



pankaj kr tyagi

48years Male  
Caucasian

Vent. rate	45 bpm
PR interval	156 ms
QRS duration	84 ms
QT/QTc	418/361 ms
P-R-T axes	66 62 64

Technician:  
Test ind:

ID: 010618306

Marked sinus bradycardia  
Abnormal ECG

21-Aug-2023 13:36:13

Manipal Hospitals, ...

Referred by:

Unconfirmed



4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239



## RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	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. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**MANIPAL HOSPITALS**

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

[www.manipalhospitals.com](http://www.manipalhospitals.com)

**This report is subject to the terms and conditions mentioned overleaf**

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## RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 11:24AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983879	MODALITY	US
REPORTED ON	21/08/2023 11:56AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS

#### FINDINGS

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver echotexture, in keeping with early grade I fatty infiltration. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 9 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm.  
 Left Kidney: measures 109 x 41 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 borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal in shape and echotexture. Rest normal.  
 SEMINAL VESICLES: Normal.  
 BOWEL: Visualized bowel loops appear normal.

#### IMPRESSION

- Early grade I fatty infiltration in liver.
- Borderline prostatomegaly.

Recommend clinical correlation.



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

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

## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex :Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 32230807957
<b>Patient Episode</b>	: O03001146463	<b>Collection Date</b>	: 21 Aug 2023 20:20
<b>Referred By</b>	: MANIPAL HOSPITALS GURUGRAM	<b>Reporting Date</b>	: 22 Aug 2023 09:42
<b>Receiving Date</b>	: 21 Aug 2023 20:39		

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.746	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.

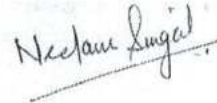
Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

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

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 32230807957  
 Patient Episode : O03001146463 Collection Date : 21 Aug 2023 20:20  
 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date : 22 Aug 2023 10:15  
 Receiving Date : 21 Aug 2023 20:39

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.89	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	4.42	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	2.600	µIU/mL	[0.340-4.250]

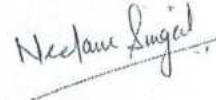
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* 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>

Page 1 of 1

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



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:39  
 Receiving Date : 21 Aug 2023 11:27

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12.9	g/dl	[11.5-16.5]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	%	[11.5-14.5]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
Method: Electrical Impedance			
MPV (DERIVED)	14.4		
WBC COUNT (TC) (IMPEDENCE)	4.17	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>51.0</b>	%	<b>[17.0-45.0]</b>
Monocytes	6.0	%	[4.0-13.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	2.0	mm/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex :Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 202308003238
<b>Patient Episode</b>	: H18000000864	<b>Collection Date</b>	: 21 Aug 2023 11:27
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Aug 2023 16:13
<b>Receiving Date</b>	: 21 Aug 2023 11:27		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

##### CHEMICAL EXAMINATION

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

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex : Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 202308003238
<b>Patient Episode</b>	: H1800000864	<b>Collection Date</b>	: 21 Aug 2023 10:31
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Aug 2023 17:16
<b>Receiving Date</b>	: 21 Aug 2023 11:27		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	111	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.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20  
 Receiving Date : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk

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	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	101.6	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.

### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H1800000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/L	[7.0-50.0]

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**

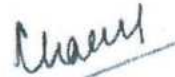
**Blood Group & Rh typing B Rh(D) Negative**

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



**Dr. Charu Agarwal**  
**Consultant Pathologist**

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003239  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 10:31

### BIOCHEMISTRY

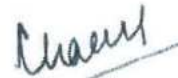
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	94.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
 Drugs-  
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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



**Dr. Charu Agarwal**  
 Consultant Pathologist

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003240  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 14:11  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 15:31  
**Receiving Date** : 21 Aug 2023 14:11

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	84.0	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

