



INVESTIGATION REPORT

Patient Name : Mr Pramod KUMAR	Location	Ghaziabad
Age/Sex 31Year(s)/male	Visit No	: V00000000001-GHZB
MRN No MH011326454	Order Date	:22/09/2023
Ref. Doctor HCP	Report Date	:22/09/2023

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Grade I LV diastolic dysfunction.
3. No MR, No AR.
4. No TR, No PAH
5. No intracardiac clot/mass/pericardial pathology.

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

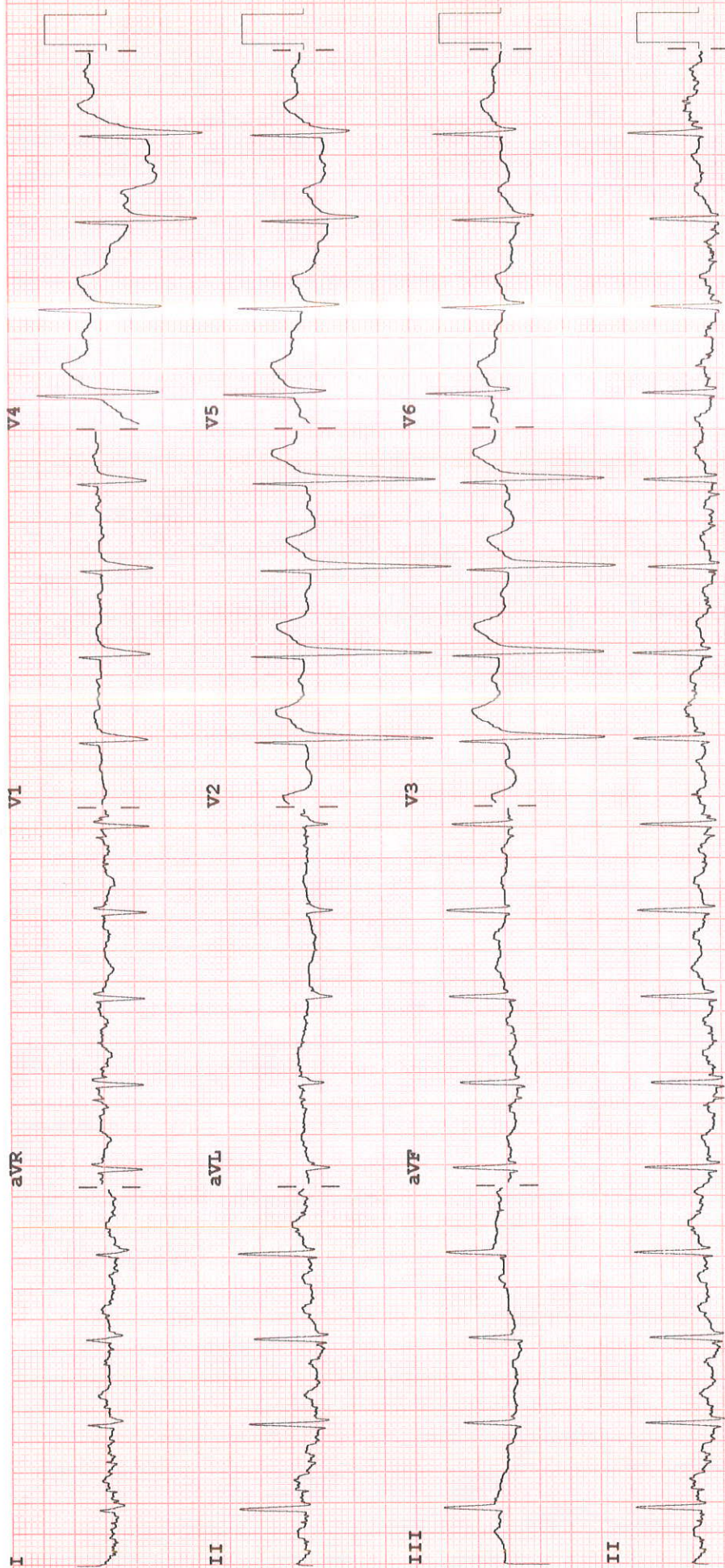
Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

- OTHERWISE NORMAL ECG -
Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:

