

RADIOLOGY REPORT

Name	Meghraj SINGH	Modality	DX
Patient ID	MH010856402	Accession No	R5302173
Gender/Age	M / 44Y 9M 8D	Scan Date	18-03-2023 09:40:06
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	18-03-2023 15:06:17

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

IMPRESSION:

XR- CHEST PA VIEW

No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta,

MBBS,DNB,MNAMS,FRCR(I)

Consultant Radiologist, Reg no DMC/R/14242



Name

MR MEGHRAJ SINGH

Age

44 Yr(s) Sex : Male

Registration No

MH010856402

Lab No

32230307102

Patient Episode

Collection Date:

18 Mar 2023 13:47

Referred By

: H18000000348

Donouting Date

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Referred by

HEALTH CHECK MGD

Reporting Date:

18 Mar 2023 18:33

Receiving Date

18 Mar 2023 13:52

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.19	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.26	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.400	uIU/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

Test Name Result Unit Biological Ref. Interval

TOTAL PSA, Serum (ECLIA)

0.774

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.

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

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BIOLOGICAL REFERENCE INTERVAL

Some patients who have been exposed to animal antigens, may have circulating anti-

antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Neelane Luga



Name

MR MEGHRAJ SINGH

Age

44 Yr(s) Sex :Male

Registration No

MH010856402

Lab No

202303001713

Patient Episode

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18 Mar 2023 09:26

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: HEALTH CHECK MGD

Reporting Date :

18 Mar 2023 12:22

Receiving Date

: 18 Mar 2023 10:17

HAEMATOLOGY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

COMPLETE	BLOOD	COUNT	(AUTOMATED)
----------	-------	-------	-------------

SPECIMEN-EDTA Whole Blood

COLLEGE DECOD COOKE (HOLORES	,	Di Montalia de la Tinone	
RBC COUNT (IMPEDENCE)	5.40	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	16.5 #	g/dl	[12.0-16.0]
Method: cyanide free SLS-color	rimetry		
HEMATOCRIT (CALCULATED)	46.9	96	[40.0-50.0]
MCV (DERIVED)	86.9	fL	[83.0-101.0]
MCH (CALCULATED)	30.6	pg	[27.0-32.0]
MCHC (CALCULATED)	35.2 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	183	x 10 ³ cells/cumm	[150-400]
MPV(DERIVED)	10.4		
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	5.81	\times 10 3 cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	51.0	%	[40.0-80.0]
Lymphocytes	39.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[2.0-7.0]
Basophils	0.0	96	[0.0-2.0]
ESR	5.0	/1sthour	[0.0-

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MR MEGHRAJ SINGH Name

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202303001713

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18 Mar 2023 10:17

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HEALTH CHECK MGD

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18 Mar 2023 12:30

Receiving Date

18 Mar 2023 10:17

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR 7.0

(4.6-8.0)

Reaction[pH] Specific Gravity

1.005

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen

Negative Normal

(NEGATIVE) (NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

RBC

1-2 /hpf

/hpf

(0-5/hpf)

Epithelial Cells

NIL

(0-2/hpf)

CASTS

NIL NIL

Crystals OTHERS

NIL

NIL

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BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL

TRIGLYCERIDES (GPO/POD)

219 #

268 #

mg/dl

mg/dl

[<200]

Moderate risk:200-239

High risk:>240

[<150]

Borderline high: 151-199

High: 200 - 499 Very high: >500

HDL- CHOLESTEROL

51.0

mg/dl

[35.0-65.0]

VLDL- CHOLESTEROL (Calculated)

CHOLESTEROL, LDL, CALCULATED

Method: Enzymatic Immunoimhibition

54 # 114.0

mg/dl mg/dl

[0-35][<120.0]

Near/

Above optimal-100-129

T.Chol/HDL.Chol ratio(Calculated)

4.3

High Risk: 160-189

<4.0 Optimal

4.0-5.0 Borderline

Borderline High: 130-159

>6 High Risk

LDL.CHOL/HDL.CHOL Ratio(Calculated)

2.2

<3 Optimal

3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

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BIOCHEMISTRY

TEST

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BIOLOGICAL REFERENCE INTERVAL

KIDNEY PROFILE

KIDNEY PROFILE			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	24.0	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	11.2	mg/dl	[8.0-20.0]
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardiza URIC ACID Method:uricase PAP	6.9	mg/dl	[4.0-8.5]
SODIUM, SERUM	137.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	5.00 103.5	mmol/L mmol/l	[3.60-5.10] [101.0-111.0]
eGFR (calculated) Technical Note	104.0	ml/min/1.73sq.m	[>60.0]