**HEALTH CHECK RECORD**

Hospital No: MH010618306	Visit No: H18000000864																																					
Name: PANKAJ KUMAR TYAGI	Age/Sex: 48 Yrs/Male																																					
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD																																					
Date: 21/08/2023 12:42PM																																						
BP Systolic: 117 mmHg	BP Diastolic: 63 mmHg	Pulse Rate: 47beats per minute																																				
Saturation(Oxygen): 98%	Height: 166.8cm	Weight : 78kg																																				
BMI: 28.04	Pain Score: 00	Fall Risk: 01																																				
Vulnerable: 01																																						
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP SYSTEMIC/ OPHTHALMIC HISTORY - NIL NO FAMILY H/O GLAUCOMA</p> <table border="0"> <thead> <tr> <th>EXAMINATION DETAILS</th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>CONJ</td> <td>NORMAL</td> <td>NORMAL</td> </tr> <tr> <td>CORNEA</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>ANTERIOR CHAMBER/ IRIS</td> <td>N</td> <td>N</td> </tr> <tr> <td>LENS</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td>FULL</td> <td>FULL</td> </tr> <tr> <td>NCT</td> <td>16</td> <td>18</td> </tr> <tr> <td colspan="3">FUNDUS EXAMINATION</td> </tr> <tr> <td>A) VITREOUS</td> <td></td> <td></td> </tr> <tr> <td>B) OPTIC DISC</td> <td>C:D 0.4</td> <td>C:D 0.4</td> </tr> <tr> <td>C) MACULAR AREA</td> <td colspan="2">FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</td> </tr> </tbody> </table> <p><b>POWER OF GLASS</b> Right eye: -1.50 Dsp -6/6 Left eye: -1.50 Dsp / -0.50 Deyl x 80 degree-6/6 NEAR ADD BE +1.75 DSPH N/6</p> <p>DIAGNOSIS: DRY EYES</p> <p>ADVISE / TREATMENT E/D NST 4 TIMES DAILY BE REVIEW AFTER 6 MONTHS</p>			EXAMINATION DETAILS	RIGHT EYE	LEFT EYE	VISION	6/6	6/6	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	ANTERIOR CHAMBER/ IRIS	N	N	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	16	18	FUNDUS EXAMINATION			A) VITREOUS			B) OPTIC DISC	C:D 0.4	C:D 0.4	C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	
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*Narain*  
DR.SHISHIR NARAIN  
Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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pankaj kr tyagi

48years Male Caucasian

ID: 010618306

21-Aug-2023 13:36:13

Manipal Hospitals, Channarayana

Vent. rate	45 bpm
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P-R-T axes	66 62 64

Marked sinus bradycardia  
Abnormal ECG

Technician:  
Test ind:

Referred by:

Unconfirmed



4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239

## RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Normal.  
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VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

-No significant abnormality seen.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

## RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 11:24AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983879	MODALITY	US
REPORTED ON	21/08/2023 11:56AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver echotexture, in keeping with early grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm.

Left Kidney: measures 109 x 41 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 borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

- Early grade I fatty infiltration in liver.
- Borderline prostatomegaly.

Recommend clinical correlation.



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

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

MANIPAL HOSPITALS

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

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

Page 1 of 1

CA RAD-10-V2.1-Oct 12

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 32230807957  
**Patient Episode** : O03001146463 **Collection Date** : 21 Aug 2023 20:20  
**Referred By** : MANIPAL HOSPITALS GURUGRAM **Reporting Date** : 22 Aug 2023 09:42  
**Receiving Date** : 21 Aug 2023 20:39

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.746	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.

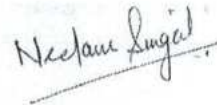
**Caution** : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

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



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 32230807957  
 Patient Episode : O03001146463 Collection Date : 21 Aug 2023 20:20  
 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date : 22 Aug 2023 10:15  
 Receiving Date : 21 Aug 2023 20:39

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.89	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	4.42	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	2.600	µIU/mL	[0.340-4.250]

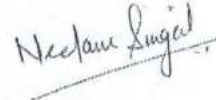
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* 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>

Page 1 of 1

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



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:39  
 Receiving Date : 21 Aug 2023 11:27

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12.9	g/dl	[11.5-16.5]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	%	[11.5-14.5]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
Method: Electrical Impedance			
MPV (DERIVED)	14.4		
WBC COUNT (TC) (IMPEDENCE)	4.17	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>51.0</b>	%	<b>[17.0-45.0]</b>
Monocytes	6.0	%	[4.0-13.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	2.0	mm/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex :Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 202308003238
<b>Patient Episode</b>	: H1800000864	<b>Collection Date</b>	: 21 Aug 2023 11:27
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Aug 2023 16:13
<b>Receiving Date</b>	: 21 Aug 2023 11:27		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

##### CHEMICAL EXAMINATION

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

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex : Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 202308003238
<b>Patient Episode</b>	: H1800000864	<b>Collection Date</b>	: 21 Aug 2023 10:31
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Aug 2023 17:16
<b>Receiving Date</b>	: 21 Aug 2023 11:27		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	111	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.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20  
 Receiving Date : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk

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	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	101.6	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.

### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H1800000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/L	[7.0-50.0]

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**

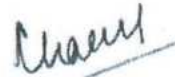
**Blood Group & Rh typing B Rh(D) Negative**

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



**Dr. Charu Agarwal**  
**Consultant Pathologist**

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003239  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 10:31

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	94.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
 Drugs-  
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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



**Dr. Charu Agarwal**  
 Consultant Pathologist

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
Registration No : MH010618306 Lab No : 202308003240  
Patient Episode : H18000000864 Collection Date : 21 Aug 2023 14:11  
Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 15:31  
Receiving Date : 21 Aug 2023 14:11

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	84.0	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



## HEALTH CHECK RECORD

Hospital No: MH010618306	Visit No: H18000000864																																					
Name: PANKAJ KUMAR TYAGI	Age/Sex: 48 Yrs/Male																																					
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD																																					
Date: 21/08/2023 12:42PM																																						
BP Systolic: 117 mmHg	BP Diastolic: 63 mmHg	Pulse Rate: 47beats per minute																																				
Saturation(Oxygen): 98%	Height: 166.8cm	Weight : 78kg																																				
BMI: 28.04	Pain Score: 00	Fall Risk: 01																																				
Vulnerable: 01																																						
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP SYSTEMIC/ OPHTHALMIC HISTORY - NIL NO FAMILY H/O GLAUCOMA</p> <table border="0"> <thead> <tr> <th>EXAMINATION DETAILS</th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>CONJ</td> <td>NORMAL</td> <td>NORMAL</td> </tr> <tr> <td>CORNEA</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>ANTERIOR CHAMBER/ IRIS</td> <td>N</td> <td>N</td> </tr> <tr> <td>LENS</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td>FULL</td> <td>FULL</td> </tr> <tr> <td>NCT</td> <td>16</td> <td>18</td> </tr> <tr> <td colspan="3">FUNDUS EXAMINATION</td> </tr> <tr> <td>A) VITREOUS</td> <td></td> <td></td> </tr> <tr> <td>B) OPTIC DISC</td> <td>C:D 0.4</td> <td>C:D 0.4</td> </tr> <tr> <td>C) MACULAR AREA</td> <td colspan="2">FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</td> </tr> </tbody> </table> <p><b>POWER OF GLASS</b> Right eye: -1.50 Dsp -6/6 Left eye: -1.50 Dsp / -0.50 Deyl x 80 degree-6/6 NEAR ADD BE +1.75 DSPH N/6</p> <p>DIAGNOSIS: DRY EYES</p> <p>ADVISE / TREATMENT E/D NST 4 TIMES DAILY BE REVIEW AFTER 6 MONTHS</p>			EXAMINATION DETAILS	RIGHT EYE	LEFT EYE	VISION	6/6	6/6	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	ANTERIOR CHAMBER/ IRIS	N	N	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	16	18	FUNDUS EXAMINATION			A) VITREOUS			B) OPTIC DISC	C:D 0.4	C:D 0.4	C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	
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C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT																																					

*Narain*  
DR.SHISHIR NARAIN  
Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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

P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



pankaj kr tyagi

48years Male  
Caucasian

Vent. rate	45 bpm
PR interval	156 ms
QRS duration	84 ms
QT/QTc	418/361 ms
P-R-T axes	66 62 64

Technician:  
Test ind:

ID: 010618306

Marked sinus bradycardia  
Abnormal ECG

21-Aug-2023 13:36:13

Manipal Hospitals, Channarayana

Referred by:

Unconfirmed



4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239





**RADIOLOGY REPORT**

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	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. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST**

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

## RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 11:24AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983879	MODALITY	US
REPORTED ON	21/08/2023 11:56AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver echotexture, in keeping with early grade I fatty infiltration. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 9 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm.  
 Left Kidney: measures 109 x 41 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 borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal in shape and echotexture. Rest normal.  
 SEMINAL VESICLES: Normal.  
 BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

- Early grade I fatty infiltration in liver.
- Borderline prostatomegaly.

Recommend clinical correlation.



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

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

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 32230807957  
**Patient Episode** : O03001146463 **Collection Date** : 21 Aug 2023 20:20  
**Referred By** : MANIPAL HOSPITALS GURUGRAM **Reporting Date** : 22 Aug 2023 09:42  
**Receiving Date** : 21 Aug 2023 20:39

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.746	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.

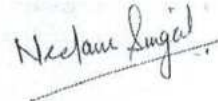
**Caution** : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

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



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 32230807957  
 Patient Episode : O03001146463 Collection Date : 21 Aug 2023 20:20  
 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date : 22 Aug 2023 10:15  
 Receiving Date : 21 Aug 2023 20:39

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.89	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	4.42	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	2.600	µIU/mL	[0.340-4.250]

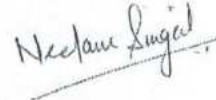
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* 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>

Page 1 of 1

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



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:39  
 Receiving Date : 21 Aug 2023 11:27

