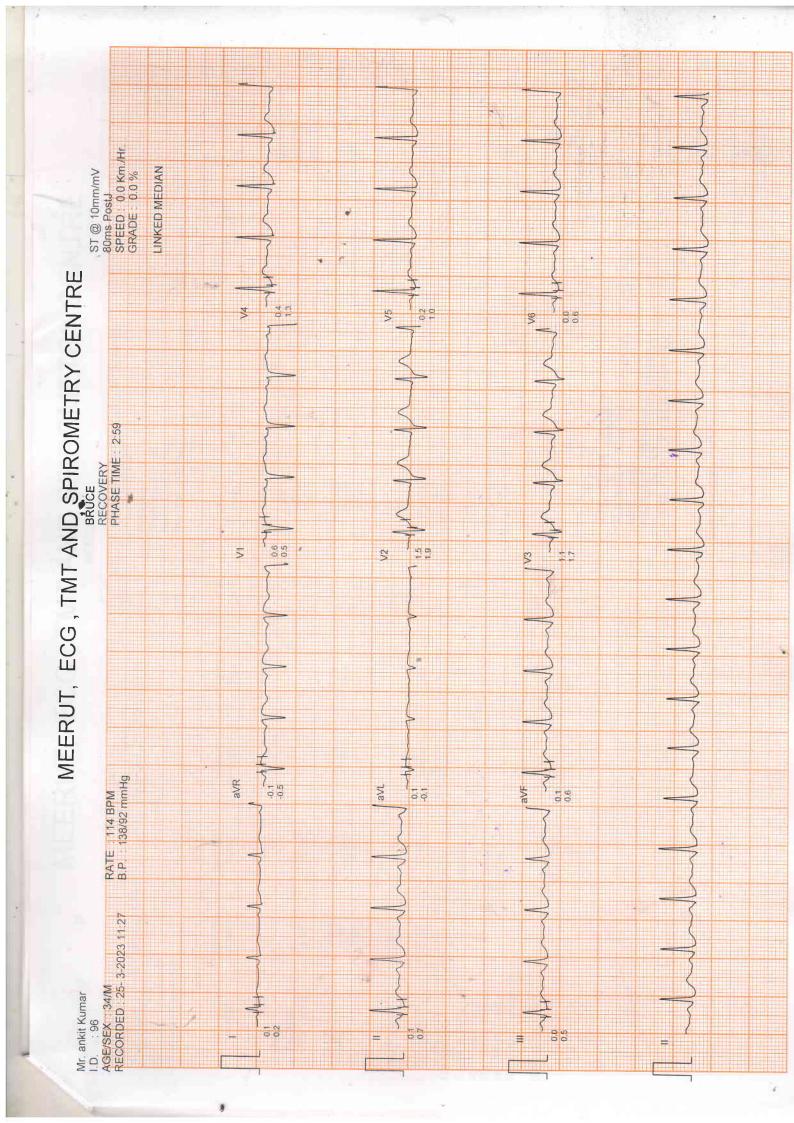








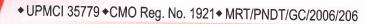














Dr. Tanuj Garg

M.D. (Radiodiagnosis)

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT. TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mr. ANKIT KUMAR	Age /Sex	34 Y/M
Referred By		Dated	25 MAR 2023

WHOLE ABDOMEN SONOGRAPHY

<u>LIVER</u> is enlarged in size with increased echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are normal. <u>Liver margins are normal.</u> <u>GALL BLADDER</u> is well filled. Wall thickness is normal. No pericholecystic fluid is seen. No calculus / focal mass is seen.

CBD appears to be normal in caliber. No calculus is seen.

PORTAL VEIN appears to be normal in course and caliber.

PANCREAS is normal in shape, size and echotexture. MPD is normal.

SPLEEN is normal in shape, size and echotexture.

RIGHT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal. LEFT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal.

<u>URINARY BLADDER</u> is well filled. No calculus is seen in the lumen. Prevoid urinary bladder volume 120 cc. Postvoid urinary bladder volume – nil.

PROSTATE: appears normal. Parenchymal echoes are homogeneous.

Seminal vesicles are normal.

No evidence of retroperitoneal lymphadenopathy bilateral pleural effusion or ascites is seen.

IMPRESSION:

GRADE I FATTY LIVER

DR. TANUJ GARG, MD CONSULTANT RADIOLOGIST



Dr. Tanuj Garg

M.D. (Radiodiagnosis)

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TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mr. ANKIT KUMAR	Age /Sex	34 Y/M
Referred By		Dated	25 MAR 2023

X- RAY CHEST PA VIEW

Soft tissue and bony thorax is normal.

Trachea is normal.

Both domes of diaphragm are normal.

Both C. P. angles are normal.

Both hila are normal.

