



CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000486 Patient No : 21038746 Date : 16/03/2022
Name : SURINDER SINGH LATHAR Sex / Age : M 58
Height / Weight : 172 Cms 70 Kgs Ideal Weight : 68 Kgs BMI : 23.7

- by I Referenc
- Life Style Modified
- FBS, PPBS
monitors

Dr. Manish Mittal
Physician

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.



Name : SURINDER SINGH LATHAR

Sex / Age : M 58

Present History

BACK PAIN OFF & ON.

Past History

P/H/O RENAL STONE IN PAST.

Family History

NO F/H/O ANY MAJOR ILLNESS.

Personal History

VEG DIET.

Clinical Examination

B.P. 110/80 mm Hg

Pulse 78/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : SURINDER SINGH LATHAR

Sex / Age : M 58

Eye Checkup

Doctor Name Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 - 0.75 CYL ! 10	6/6 - 0.50 CYL ! 180
Corrected vision	N.6 + 2.50 D SPH	N.6 + 2.50 D SPH
IOP	14.6	14.6
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	

for Dr. Khande

No complaints

1/2 NAD

1/2 NAD

Small

*Umbilical
Hernia*



Dietary Assessment

Name : SURINDER SINGH LATHAR Sex / Age : M 58
Height : 172 Cms Weight : 70 Kgs Ideal Weight : 68 Kgs BMI : 23.7

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed
Frequency of consuming fried food : / day / week or occasional
Frequency of consuming sweets : / day or occasional
Frequency of consuming outside food : / week or occasional
Amount of water consumed / day : glasses / liters

Life style assessment

Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd Apple.
- Drink 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroot, Figs, Almond, Walnut, Dates, leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin. In case of diabetic patient avoid Rasins, Dates and Jeggary.
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.

Dietitian



Patient Name : Mr. SURINDER SINGH LATHAR
 Gender / Age : Male / 58 Years 7 Months 10 Days
 MR No / Bill No. : 21038746 / 221030936
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 32174
 Request Date : 16/03/2022 09:05 AM
 Collection Date : 16/03/2022 09:13 AM
 Approval Date : 16/03/2022 12:51 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	15.4	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.54	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	44.7	%	40 - 50
Mean Corpuscular Volume (MCV)	80.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.8	pg	27 - 32
MCH Concentration (MCHC)	34.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	38.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.17	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	62	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	03	%	2 - 10
Basophils	01	%	0 - 2
Polymorphs (Abs. Value)	5.04	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.50	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.29	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	210	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	mm/1 hr	0 - 12

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. SURINDER SINGH LATHAR	Type	: OPD
Gender / Age	: Male / 58 Years 7 Months 10 Days	Request No.	: 32174
MR No / Bill No.	: 21038746 / 221030936	Request Date	: 16/03/2022 09:05 AM
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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. Nikunj V. Mehta
MD (Path.)



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.32	ng/ml	
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(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)	7.37	mcg/dL	
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(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)	2.47	microIU/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

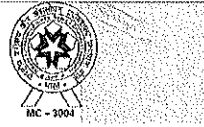
Reference interval (microIU/ml)

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 ---

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	100	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	168	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	55	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	113	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	98	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol	20	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.78		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.05		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	1.04	mg/dL	0 - 1
Bilirubin - Direct	0.32	mg/dL	0 - 0.3
Bilirubin - Indirect	0.72	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	69	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	116	U/L	10 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	70	U/L	56 - 119
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	56	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.57	gm/dL	6.4 - 8.2
Albumin	4.20	gm/dL	3.4 - 5
Globulin	3.37	gm/dL	3 - 3.2
A : G Ratio	1.25		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Total PSA	1.16	ng/ml	0 - 4
<i>(Method : Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Remark :</i>			
<i>Age related reference range for Interpretation :</i>			
<i>< 40 yrs : 0.21 - 1.72</i>			
<i>40 - 49 yrs : 0.27 - 2.19</i>			
<i>50 - 59 yrs : 0.27 - 3.42</i>			
<i>60 - 69 yrs : 0.27 - 6.16</i>			
<i>>69 yrs : 0.21 - 6.77</i>			
<i>TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.</i>			
<i>In Prostatic Malignancy 43 % show values below 4</i>			
<i>21 % between 4 to 10</i>			
<i>20 % between 10 to 40 &</i>			
<i>16 % above 40)</i>			

— End of Report —

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 Collection Date : 16/03/2022 09:13 AM
 Approval Date : 16/03/2022 01:09 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
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 Autocontro
 - This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SURINDER SINGH LATHAR
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MR No / Bill No. : 21038746 / 221030936
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Location : OPD

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Collection Date : 16/03/2022 09:13 AM
Approval Date : 16/03/2022 01:13 PM

Clinical Biochemistry

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose	112	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	163	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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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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 Approval Date : 16/03/2022 01:14 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	23	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.89	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (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)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.1	mg/dL	3.4 - 7.2

— End of Report —

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 Collection Date : 16/03/2022 09:13 AM
 Approval Date : 16/03/2022 03:17 PM

Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Hemoglobin (HbA1c)	7.5	%	
estimated Average Glucose (e AG) *	168.55	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.