Name : Mr PRAMOD KUMAR
 Reg No : MH011326454
 Episode No : H18000001186

Age [year(s)] / Sex : 31 Yr(s) / Male
 Referred By : HEALTH CHECK MGD

LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 22/09/2023 20:09

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	8.06	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	4.190	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>

Collection Date/ Time : 22/09/2023 10:11

Order was cancelled by phone, as per Doctors instructions:

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Microscopic Description

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Ph: 91 120 353 5353, M. 88609 45566
 Ghaziabad - 201002
 www.manipalhospitals.com

LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 22/09/2023 20:09

Test Name	Result	Unit	Biological Ref. Interval
LDL- CHOLESTEROL (Direct)	193 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline high-130-159 High risk-160-189

Technical Notes:
 levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.
 The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor



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Patient Episode : H18000001186
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Sep 2023 10:11

Age : 31 Yr(s) Sex : Male
Lab No : 202309004839
Collection Date : 22 Sep 2023 08:55
Reporting Date : 22 Sep 2023 15:06

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.57 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.4	%	[40.0-50.0]
MCV (DERIVED)	83.3	fL	[83.0-101.0]
MCH (CALCULATED)	26.9	pg	[25.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	458 #	x 10³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.8		
WBC COUNT (TC) (IMPEDENCE)	11.73 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.



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Age : 31 Yr(s) Sex : Male
Lab No : 202309004839
Collection Date : 22 Sep 2023 08:55
Reporting Date : 22 Sep 2023 15:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	9.7 #	%	[0.0-5.6]
As per American Diabetes Association (A HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	232	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 glycemc control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	++++	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

**LABORATORY REPORT**

Name	: MR PRAMOD KUMAR	Age	: 31 Yr(s) Sex :Male
Registration No	: MH011326454	Lab No	: 202309004839
Patient Episode	: H18000001186	Collection Date	: 22 Sep 2023 10:10
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Sep 2023 16:05
Receiving Date	: 22 Sep 2023 10:10		

CLINICAL PATHOLOGY**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

KIDNEY PROFILE

Specimen: Serum			
UREA	16.0	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	7.5 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.61 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	5.1	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	134.60 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.73	mmol/L	[3.60-5.10]
SERUM CHLORIDE	96.9 #	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	134.0	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.



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Receiving Date : 22 Sep 2023 10:11

Age : 31 Yr(s) Sex :Male
Lab No : 202309004839
Collection Date : 22 Sep 2023 08:55
Reporting Date : 22 Sep 2023 15:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.61	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.15	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.46		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	18.10	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	145.0 #	IU/L	[32.0-91.0]

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 Registration No : MH011326454 Lab No : 202309004839
 Patient Episode : H18000001186 Collection Date : 22 Sep 2023 08:55
 Referred By : HEALTH CHECK MGD Reporting Date : 22 Sep 2023 15:43
 Receiving Date : 22 Sep 2023 10:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	38.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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

Dr. Alka Dixit Vats
 Consultant Pathologist

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR
Registration No : MH011326454
Patient Episode : H18000001186
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Sep 2023 08:53

Age : 31 Yr(s) Sex : Male
Lab No : 202309004840
Collection Date : 22 Sep 2023 08:53
Reporting Date : 22 Sep 2023 09:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	212.0 #	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR PRAMOD KUMAR
Registration No : MH011326454
Patient Episode : H18000001186
Referred By : HEALTH CHECK MGD
Receiving Date : 22 Sep 2023 13:20

Age : 31 Yr(s) Sex :Male
Lab No : 202309004841
Collection Date : 22 Sep 2023 13:20
Reporting Date : 22 Sep 2023 15:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	316.0 #	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Pramod KUMAR	STUDY DATE	22/09/2023 9:52AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011326454
ACCESSION NO.	R6139167	MODALITY	US
REPORTED ON	22/09/2023 10:27AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears mildly enlarged in size (measures 152 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.7 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.0 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls (~ 1.7 mm). Its lumen shows a single mobile calculus within measuring ~11.5 mm. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 112 x 47 mm. It shows two concretions measuring 2.9 mm and 2.3 mm at upper and mid calyx respectively.

Left Kidney: measures 94 x 44 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 30 x 28 x 27 mm with volume 12 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Cholelithiasis.

-Mild hepatomegaly with diffuse grade I fatty infiltration in liver.

