

Name : MR VIKASH KUMAR Age : 35 Yr(s) Sex : Male
 Registration No : MH011342526 Lab No : 32230912077
 Patient Episode : O03001180184 Collection Date : 28 Sep 2023 18:47
 Referred By : REFERRAL DOCTOR Reporting Date : 29 Sep 2023 09:24
 Receiving Date : 28 Sep 2023 19:02

BIOCHEMISTRY**THYROID PROFILE, Serum**

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.85	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	7.38	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	2.330	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>

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

Dr.Himansha Pandey



LABORATORY REPORT

Name : MR VIKASH KUMAR
Registration No : MH011342526
Patient Episode : H18000001227
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:54

Age : 35 Yr(s) Sex : Male
Lab No : 202309006051
Collection Date : 28 Sep 2023 08:54
Reporting Date : 28 Sep 2023 15:52

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
PC COUNT (IMPEDENCE)	5.04	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.4	%	[40.0-50.0]
MCV (DERIVED)	90.1	fL	[83.0-101.0]
MCH (CALCULATED)	27.4	pg	[25.0-32.0]
MCHC (CALCULATED)	30.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.1 #	%	[11.6-14.0]
Platelet count	164	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.7		
WBC COUNT (TC) (IMPEDENCE)	4.92	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	%	[40.0-80.0]
Lymphocytes	44.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	8.0 #	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.



LABORATORY REPORT

Name : MR VIKASH KUMAR
Registration No : MH011342526
Patient Episode : H18000001227
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 13:15

Age : 35 Yr(s) Sex : Male
Lab No : 202309006053
Collection Date : 28 Sep 2023 13:15
Reporting Date : 28 Sep 2023 16:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS	108.0	mg/dl	[80.0-140.0]

Method: Hexokinase

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



LABORATORY REPORT

Name : MR VIKASH KUMAR
Registration No : MH011342526
Patient Episode : H18000001227
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:54

Age : 35 Yr(s) Sex :Male
Lab No : 202309006051
Collection Date : 28 Sep 2023 08:54
Reporting Date : 28 Sep 2023 17:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
			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)	108	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 glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MR VIKASH KUMAR	Age	: 35 Yr(s) Sex :Male
Registration No	: MH011342526	Lab No	: 202309006051
Patient Episode	: H18000001227	Collection Date	: 28 Sep 2023 09:56
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 16:49
Receiving Date	: 28 Sep 2023 09:56		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	223 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	211 #	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	59.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	42 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	122.0 #	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.8		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MR VIKASH KUMAR
Registration No : MH011342526
Patient Episode : H18000001227
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:54

Age : 35 Yr(s) Sex : Male
Lab No : 202309006051
Collection Date : 28 Sep 2023 08:54
Reporting Date : 28 Sep 2023 16:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	19.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.2	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.97	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.5	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	139.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.80	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	100.7	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. 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.



LABORATORY REPORT

Name : MR VIKASH KUMAR
Registration No : MH011342526
Patient Episode : H18000001227
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 08:54

Age : 35 Yr(s) Sex : Male
Lab No : 202309006051
Collection Date : 28 Sep 2023 08:54
Reporting Date : 28 Sep 2023 16:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.52	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.21	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.36		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	18.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	12.80 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	62.0	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR VIKASH KUMAR Age : 35 Yr(s) Sex : Male
Registration No : MH011342526 Lab No : 202309006051
Patient Episode : H18000001227 Collection Date : 28 Sep 2023 08:54
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:43
Receiving Date : 28 Sep 2023 08:54

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Vikash KUMAR	STUDY DATE	28/09/2023 9:10AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011342526
ACCESSION NO.	R6169355	MODALITY	CR
REPORTED ON	28/09/2023 9:19AM	REFERRED BY	HEALTH CHECK MGD

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:

-No significant abnormality seen.

Please correlate clinically



Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



NAME	MR Vikash KUMAR	STUDY DATE	28/09/2023 9:44AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011342526
ACCESSION NO.	R6169356	MODALITY	US
REPORTED ON	28/09/2023 10:28AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 134 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 74 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 10 mm.
 COMMON BILE DUCT: Appears normal in size and measures 2 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. 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 97 x 35 mm.
 Left Kidney: measures 97 x 43 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 41 x 32 x 31 mm with volume 21 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.

Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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