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12.9	g/dl	[11.5-16.5]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	%	[11.5-14.5]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
Method: Electrical Impedance			
MPV (DERIVED)	14.4		
WBC COUNT (TC) (IMPEDENCE)	4.17	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>51.0</b>	%	<b>[17.0-45.0]</b>
Monocytes	6.0	%	[4.0-13.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	2.0	mm/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: PANKAJ KUMAR TYAGI	<b>Age</b>	: 48 Yr(s) Sex :Male
<b>Registration No</b>	: MH010618306	<b>Lab No</b>	: 202308003238
<b>Patient Episode</b>	: H1800000864	<b>Collection Date</b>	: 21 Aug 2023 11:27
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Aug 2023 16:13
<b>Receiving Date</b>	: 21 Aug 2023 11:27		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

##### CHEMICAL EXAMINATION

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

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H1800000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 17:16  
 Receiving Date : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.5	%	[0.0-5.6]  As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	111	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.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method: Oxidase, esterase, peroxide	172	mg/dl	[<200] Moderate risk: 200-239 High risk: >240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150] Borderline high: 151-199 High: 200 - 499 Very high: >500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	49.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0] Near/  Borderline High: 130-159 High Risk: 160-189

Above optimal-100-129

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
 Registration No : MH010618306 Lab No : 202308003238  
 Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31  
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20  
 Receiving Date : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk

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	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	101.6	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.

### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003238  
**Patient Episode** : H1800000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 11:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/L	[7.0-50.0]

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**

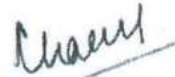
**Blood Group & Rh typing B Rh(D) Negative**

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



**Dr. Charu Agarwal**  
**Consultant Pathologist**

## LABORATORY REPORT

**Name** : PANKAJ KUMAR TYAGI **Age** : 48 Yr(s) Sex : Male  
**Registration No** : MH010618306 **Lab No** : 202308003239  
**Patient Episode** : H18000000864 **Collection Date** : 21 Aug 2023 10:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:20  
**Receiving Date** : 21 Aug 2023 10:31

### BIOCHEMISTRY

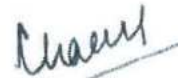
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	94.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
 Drugs-  
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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



**Dr. Charu Agarwal**  
 Consultant Pathologist

## LABORATORY REPORT

Name : PANKAJ KUMAR TYAGI Age : 48 Yr(s) Sex : Male  
Registration No : MH010618306 Lab No : 202308003240  
Patient Episode : H18000000864 Collection Date : 21 Aug 2023 14:11  
Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 15:31  
Receiving Date : 21 Aug 2023 14:11

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	84.0	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



## HEALTH CHECK RECORD

Hospital No: MH010618306	Visit No: H18000000864																																					
Name: PANKAJ KUMAR TYAGI	Age/Sex: 48 Yrs/Male																																					
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD																																					
Date: 21/08/2023 12:42PM																																						
BP Systolic: 117 mmHg	BP Diastolic: 63 mmHg	Pulse Rate: 47beats per minute																																				
Saturation(Oxygen): 98%	Height: 166.8cm	Weight : 78kg																																				
BMI: 28.04	Pain Score: 00	Fall Risk: 01																																				
Vulnerable: 01																																						
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP SYSTEMIC/ OPHTHALMIC HISTORY - NIL NO FAMILY H/O GLAUCOMA</p> <table border="0"> <thead> <tr> <th>EXAMINATION DETAILS</th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>CONJ</td> <td>NORMAL</td> <td>NORMAL</td> </tr> <tr> <td>CORNEA</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>ANTERIOR CHAMBER/ IRIS</td> <td>N</td> <td>N</td> </tr> <tr> <td>LENS</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td>FULL</td> <td>FULL</td> </tr> <tr> <td>NCT</td> <td>16</td> <td>18</td> </tr> <tr> <td colspan="3">FUNDUS EXAMINATION</td> </tr> <tr> <td>A) VITREOUS</td> <td></td> <td></td> </tr> <tr> <td>B) OPTIC DISC</td> <td>C:D 0.4</td> <td>C:D 0.4</td> </tr> <tr> <td>C) MACULAR AREA</td> <td colspan="2">FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</td> </tr> </tbody> </table> <p><b>POWER OF GLASS</b> Right eye: -1.50 Dsp -6/6 Left eye: -1.50 Dsp / -0.50 Deyl x 80 degree-6/6 NEAR ADD BE +1.75 DSPH N/6</p> <p>DIAGNOSIS: DRY EYES</p> <p>ADVISE / TREATMENT E/D NST 4 TIMES DAILY BE REVIEW AFTER 6 MONTHS</p>			EXAMINATION DETAILS	RIGHT EYE	LEFT EYE	VISION	6/6	6/6	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	ANTERIOR CHAMBER/ IRIS	N	N	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	16	18	FUNDUS EXAMINATION			A) VITREOUS			B) OPTIC DISC	C:D 0.4	C:D 0.4	C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	
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*Shishir*  
DR.SHISHIR NARAIN  
Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

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