

# KALRA HOSPITAL SRCNC PVT. LTD.

"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015

Tel : 91+11-4500 5600, 4500 5700 (60 Lines)

www.kalahospital.net

CIN : U85100DL2011PTC216737



UHID	: 157994	Bill No.	: 4385
Name	: Mr. BALKISHAN VERMA	Dept. Ref. No.	: 1451957
Age/Sex	: 39 Y/ 0 M/ 12 D/M	Sample Collection Date/Time	: 27/08/2022 10:45AM
Referred By	: Dr. SELF	Result Date/Time	: 27/08/2022 01:35PM
Patient Type	: O	Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
<b>HB, TLC, DLC, ESR</b>				
Haemoglobin (HB) (Colorimetric)	EDTA	14.4	gm/dL	13 - 17
Total Leucocytic Count (TLC) (Laser Based Flow Cytometry)	EDTA	6840	/ $\mu$ L	4000 - 10000
<b>Differential Leucocyte Count(DLC)</b>				
Neutrophils (Laser Based Flow Cytometry)	EDTA	58	%	40 - 80
Lymphocytes (Laser Based Flow Cytometry)	EDTA	36	%	20 - 40
Eosinophils (Laser Based Flow Cytometry)	EDTA	04	%	1 - 6
Monocytes (Laser Based Flow Cytometry)	EDTA	02	%	2 - 10
ESR (Westergrens Method)	EDTA	05	mm/ 1st hr	0 - 15

End of the report

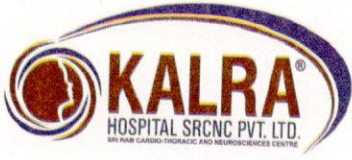
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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar Fasting (Hexokinase)	Plasma Flouride	65.2	mg/dL	74 - 100
Blood Urea (Urease GLDH)	Serum	31.1	mg/dL	15 - 50
Serum Creatinine (Alkaline Picrate Kinetic I DMS Standardized)	Serum	0.9	mg/dL	0.9 - 1.3
Serum Uric Acid (Uricase)	Serum	6.6	mg/dL	4.4 - 7.6

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Patient Type	: O	Result Date/Time	: 27/08/2022 01:35PM
		Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar PP (Hexokinase)	Plasma Flouride	97.6	mg/dL	80 - 140

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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
<b>Liver Function Test(LFT)</b>				
Serum Bilirubin Total (Diazo Method)	Serum	0.7	mg/dL	0 - 2
Serum Bilirubin Direct	Serum	0.3	mg/dL	0 - 0.5
SGOT (UV Without P5P)	Serum	<b>40.5</b>	U/L	0 - 35
SGPT (UV Without P5P)	Serum	<b>88.4</b>	U/L	0 - 45
Alkaline Phosphatase (PNPP AMP Buffer)	Serum	121.1	U/L	40 - 129
Protein (Biuret End-Point)	Serum	7.4	g/dL	6.4 - 8.3
Albumin (Bromocresol Green)	Serum	5.2	g/dL	3.5 - 5.2
GGTP (Gamma Glutamyl-Carboxy-Nitroanilide)	Serum	21.3	U/L	0 - 55



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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
* Serum Bilirubin Indirect	Serum	0.4		
* Globulin	Serum	2.2	gm/dL	2 - 3.3
* A:G Ratio	Serum	2.3:1	Ratio	0.9 - 2

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Patient Type	: O	Result Date/Time	: 27/08/2022 01:35PM
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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
<b>Lipid Profile( Total cholesterol,LDL,HDL,Triglycerides)</b>				
Serum Cholesterol (Cholesterol Oxidase)	Serum	161.4	mg/dL	
Serum Triglyceride (Enzymatic)	Serum	113.1	mg/dL	
Serum HDL Cholesterol (Direct Cholesterol)	Serum	37.3	mg/dL	
LDL (Enzymatic)	Serum	103.0	mg/dL	



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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
* VLDL (Calculated)	Serum	22.6	mg/dL	
* LDL/HDL	Serum	2.7:1	Ratio	
* T.Chol / HDL	Serum	4.3:1	Ratio	

As per National Lipid Association Recommendations (NLA - 2014)	Total Cholesterol in mg/dL	Triglyceride in mg/dL	LDL Cholesterol in mg/dL	HDL Cholesterol in mg/dL	Non HDL Cholesterol in mg/dL
Optimal	<200	<150	<100	0 - 40	<130
Above Optimal	-	-	100-129	-	130-159
Borderline High	200-239	150-199	130-159	-	160-189
High	>=240	200-499	160-189	> 59	190-219
Very High	-	>=500	>=190	-	>=220