-Right renal concretions.

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

*****End Of Report*****

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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This report is subject to the terms and conditions mentioned overleaf

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NAME	MR Pramod KUMAR	STUDY DATE	22/09/2023 9:06AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011326454
ACCESSION NO.	R6139166	MODALITY	CR
REPORTED ON	22/09/2023 5:51PM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW

FINDINGS:

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.
Needs correlation with clinical findings and other investigations.

Dr. Jai Hari Agarwal MD
CONSULTANT RADIOLOGIST

*****End Of Report*****

RADIOLOGY REPORT

NAME	MR Pramod KUMAR	STUDY DATE	22/09/2023 9:52AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011326454
ACCESSION NO.	R6139167	MODALITY	US
REPORTED ON	22/09/2023 10:27AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

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-Mild hepatomegaly with diffuse grade I fatty infiltration in liver.

-Right renal concretions.

Recommend clinical correlation.

**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

*****End Of Report*****

Patient Name

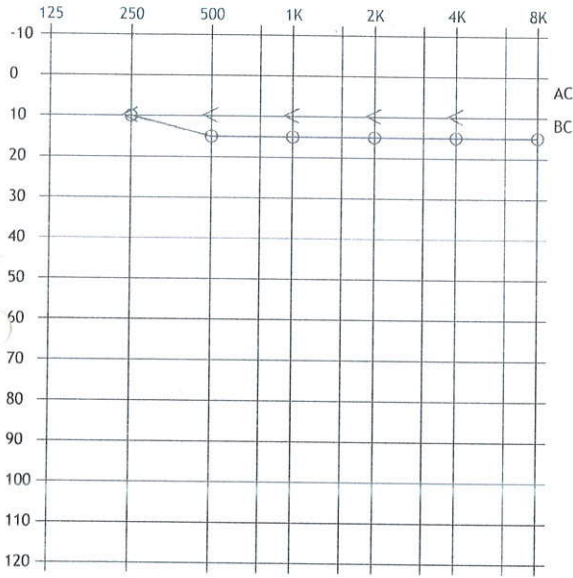
Pramod, Kumar

Date of birth

10-08-1992

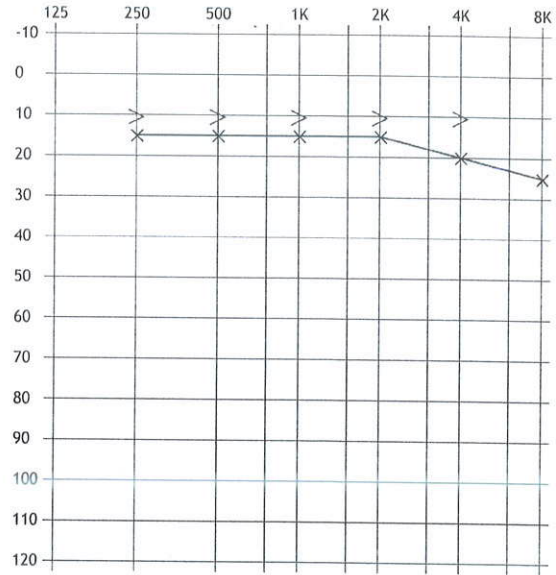
Test date:

22-09-2023



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Report comments:

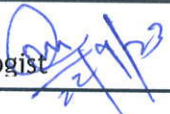
Bilateral Normal hearing Sensitivity

Recommendation:

Aural Hygiene

Fallow up

Name
Audiologist



22-09-2023



OUTPATIENT RECORD

Hospital No: MH011326454	Visit No: O18000043117
Name: MR PRAMOD KUMAR	Age/Sex: 31 Yrs/Male
Doctor Name: DR. RATN RANJAN PANDEY	Specialty: DENTAL MEDICINE MGD
Date: 22/09/2023 12:50PM	

OPD Notes :

PHC PATIENT.
NO DENTAL COMPLAINTS.

ADV:
-MAINTAINANCE OF ORAL HYGIENE
-TWICE BRUSHING DAILY
-REGULAR DENTAL CHECK UP EVERY 6 MONTHS.

RX
-LUPIDENT MOUTHWASH TWICE DAILY
FOR THREE WEEKS

DR. RATN RANJAN PANDEY

BDS

Reg. No.: 8295