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

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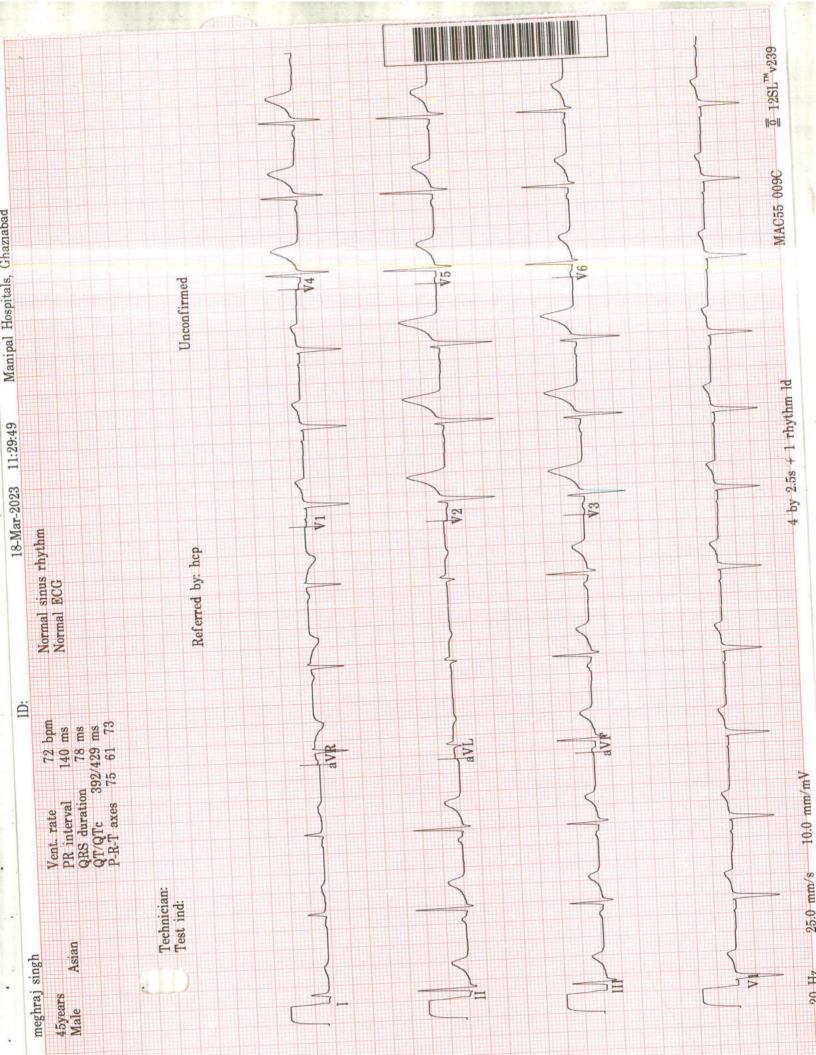
BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL 1
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.98	mg/d	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/	The second secon
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.82	mg/d	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/	dl [6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.52	g/d	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/	dl [1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.47		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	55.00 #	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	84.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	86.0	IU/	L [32.0-91.0]
GGT	84.0 #		[7.0-50.0]

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TMT INVESTIGATION REPORT

Patient Name: Mr Meghraj SINGH

Location

: Ghaziabad

Age/Sex

: 45Year(s)/male

Visit No.

: V0000000001-GHZB

MRN No

Order Date

: 18/03/2023

Ref. Doctor : HCP

MH010856402

Report Date

: 18/03/2023

Protocol

: Bruce

MPHR

: 175BPM

Duration of exercise

: 8min 29sec

85% of MPHR

: 148BPM

Reason for termination: THR achieved

Peak HR Achieved : 151BPM

Blood Pressure (mmHg): Baseline BP: 140/90mmHg

Peak BP : 156/94mmHg

% Target HR METS

: 10.1METS

: 86%

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	83	140/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	104	146/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	120	150/90	Nil	No ST changes seen	Nil
STAGE 3	2:29	151	156/94	Nil	No ST changes seen	Nil
RECOVERY	2:23	99	140/90	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- · Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD

Sr. Consultant Cardiology Sr. Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-616 5666

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

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Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



OUTPATIENT RECORD

Hospital No:

MH010856402

MR MEGHRAJ SINGH

Doctor Name: DR. RATN RANJAN PANDEY

Date:

Name:

18/03/2023 10:26AM

Visit No: O18000014572 Age/Sex: 44 Yrs/Male

Specialty: DENTAL MEDICINE MGD

OPD Notes:

PHC PATIENT.

NO DENTAL COMPLAINTS.

ADV:

-DIGITAL OPG

-REPLACEMENT OF MISSING TOOTH

-ORAL PROPHYLAXIS

-USE OF SUPER SOFT TOOTH BRUSH

-REGULAR DENTAL CHECK UP EVERY 6 MONTHS

-REVIEW WITH OPG REPORTS

Observations

Vital Signs Last Administered: 18/03/2023 09:23

BP Systolic: 145 mmHg BP Diastolic: 99 mmHg Pulse Rate: 72 bt/min Saturation(Oxygen): 100 %

Mean Arterial Pressure-MAP: 114 mmHg

Height: 171 Centimeter Weight: 75 Kilogram EWS Total: 2 pts

DR. RATN RANJAN PANDEY

BDS

Reg. No.: 8295

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