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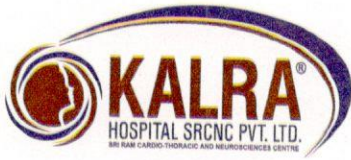
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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
<b>BLOOD GROUP, ABO &amp; RH TYPING</b>				
ABO GROUP	EDTA	"A"		
Rh D	EDTA	POSITIVE		
Tube Agglutination (Forward and Reverse Method)				

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## Glycosylated Haemoglobin (HbA1C)

Type of Sample: EDTA

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Glycosylated Haemoglobin (HbA1C) (Gen-3)	EDTA	5.25	%	4.8 - 5.7

### Interpretation:-

According to the recommendations of the American Diabetes Association,

Values within 5.7 - 6.4% - may be at risk of developing diabetes.

HbA1C (DCCT/NGSP)

Values above 6.5% - are suitable for the diagnosis of diabetes mellitus.

HbA1C (DCCT/NGSP)

Diabetic patients with HbA1C levels below 7% (DCCT/NGSP) meet the goal of the American Diabetes Association.

Therapeutic action is suggested at levels above 8% HbA1C (DCCT/NGSP).

HbA1C levels may reach 20% (DCCT/NGSP) or more in poorly controlled diabetes.

HbA1C levels below the established reference range may indicate recent episodes of hypoglycaemia, the presence of Hb variants, or shortened lifetime of erythrocytes.

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## T3, T4, TSH

Type of Sample: Serum

Investigation Name	Result	Unit	Reference Interval
T3	1.20	ng/mL	0.55 - 1.95
T4	6.52	µg/dL	4.66 - 9.33
TSH	1.31	µIU/mL	

CLASSIFICATION	TSH
Cord Blood	1.0 - 39.0
1 - 4 weeks	1.7 - 9.1
1-12 months	0.8 - 8.2
1-20 years	0.7 - 5.7
21 - 80 years	0.25 - 5.5
>80 years	0.25 - 5.5

**T3** - Triiodothyronine (T3) is a hormone produced by thyroidal secretion (20%) and from the peripheral deiodination mechanism which converts T4 to T3 (80%). As T3 is physiologically much more active than T4, it plays an important part in maintaining euthyroidism. T3 circulates as a free hormone (0.3%) or bound to carrier proteins (>99.7%) such as TBG (thyroxine binding globulin), albumin or prealbumin.

The free form is the physiologically active fraction which appears to have the most effect on metabolism control. T3 determination must be associated with other tests such as TSH and T4 assay, as well as with the clinical examination of the patient.

**T4** - Thyroxine (T4) is a hormone secreted by the thyroid gland. It is predominantly bound to carrier proteins (99.9%), principally TBG (thyroxine binding globulin). The fraction that remains free is considered as the active part of the hormone.

The VIDAS T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. Since the T4 test depends on the concentration in carrier proteins, it is necessary to check the binding capacity of the thyroid hormones. This titer must also be associated with the other titers of the thyroid assessment, such as TSH and T3, as well as with the clinical examination of the patient.

**TSH** - TSH is produced by thyrotropic cells in the anterior pituitary gland. It is secreted into the bloodstream according to a circadian rhythm, peaking at between 1 and 2 a.m. TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In return, these thyroid hormones exert a negative-feedback effect on the pituitary gland, reducing TSH secretion. TSH secretion is also influenced by the central nervous system, via a hypothalamic neuropeptide, TRH, and neuromediators such as somatostatin or dopamine.

In cases of hyperthyroidism (Basedow's disease, thyroid adenoma, and inflammatory thyroiditis), TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of clear-cut primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. In partial or mild hypothyroidism, a moderate increase in the TSH level enables normal thyroid production to be maintained for many years without any apparent clinical symptoms.