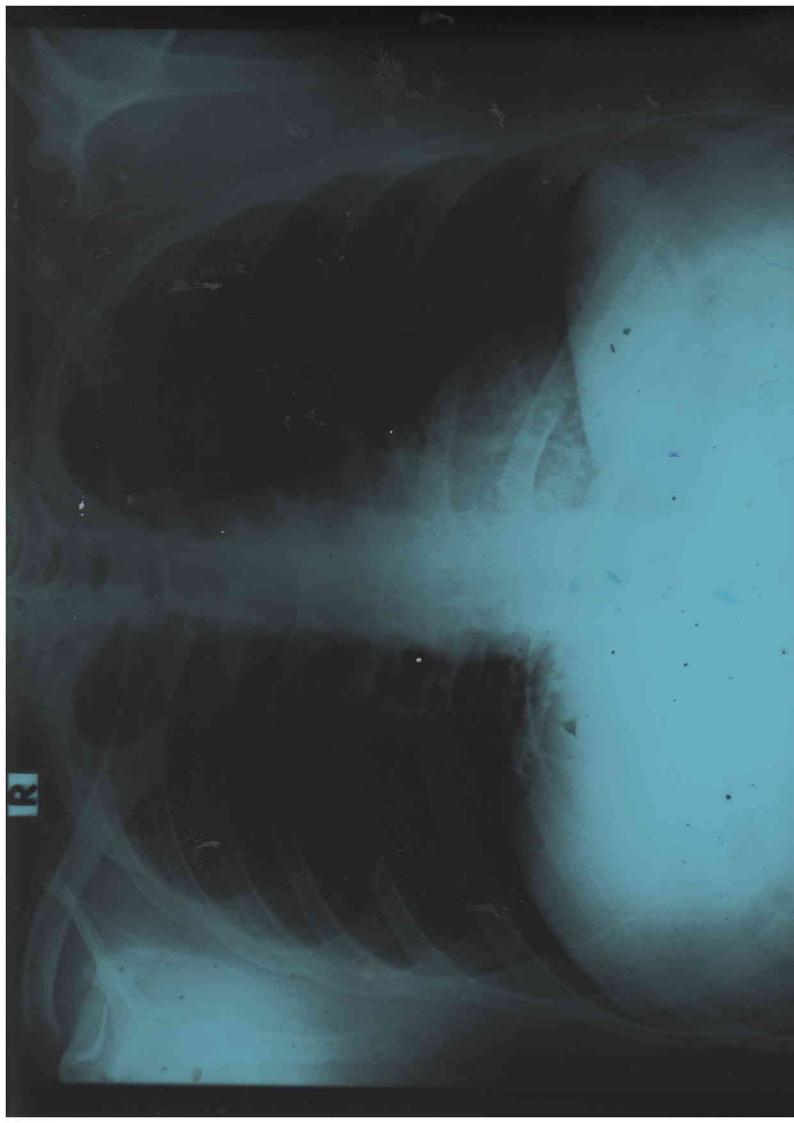
Vascular marking are normal.

C.T. ratio is normal.

IMPRESSION

NO OBVIOUS ABNORMALITY DETECTED

CONSULTANT RADIOLOGIST





Quality Management Services ISO-9001:2015 Certified Lab

Laboratory Test-Report

MEERUT HISTOPATHOLOGY CENTRE

: Mr. Ankit Kumar

REFERRED BY : Dr.BOB DATE: 25/03/2023

SAMPLE : Dr.BOB : Blood,Urine	AMPLE : Blood,Urine SEX : Male		
TEST NAME	RESULTS	UNITS	REFRANGE
	HAEMATOLOGY		
Complete Blood Counts	الله المناسبة		
HAEMOGLOBIN	12.3	GM%	13.5 - 17.5
TOTAL LEUCOCYTE COUNT:	4,600 cells	/Cu mm	4,500-11,000
DIFFERENTIAL LEUCOCYTE COUNT:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Neutrophils:	60	%.	50-70
Lymphocytes:	34	%.	25-40
Eosinophils:	02	%.	1-4
Monocytes:	04	%.	3-8
Basophils:	00	%.	0-1
TOTAL R.B.C. COUNT	4.0		nm 4.5 - 6.5
RDW	12.6	%	11.6 - 14.0
PLATELET COUNT:	120		um 150-450
P.C.V.	36.2	%.	35 - 54
MCV	90.5	fL	76-98
M C H	30.7	pg	27 - 32
MCHC	33.9	g/dl	31-35
E.S.R. (Westergren Method):	COD.	3,	0-15
	12	mm in 1st H	
BLOOD GROUP:			
Major Blood Group:	В		
Rh Blood Group:	Positive		
	(Comment)		
Forward grouping by SLIDE METHOD.	(comment)		
All NEGATIVE blood groups to be confirm	med at an authorized blood - bank		
	BIOCHEMISTRY		
BLOOD SUGAR (FASTING)	86.3	mg/dL	70 - 100
SERUM CREATININE :	1.2	ma/dl	00 15
	1.2	mg/dL.	0.8 - 1.5
BLOOD UREA NITROGEN :	16.4	mg/dL.	5 - 25
SERUM URIC ACID :	4.6	mg/dL.	2.5 - 7.0
LIPID PROFILE:			
SERUM TRIGYCERIDE:	273.0	ma/dl	F0.160
SERUM CHOLESTEROL:	203.9	mg/dl	50-160
HDL CHOLESTEROL :	49.7	mg/dL.	130 - 200
VLDL CHOLESTEROL :	54.6	mg/dL.	30 - 70
LDL CHOLESTEROL :	99.6	mg/dL.	25 - 40
	99.0	mg/dL.	85 - 150
CHOL/HDL CHOLESTROL RATIO	4.1	Low Risk	Dr. Medha jain
7		Mod.Risk	3.M.B.B.S., (M.D. Path)
#		High Risk	Consultant Pathologist
LDL/HDL RATIO	2.0	Normal Dan	Beg. Nos. 6 G-33290 Gujrat
	1	Hi GMQ k R	eg. Ng.0 MR7 869, Meerut

