


Patient Name : Mr. RAHUL	Reg No. : 2950/UHID22DL	Lab ID : 3297/OPDPB22DL
Age / Gender : 31Y / Male	Date : 07-Aug-2022	
Mobile No. : 7357170378	Refd. By : Dr. INSURANCE	Collected : 07-Aug-2022
	Manual No. :	Received : 07-Aug-2022
Sample Type : EDTA whole blood	Sample ID : 22688	Report : 07-Aug-2022 15.12

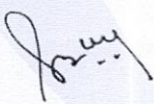
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	14.6	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	4.0	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	44	%	40-75	Electrical impedance
Lymphocyte	48	%	20-45	Electrical impedance
Eosinophil	05	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.66	mili/cmm	3.8-5.5	Electrical impedance
PCV	45	%	35-45	Calculated
MCV	96.40	fL	80-100	Calculated
MCH	31.2	Picogram	27.5-33.2	Calculated
MCHC	32.40	gm/dl	32-36	Calculated
PLATELET COUNT	158	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----



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Lab Technician : ramshankar



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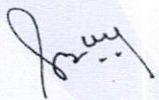
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HEAMOTOLOGY

**BLOOD GROUPING(A,B,O)&Rh
FACTOR**
BLOOD GROUP ABO
RH TYPING

"O"
"POSITIVE"
Manual
Manual

-----End of Report-----



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Age / Gender : 31Y / Male	Date : 07-Aug-2022	
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.8	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

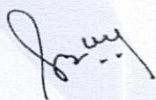
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	178.00	mg/dl	123-199	CHOD-PAP
Triglycerides	62.9	mg/dl	40-160	Gpo
HDL Cholesterol Direct	55.6	mg/dl	35.3-79.5	Direct
Vldl	13	mg/dl	4.7-22.1	
LDL Cholesterol Direct	109.8	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.2		0.0-4.97	
LDL/HDL Ratio	2.0		0.0-3.55	

INTERPRETATION:-

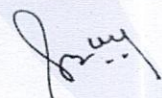
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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Mobile No. : 7357170378
Sample Type : Serum

Reg No. : 2950/UHID22DL
Date : 07-Aug-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 22688

Lab ID. : 3297/OPDPB22DL
"A Unit of Sugam Health India Pvt. Ltd"



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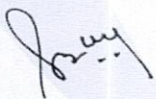
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	31.7	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	4.70	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.23	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	3.03	g/dl	2.3-3.5	
A/G RATIO	1.39	g/dl		
Calcium	8.9	mg/dl	8.6-10.2	Arsenazo
Sodium	141.6	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.6	mmol/L	3.5-5.5	ISE Indirect
Chloride	104.2	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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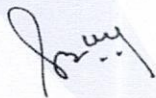
BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.32	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.13	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.19	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.23	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	3.06	g/dl	2.3-3.5	
A/G RATIO	1.36	g/dl		
SGOT	27	U/L	0-35	IFCC
SGPT	27	U/L	0.0-45	IFCC
Gamma GT	32.2	U/L	0-55	Glupa-c
Alkaline Phosphatase	94	U/L	53-128	Amp

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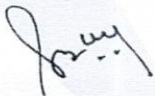
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES				
TSH	0.90	uIU/ml		CLIA
Adults				
21-100 yrs 0.35 - 5.50				
Pediatric				
0-12 Months 0.98-5.63				
1-5 years 0.64-5.76				
6-10 Years 0.51-4.82				
11-14 Years 0.53-5.27				
15-20 years 0.43-4.20				
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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Serology

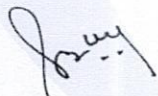
HIV 1 & II

NEGATIVE

Immunochromatography

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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Patient Name : Mr. RAHUL	Reg No. : 2950/UHID22DL	Lab ID of Book Diagnostics India Pvt. Ltd
Age / Gender : 31Y / Male	Date : 07-Aug-2022	
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HbsAg	NEGATIVE			<u>Serology</u> Immunochromatography
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Interpretation:-

<1 Negative

>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:- Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----



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Age / Gender : 31Y / Male	Date : 07-Aug-2022	
Mobile No. : 7357170378	Refd. By : Dr. INSURANCE	Collected : 07-Aug-2022
Sample Type : Plasma(Sodium fluoride)	Manual No.:	Received : 07-Aug-2022
	Sample ID : 22688	Report : 07-Aug-2022 15.12

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	101.5	mg/dl	70-150	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

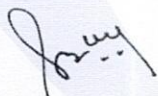
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	85.0	mg/dl	74-100	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

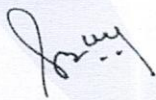
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Age / Gender : 31Y / Male	Date : 07-Aug-2022	
Mobile No. : 7357170378	Refd. By : Dr. INSURANCE	Collected : 07-Aug-2022
Sample Type : URINE	Manual No.:	Received : 07-Aug-2022
	Sample ID : 22688	Report : 07-Aug-2022 15.12

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.030 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf

Automated/Manual

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

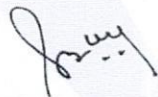
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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Radiology No.	: 3289/OPDPB22DL	Date	: 07-Aug-2022
Patient Name	: Mr. RAHUL	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 2950/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7357170378

ULTRASOUND OF WHOLE ABDOMEN

Convex Probes were used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 9.7x4.0 cm.