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## MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

### Investigation Name

### Result

#### Stool Routine Examination

##### Macroscopic Examination:

Colour	Brownish
Consistency	Semi Loose
Blood	Nil
Mucus	Nil
Reaction	Acidic

##### Microscopic Examination:

Pus - Cells	2-3	/HPF
Red Blood Cells	Nil	/HPF
Ova	Nil	
Cyst	Nil	
Others	Bacteria	

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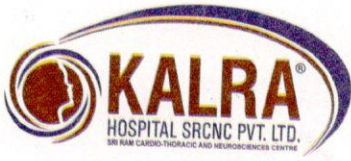
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Patient type	: 0	Result Date/Time	: 27/08/22 01:25PM

## MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

### Urine Routine Examination

<u>Investigation Name</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Physical Examination:</b>			
Colour	Pale Yellow		
Transparency	Clear		
Specific Gravity	1.020		1.005 - 1.030
<b>Chemical Examination:</b>			
PH	6.0		5.0 - 8.5
Protein	Nil		Negative
Glucose	Nil		Negative
<b>Microscopic Examination:</b>			
Pus-Cells	1-2	/HPF	2 - 3
Red Blood Cells	Nil	/HPF	Nil
Epithelial Cells	1-2	/HPF	2 - 3 (M) 2 - 5 (F)
Cast	Nil		Nil
Crystals	Nil		Nil
Others	Nil		Nil

Remarks: Microscopic examination of urine is performed on centrifuged urinary sediment.

-----End of the report -----

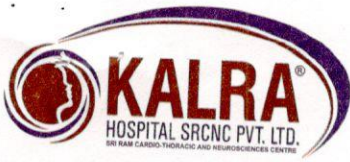
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Referred by : Dr. SELF

Bill No . : 4385

Date : 27/08/2022

## 2D Echo with Colour Doppler

### M-MODE STUDY

Left Ventricle:

ESD: 3.2 cm	(3.5 - 4.4 cm)	Aortic Valve Root	: 3.0 cm	(2.0-3.5 cm)
EDD: 4.0 cm	(3.5 - 5.7 cm)	Left Atrium	: 3.2 cm	(1.9-4.0 cm)
		Aortic valve opening	: cm	(2.0-3.7 cm)

Right ventricle: N (0.9-1.1 cm)

Wall Thickness:

Septum: 1.0 cm	(0.6-1.1 cm)	Pericardial effusion: Nil
Posterior wall: 1.1 cm	(0.6-1.1 cm)	

### LV WALL MOTION

	Ant.	Inferior	Posterior	Ant. Septal	Septal	Lat.
Apical	N	N	-	-	N	N
Mid	N	N	N	N	N	N
Basal	N		N	N	N	N
Apex	Normal. No LV clot					

### LV FUNCTION INDICES

EF: 60%(By volume method)

Valves	TWO DIMENSIONAL STUDY	COLOR DOPPLER/DOPPLER STUDIES
Mitral	Normal	Normal/(E)-0.72m/sec, A-0.67m/sec (DT=msec)
Aortic	Normal	Normal/1.4 m/sec
Tricuspid	Normal	Normal
Pulmonic	Normal	Normal/m/sec

### INTERPRETATION & CONCLUSION:

LA/AO is ratio is normal.

No thrombus /vegetation

LV is of normal size with normal systolic function (EF= 60%) Normal LV diastolic function.

LV shows no regional wall motion abnormality



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## 2D Echo with Colour Doppler

LV shows no regional wall motion abnormality

RV is of normal size and has normal function

Pericardium is normal. There is no pericardial effusion.

No SAM/MVP

IAS and IVS are intact

Doppler flow velocities are normal across mitral, aortic, pulmonary and tricuspid valves.

Color Doppler flow study shows normal pattern across valves and chambers. No regurgitation.

### FINAL IMPRESSION:

**Normal LV systolic function**

**Normal LV diastolic function.**

**No RWMA.**

**LVEF- 60%**

End Of Report

**Dr.VIKAS THAKRAN.**

**MBBS,MD,DM**

**INTERVENTIONAL CARDIOLOGIST**

**Dr.ANKIT KALRA.**

**MBBS,MD(MED),DNB(CARDIO**

**INTERVENTIONAL CARDIOLOGIST**

**Dr.RAMESH RAIKAR**

**MBBS,MD,DNB (CARDIOLOGY)**

**INTERVENTIONAL CARDIOLOGIST**





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CIN : U85100DL2011PTC216737



Patient Name	BALKISHAN VERMA 39Y M	Patient Id	27/08/22/1128.
Ref.Doctor		Reported Date and Time	Aug 27, 2022 12:23 pm

## XRAY Radiograph Chest

View

PA VIEW

### Observations

**Tiny nodular opacities noted in left upper and midzone.**

Rest of the lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

### Impression

**Tiny nodular opacities noted in left upper and midzone.**

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