

CONCLUSION OF HEALTH CHECKUP

| | | | | | |
|------------|--------------|--------------|------------|--------------|-------------------------|
| ECU Number | : 2031 | MR Number | : 23201212 | Patient Name | : CHAITANYA SIVA PARIMI |
| Age | : 33 | Sex | : Male | Height | : 173 |
| Weight | : 88 | Ideal Weight | : 69 | BMI | : 29.40 |
| Date | : 25/02/2023 | | | | |

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 2031 MR Number : 23201212 Patient Name : CHAITANYA SIVA PARIMI
Age : 33 Sex : Male Height : 173
Weight : 88 Ideal Weight : 69 BMI : 29.40
Date : 25/02/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : DIABETES ; MOTHER : HYPERTENSION.

Habits : SMOKING +
Gen.Exam. : G.C. GOOD
B.P : 120/80 mm Hg
Pulse : 80/MIN REG.
Others : SPO2 : 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :

ECU Number : 2031
Age : 33
Weight : 88
Date : 25/02/2023

MR Number : 23201212
Sex : Male
Ideal Weight : 69

Patient Name : CHAITANYA SIVA PARIMI
Height : 173
BMI : 29.40

Ophthalmic Check Up :

Ext Exam
Vision Without Glasses
Vision With Glasses
Final Correction
Fundus
Colour Vision
Advice

Right

-
6/6 N.5
SAME AS PATIENT OWN GL.
NORMAL
NORMAL
NIL

Left

NORMAL
-
6/6 N.5
SAME AS PATIENT
OWN GL.

Orthopaedic Check Up :

Ortho Consultation
Ortho Advice
ENT Check Up :
Ear
Nose
Throat
Hearing Test
ENT Advice

General Surgery Check Up :

General Surgery
Abdominal Lump
Hernia
External Genitals
PVR
Proctoscopy
Any Other
Surgical Advice



Patient Name : Mr. CHAITANYA SIVA PARIMI
Gender / Age : Male / 33 Years 22 Days
MR No / Bill No. : 23201212 / 231068533
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 109309
Request Date : 25/02/2023 09:25 AM
Collection Date : 25/02/2023 09:45 AM
Approval Date : 25/02/2023 03:11 PM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|-------------|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 16.5 | gm/dL | 13 - 17 |
| Red Blood Cell Count (T-RBC) | 5.02 | mill/cmm | 4.5 - 5.5 |
| Hematocrit (HCT) | 49.9 | % | 40 - 50 |
| Mean Corpuscular Volume (MCV) | 99.4 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 32.9 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 33.1 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 12.9 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 48.5 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 7.42 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 63 | % | 40 - 80 |
| Lymphocytes | 29 | % | 20 - 40 |
| Eosinophils | 2 | % | 1 - 6 |
| Monocytes | 6 | % | 2 - 10 |
| Basophils | 0 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 4.68 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 2.22 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | 0.09 | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.39 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.04 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.3 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 256 | thou/cmm | 150 - 410 |
| Smear evaluation | Adequate | | |
| ESR | 6 | mm/1 hr | 0 - 10 |

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. CHAITANYA SIVA PARIMI
Gender / Age : Male / 33 Years 22 Days
MR No / Bill No. : 23201212 / 231068533
Consultant : Dr. Manish Mittal
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

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Haematology

| Test | Result | Units | Biological Ref. Range |
|--------------------|----------|-------|-----------------------|
| Blood Group | | | |
| ABO system | B | | |
| Rh system. | Positive | | |

By Gel Technology / Tube Agglutination Method
Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

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Request No. : 109309
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Approval Date : 25/02/2023 03:29 PM

Fasting Plasma Glucose

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|------------------------------------|---------------|--------------|------------------------------|
| <i>Fasting Plasma Glucose</i> | | | |
| Fasting Plasma Glucose | 90 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr. Plasma Glucose | 95 | mg/dL | 70 - 140 |

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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Request No. : 109309
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Approval Date : 25/02/2023 03:37 PM

HbA1c (Glycosylated Hb)

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| HbA1c (Glycosylated Hb) | | | |
| Glycosylated Heamoglobin (HbA1c) | 5.6 | % | |
| estimated Average Glucose (e AG) * | 114.02 | mg/dL | |

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

| HbA1c% | e AG (mg/dl) | Glycemic control |
|--------|--------------|--|
| > 8 | > 183 | Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances |
| 7 - 8 | 154 - 183 | Good |
| < 7 | < 154 | Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area. |
| 6 - 7 | 126 - 154 | Near Normal |
| < 6 | < 126 | Nondiabetic level) |