Left kidney measures 11.0x4.9 cm



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 3289/OPDPB22DL	Date	: 07-Aug-2022
Patient Name	: Mr. RAHUL	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 2950/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7357170378

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 28x41x26 mm which is equal to 16.53gms.

Impression: Normal scan.



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BOOK APPOINTMENT





Radiology No.	: 3297/OPDPB22DL	Date	: 07-Aug-2022
Patient Name	: Mr. RAHUL	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 2950/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7357170378

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Fibrocalcific densities are seen in the left lower & mid zone. *suggestive of old healed patho*

Rest of lung fields are Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Left Costophrenic angle is mildly blunted suggestive of pleural thickening.

Right Costophrenic angle is normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Please correlate clinically.



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BOOK APPOINTMENT

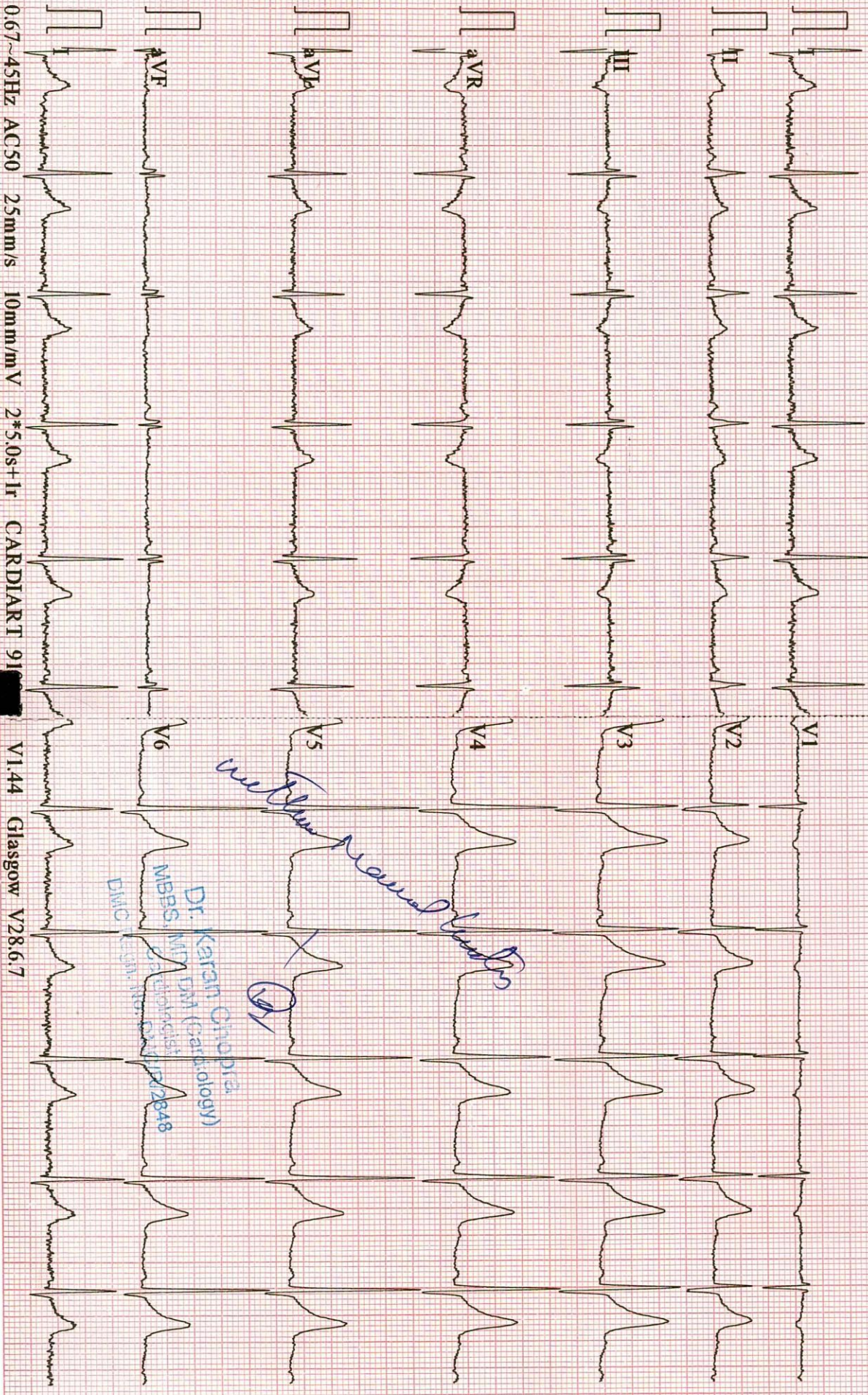


mr rahul
Male 31Years
Req. No. :