35 years
Male

Asian

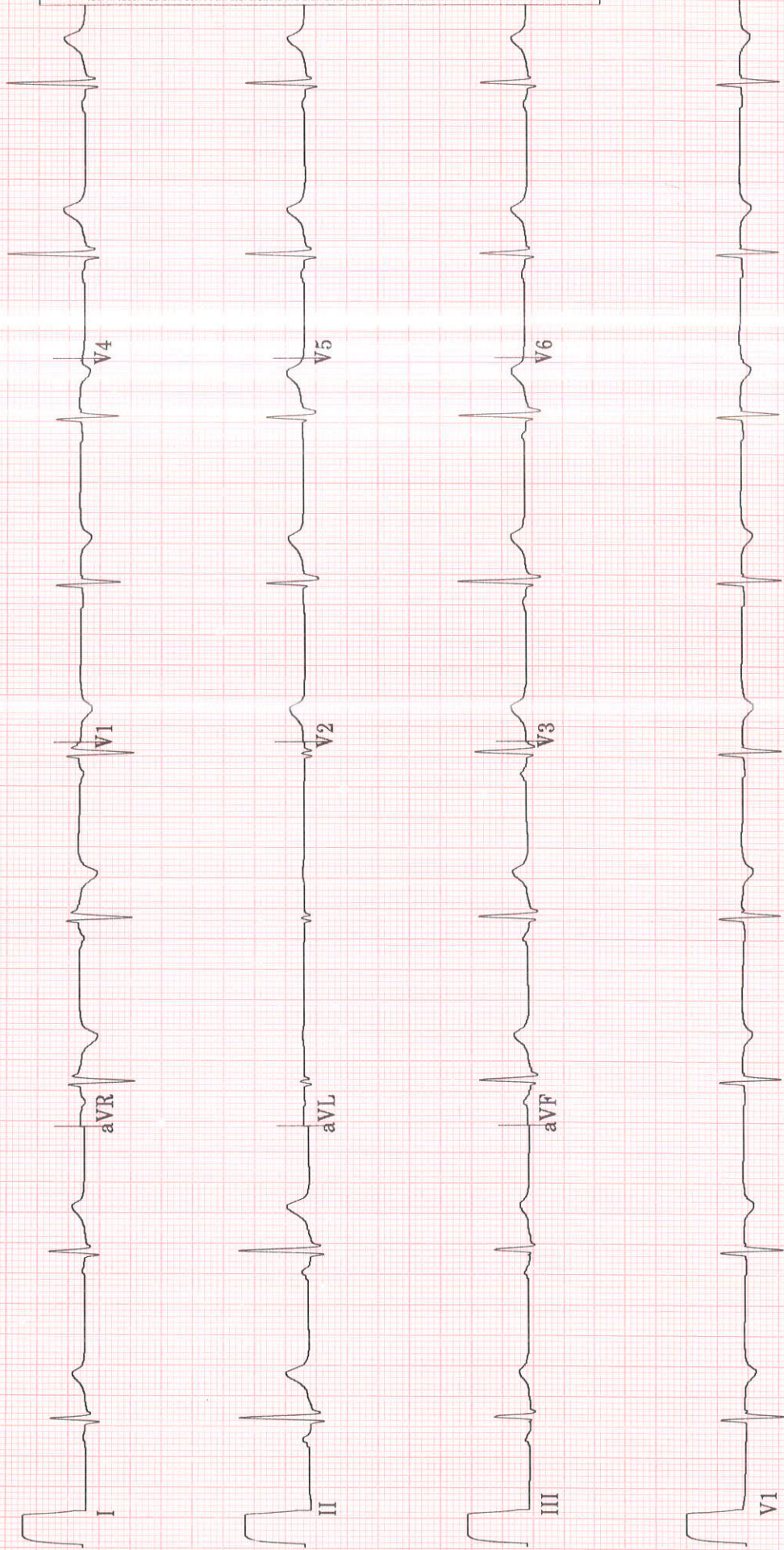
Vent. rate 55 bpm
PR interval 162 ms
QRS duration 88 ms
QT/QTc 418/399 ms
P-R-T axes 65 63 57

Sinus bradycardia
Otherwise normal ECG

Technician:
Test ind:

Referred by: hcp

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	VIKASH KUMAR	Location	: Ghaziabad
Age/Sex	: 35Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	MH011342526	Order Date	: 28/09/2023
Ref. Doctor	: HCP	Report Date	: 28/09/2023

Protocol	: Bruce	MPHR	: 185BPM
Duration of exercise	: 4min 23sec	85% of MPHR	: 157BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 160BPM
Blood Pressure (mmHg)	: Baseline BP : 130/90mmHg Peak BP : 150/94mmHg	% Target HR	: 86%
		METS	: 6.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	130/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	137	140/90	Nil	No ST changes seen	Nil
STAGE 2	1:23	158	150/94	Nil	No ST changes seen	Nil
RECOVERY	3:22	81	134/94	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

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

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY),MNAMS
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**HEALTH CHECK RECORD**

Hospital No: MH011342526	Visit No: H18000001227
Name: MR VIKASH KUMAR	Age/Sex: 35 Yrs/Male
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD
Date: 28/09/2023 12:50PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -PHC
SYSTEMIC/ OPHTHALMIC HISTORY - NIL

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6P	6/9
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	19	18

FUNDUS EXAMINATION

A) VITREOUS
B) OPTIC DISC C:D 0.3 C:D 0.2 HNRR OU
C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT
D) VESSELS/ PERIPHERY

POWER OF GLASS
Right eye: PLANO Dsp / -0.50 Dcyl x 180 degree -6/6
Left eye: -0.50 Dsp / -0.50 Dcyl x 180degree -6/6

ADVISE / TREATMENT
E/D NST 4 TIMES DAILY BE
REVIEW AFTER 6 MONTH

DR.SHISHIR NARAIN
Reg. No.: 9538**Manipal Health Enterprises Pvt. Ltd.**

CIN: U85110KA2010PTC052540

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P: +91 80 4936 0300 Email: info@manipalhospitals.com **www.manipalhospitals.com****Eye Trust Clinic**
& DAY CARE CENTREIn association with
Manipal Hospitals - Ghaziabad**Dr. Anant Vir Jain**, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma
Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis**Helpline: 99996 51125**