---- End of Report ----

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Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|--|--------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Clear | | |
| Triglycerides | 89 | mg/dL | 1 - 150 |
| <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i> | | | |
| < 150 Normal | | | |
| 150-199 Borderline High | | | |
| 200-499 High | | | |
| > 499 Very High | | | |
| Total Cholesterol | 163 | mg/dL | 1 - 200 |
| <i>(By enzymatic colorimetric method on RXL Dade Dimension)</i> | | | |
| <200 mg/dL - Desirable | | | |
| 200-239 mg/dL - Borderline High | | | |
| > 239 mg/dL - High | | | |
| HDL Cholesterol | 35 | mg/dL | 40 - 60 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> | | | |
| < 40 Low | | | |
| > 60 High | | | |
| Non HDL Cholesterol (calculated) | 128 | mg/dL | 1 - 130 |
| <i>(Non- HDL Cholesterol)</i> | | | |
| < 130 Desirable | | | |
| 139-159 Borderline High | | | |
| 160-189 High | | | |
| > 191 Very High | | | |
| LDL Cholesterol | 114 | mg/dL | 1 - 100 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> | | | |
| < 100 Optimal | | | |
| 100-129 Near / above optimal | | | |
| 130-159 Borderline High | | | |
| 160-189 High | | | |
| > 189 Very High | | | |
| VLDL Cholesterol (calculated) | 17.8 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 3.26 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio | 4.66 | | 3.5 - 5 |
| <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i> | | | |

---- End of Report ----

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Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|---|-------------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 1.26 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.21 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 1.05 | mg/dL | 0 - 0.7 |
| <i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i> | | | |
| Aspartate Aminotransferase (SGOT/AST) | 26 | U/L | 15 - 40 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alanine Aminotransferase (SGPT/ALT) | 54 | U/L | 16 - 63 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alkaline Phosphatase | 89 | U/L | 53 - 128 |
| <i>(BY PNPP AMP method on RXL Dade Dimension.)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 36 | U/L | 15 - 85 |
| <i>(By IFCC method on RXL Dade Dimension.)</i> | | | |
| Total Protein | | | |
| Total Proteins | 7.65 | gm/dL | 6.4 - 8.2 |
| Albumin | 3.80 | gm/dL | 3.4 - 5 |
| Globulin | 3.85 | gm/dL | 3 - 3.2 |
| A : G Ratio | 0.99 | | 1.1 - 1.6 |
| <i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimesion.)</i> | | | |

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mr. CHAITANYA SIVA PARIMI
 Gender / Age : Male / 33 Years 22 Days
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Renal Function Test (RFT)

| Test | Result | Units | Biological Ref. Range |
|--|--------------|-------|-----------------------|
| Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i> | 13 | mg/dL | 10 - 45 |
| Creatinine <i>(By Modified Kinetic Jaffe Technique)</i> | 0.97 | mg/dL | 0.9 - 1.3 |
| Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i> | More than 60 | | |
| Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i> | 5.6 | mg/dL | 3.4 - 7.2 |

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mr. CHAITANYA SIVA PARIMI
 Gender / Age : Male / 33 Years 22 Days
 MR No / Bill No. : 23201212 / 231068533
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 109309
 Request Date : 25/02/2023 09:25 AM
 Collection Date : 25/02/2023 09:45 AM
 Approval Date : 25/02/2023 03:37 PM

Thyroid Hormone Study

| Test | Result | Units | Biological Ref. Range |
|------|--------|-------|-----------------------|
|------|--------|-------|-----------------------|

| | | | |
|-----------------------|------|-------|--|
| Triiodothyronine (T3) | 1.52 | ng/ml | |
|-----------------------|------|-------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

| | | | |
|----------------|------|--------|--|
| Thyroxine (T4) | 8.87 | mcg/dL | |
|----------------|------|--------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1 - 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

| | | | |
|--------------------------------------|-------|------------|--|
| Thyroid Stimulating Hormone (US-TSH) | 0.930 | microIU/ml | |
|--------------------------------------|-------|------------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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Gender / Age : Male / 33 Years 22 Days
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Request Date : 25/02/2023 09:25 AM
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Approval Date : 25/02/2023 12:38 PM

Urine routine analysis (Auto)

| Test | Result | Units | Biological Ref. Range |
|---|----------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 30 | mL | |
| Colour | Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| pH | 5.5 | | |
| Specific Gravity | >=1.030 | | |
| Protein | Negative | gm/dL | 0 - 5 |
| Glucose | Negative | mg/dL | 0 - 5 |
| Ketones | Negative | | 0 - 5 |
| Bilirubin | Negative | | Negative |
| Urobilinogen | Negative | | Negative (upto 1) |
| Blood | 2+ | | Negative |
| Leucocytes | Negative | | Negative |
| Nitrite | Negative | | Negative |
| Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000) | | | |
| Red Blood Cells | 10 - 20 | /hpf | 0 - 2 |
| Leucocytes | 0 - 1 | /hpf | 0 - 5 |
| Epithelial Cells | 0 - 1 | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | /hpf | Nil |
| Mucus | Absent | /hpf | Absent |
| Organism | Absent | | |

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23201212 Report Date : 25/02/2023
Request No. : 190054701 25/02/2023 9.25 AM
Patient Name : **Mr. CHAITANYA SIVA PARIMI**
Gender / Age : Male / 33 Years 22 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 13 cc. Prostate measures 27mm x 30mm x 30mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Fatty liver.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist



Patient No. : 23201212 Report Date : 25/02/2023
Request No. : 190054715 25/02/2023 9.25 AM
Patient Name : Mr. CHAITANYA SIVA PARIMI
Gender / Age : Male / 33 Years 22 Days


Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : NO LV diastolic dysfunction
NO AR, MR, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.


Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist

Name: Chaitanya siva parim
Patient ID: 23201212

25.02.2023 13:00:20
Standard 12-Lead

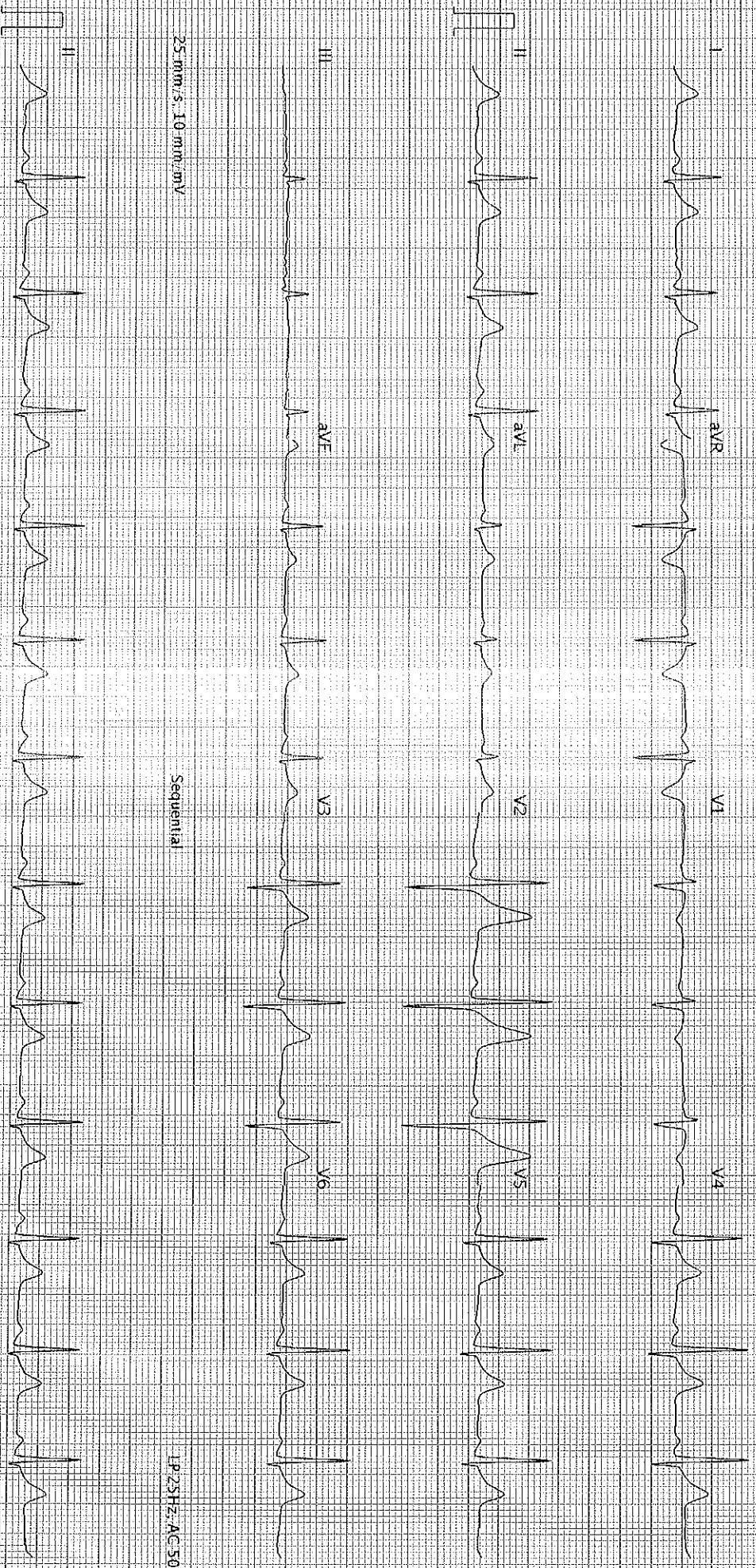
Date of birth: Undefined
Gender: Undefined
Height: Undefined
Weight: Undefined
Ethnicity: Unknown
Pacemaker: Unknown

HR: 77 bpm
P axis: 33°
QRS axis: 47°
T axis: 30°

RR: 783 ms
P: 95 ms
PR: 127 ms
QRS: 82 ms
QT: 360 ms
QTc: 407 ms

Indication:
Remark:

Otherwise normal



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP25Hz, AC 50Hz

AT-102-C2-12-0 (1080-011030)

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