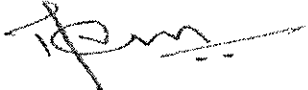
Guidelines for Interpretation:

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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 Approval Date : 16/03/2022 12:49 PM

Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	8.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Trace		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Amorphous phosphate seen		Nil
Mucus	Absent		Absent
Organism	Absent		

---- End of Report ----

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038746 Report Date : 16/03/2022
Request No. : 190013839 16/03/2022 9.05 AM
Patient Name : **SURINDER SINGH LATHAR**
Gender / Age : Male / 58 Years 7 Months 10 Days

X-Ray Chest AP

Both lung fields are clear. Left basal atelectasis is seen.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist



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



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ADVANCED DIGITAL SOLUTIONS

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Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 21038746 Report Date : 16/03/2022

Request No. : 190013859 16/03/2022 9.05 AM

Patient Name : **SURINDER SINGH LATHAR**

Gender / Age : Male / 58 Years 7 Months 10 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. **Tiny concretion is seen in right kidney.**

No ascites.

COMMENT:

**Fatty liver.
Right renal tiny concretion.**

Kindly correlate clinically

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

Hasani

Dr. Prerna C Hasani, MD

Consultant Radiologist



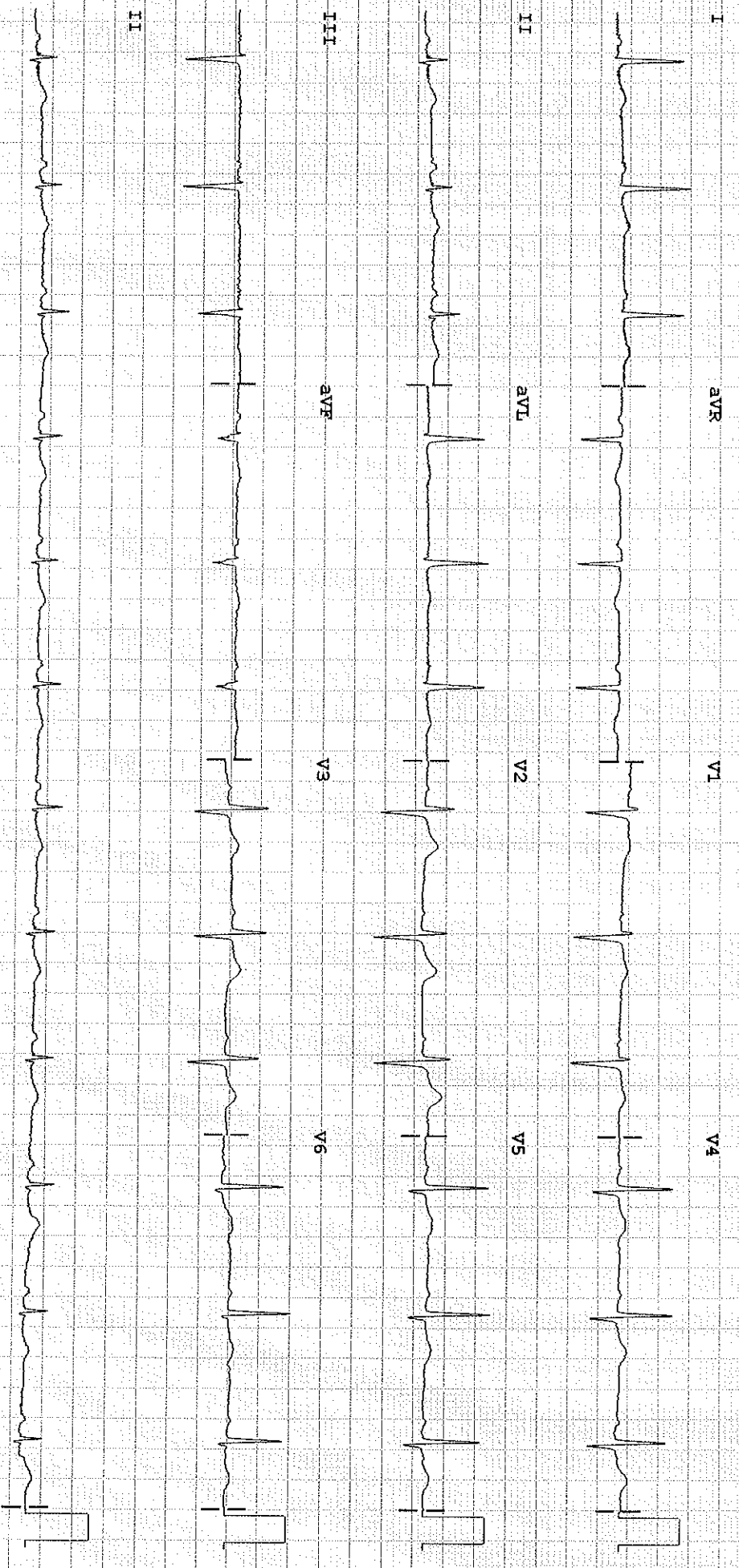
ECG/21038746 16-Mar-22 9:58:35 AM MR. SURENDER SINGH LATHAR
58 Years Male



Doctor MANISH MITTAL

--AXIS--
Rate 72
PR 144
QRSD 81
QT 380
QTc 416
P 38
QRS -17
T 33

BCW



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

50~ 0.15-150 Hz

PH08

P2

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



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in 16 /03/2022

Name: Surinder Singh Lathar

Age/ Sex: 58 years/Male

Patient has come for a regular check up.

in On examination:

- Stains+
- History of horizontal brushing
- Generalised attrition, recession
- Root stumps with respect to 27
- Multiple missing teeth seen

in Provisional Diagnosis:

- Chronic generalised gingivitis
- Regressive alterations of the teeth

in Treatment plan:

- Extraction of 27
- Prosthesis with respect to missing and extracted teeth

in Advice:

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr Sonica Peshin

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