DR. KUMKUM DEEPAK MEMORIAL GENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



Quality Management Services ISO-9001:2015 Certified Lab

Laboratory Test-Report

MEERUT HISTOPATHOLOGY CENTRE

NAME : Mr. Ankit Kumar

REFERRED BY : Dr.BOB SAMPLE : Blood,Urine

DATE : 25/03/2023

AGE : SEX : Male

TEST NAME	RESULTS	UNITS	REFRANGE
*	BIOCHEM	ISTRY	
LIVER FUNCTION TEST		*_	
SERUM BILIRUBIN :			
TOTAL:	0.69	mg/dL.	0.2 - 1.0
DIRECT:	0.28	mg/dL.	0.1 - 0.3
INDIRECT:	0.41	mg/dL.	0.2 - 0.7
S.G.P.T. :	48.1	U/L	5 - 45
S.G.O.T. :	45.8	U/L	5 - 45
G.G.T.P. :	26.1	U/L	5.0-35.0 (37 C)
SERUM ALK. PHOSPHATASE :	88.7	IU/L.	25-100
SERUM PROTEINS :			
TOTAL PROTEINS:	6.9	Gm/dL.	5.5 - 8.5
ALBUMIN:	4.1	Gm/dL.	3.5 - 5:5
GLOBULIN:	2.8	Gm/dL.	2.3 - 3.5
A : G RATIO:	1.4		
•	450		
	•		
GLYCOSYLATED HAEMOGLOBIN A1c	5.8	%	4.3 - 6.4
	Clinical significa proportional t	nce: The HbA1c concemtration in blood is d to the mean concentration of glucose prevailing wks, equivalent to the life time of crythrocytes	irectly
	Normal Range :-	- W	

Normal Range:-Non-Diabetics - 4.3 - 6.4% Goal 6.5 - 7.5%

Goal 6.5 - 7.5% Good control 7.5 - 8.5% Poor control > 8.5%

--{End of Report}--

Dr. Medha jain

M.B.B.S., (M.D. Path) Consultant Pathologist Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

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MEERUT HISTOPATHOLOGY CENTRE

NAME : Mr. Ankit Kumar

REFERRED BY : Dr.BOB SAMPLE : Blood, Urine DATE : 25/03/2023

AGE **SEX** : Male

TEST NAME

RESULTS

UNITS

REF.-RANGE

HORMONE

THYROID PROFILE:

Triiodothyronine (T3):

Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

1.39 105.2 2.44

nmol/litre.

0.95 - 2.5

nmol/litre. 60 - 120 micro Iu/ml

0.20 - 5.0

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in

- Primary, Secondary & Tertiary Hypothyroidism and some - Grave's Disease, Hyperthyroidism, Thyroid hormone resistance

and T3 Thyrotoxicosis

TSH Levels are raised in

- Primary Hypothyroidism

ml

TSH Levels are Low in

- Hyperthyroidism, Secondary Hypothyroidism.

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT:

PHYSICAL EXAMINATION:

Volume:

Coloura:

Appearance:

Odour:

Sediments:

Sp. Gravity:

BIOCHEMICAL EXAMINATION:

Sugar:

Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells:

Pus Cells:

Epithelial Cells:

20

Pale Yellow

Clear

Aromatic

Nil

1020

Nil

Nil

Acidic

Nil

0-1 1-2 /H.P.F.

/H.P.F.

/H.P.F.

--{End of Report}--

Dr. Medha\iai M.B.B.S. (M.D. Path)

Consultant Pathologist Reg. No. -, G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

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All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation. NOT FOR MEDICO LEGAL PURPOSE