HR : 64 bpm
P : 90 ms
PR : 130 ms
QRS : 80 ms
QT/QTcBz : 392/405 ms
P/QRS/T : 45/24/6 °
RV5/SV1 : 2.302/0.785 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



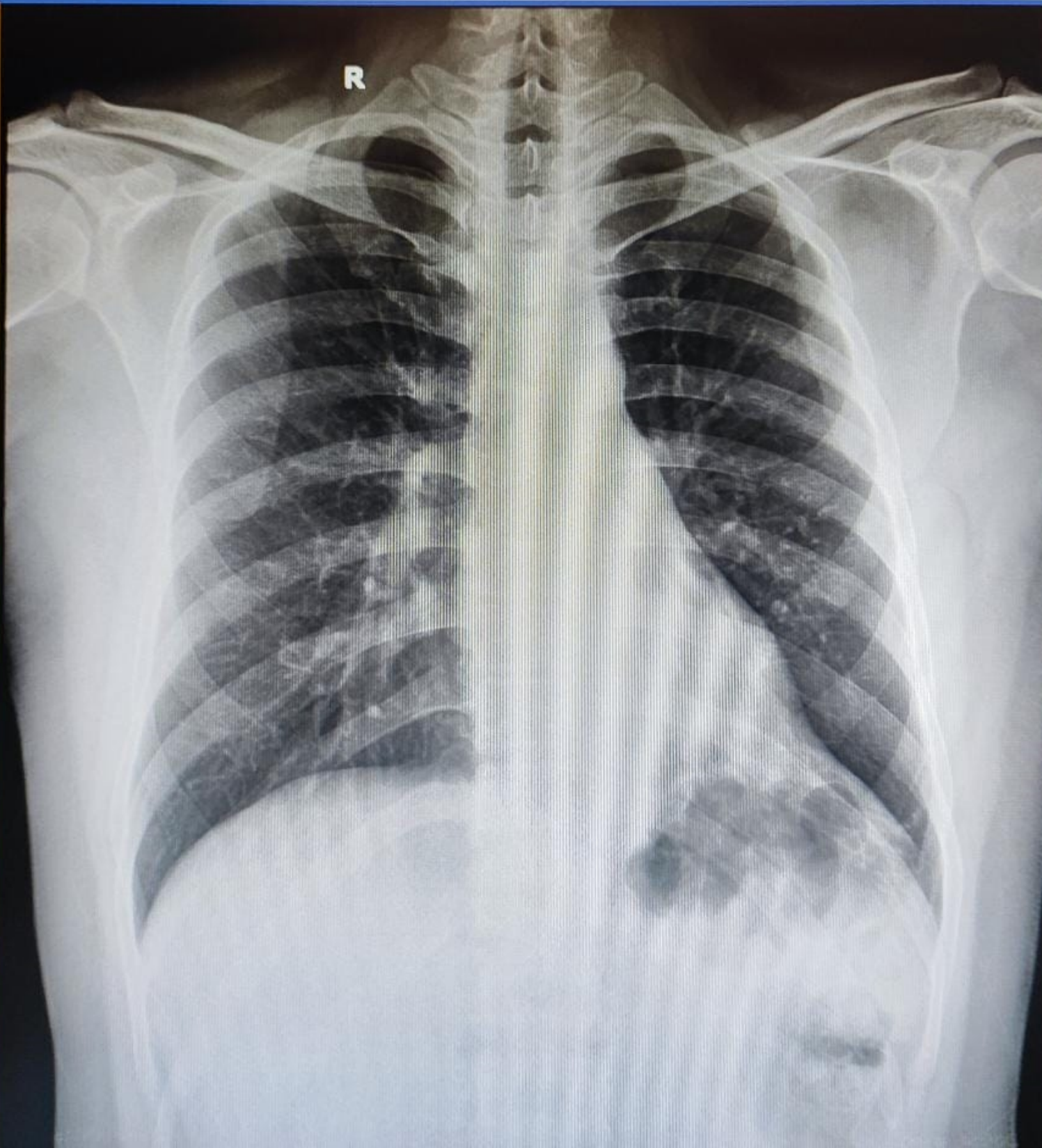
with normal leads

Dr. Karan Chopra
MBBS, MD (Cardiology)
Senior Registrar
DIP/2848
DMC

ID Name Study description
2950-UHID22DL RAHUL(M/31) CHEST

2950-UHID22DL
RAHUL
01/01/1991
Male

2208071103241
07/08/2022
2208071103241
Admin



WL: 05520
WW: 07235
CHEST
PA