

MEDICAL EXAMINATION REPORT

Name: - Mr. PRASHANT KUMAR Age/Sex: 30Y/M DOB: 08.09.1993

ADDRESS: G – 3054, AWAS VIKAS -1 KALYANPUR – KANPUR – 208017

He is not suffering from following disease.

- | | |
|-------------|--------------------|
| 1. DM-No | 5. Eye Disorder-No |
| 2. HTN -No | 6. Paralysis -No |
| 3. COPD -No | 7. Epilepsy -No |
| 4. TB – NO | 8. Dental -Normal |

9. EAR: Normal B/E

BP: 130/80 mmhg

PR: 77 bpm

WEIGHT: 70 Kg

RR: 19 pm

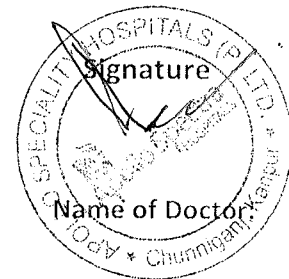
Height: 177 cm

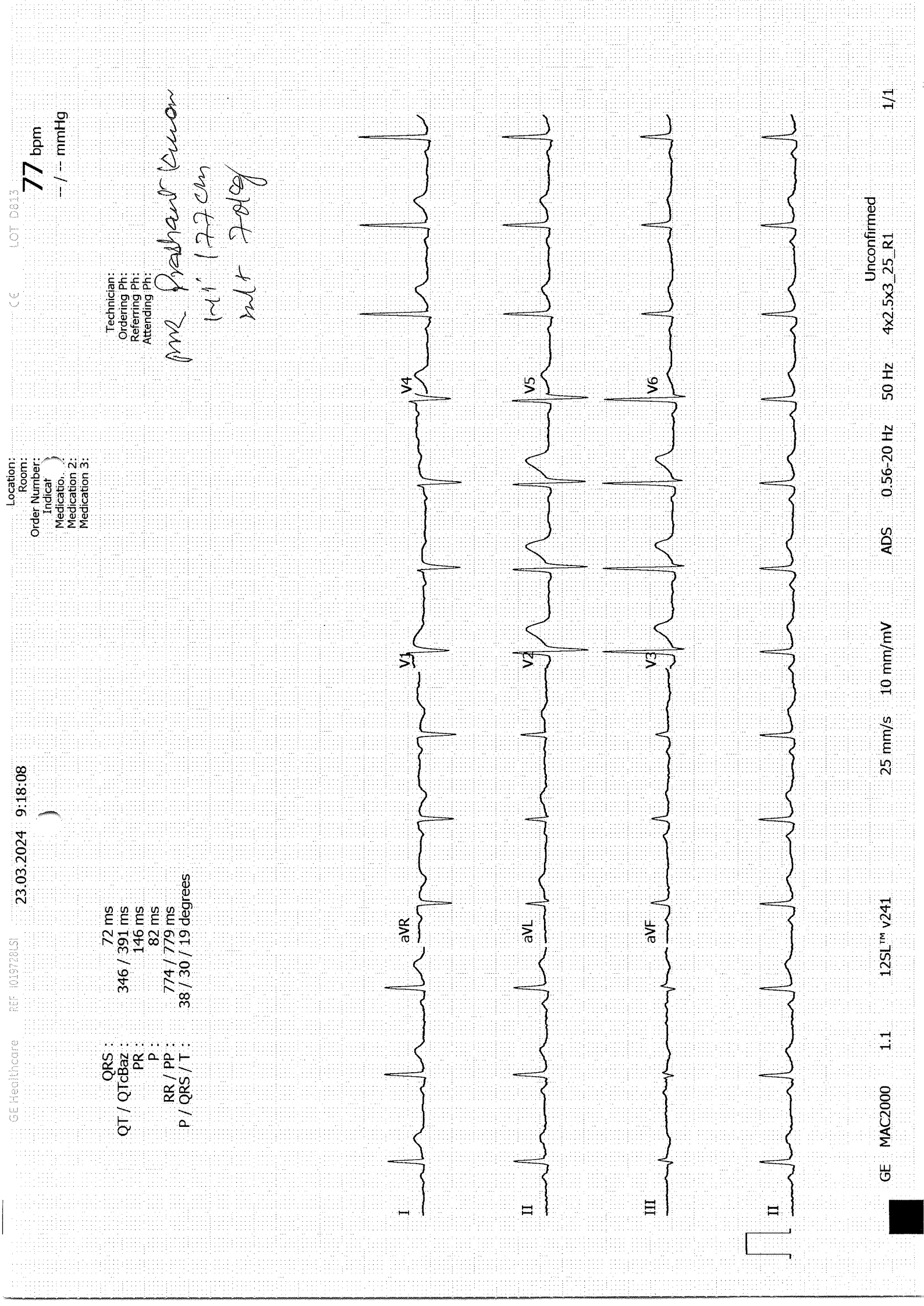
BMI: 22.3 kg/m²

- *Advice for low fat diet.*

Place: - Kanpur

Date: - 23.03.2024





GE Healthcare REF 1049726LSI 23.03.2024 9:18:08

Location: Room: Order Number: Indica: Medication 1: Medication 2: Medication 3:

77 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Dr. Prashant Kumar
MD 177cm
MD + 70kg

QRS : 72 ms
QT / QTcBaz : 346 / 391 ms
PR : 146 ms
P : 82 ms
RR / PP : 774 / 779 ms
P / QRS / T : 38 / 30 / 19 degrees

GE MAC2000 1.1 125L™ V241


Unconfirmed
4x2.5x3_25_R1
1/1

Patient Name:	Mr. PRASHANT KUMAR	Age /Sex:	30Y/M
Ref. By:	CORPORATE HEALTH CHECK	Date:	23-03-2024
Part Scanned	X-RAY CHEST PA VIEW	UHID	134101

X-RAY REPORT

- Trachea is central in position.
- Hilar shadows are seen prominent.
- B/L CP angles are clear.
- Cardio thoracic ratio is maintained.
- No significant bony/Soft tissue abnormality seen.

PLEASE CORRELATE CLINICALLY.

DR S M SINGH MD
RADIOLOGIST


Patient Name : Mr. PRASHANT KUMAR Age : 30 Y M
UHID : SKAN.0000134101 OP Visit No : SKANOPV164150
Reported on : 23-03-2024 11:40 Printed on : 23-03-2024 11:40
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- normal in size shape & mild fatty liver No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

all Bladder- Normal in distension and wall thickness.No sizeable calculus or mass lesion.

CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum –obscured by bowel gas.

Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved.

Pelvicalyceal system not dilated.No calculus or mass lesion. Bilateral ureter not dilated.

Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Prostate – is normal in size, shape and outline.

No evidence of ascites.

IMPRESSION:

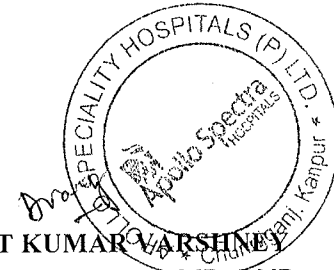
Mild fatty liver

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:23-03-2024 11:40

---End of the Report---


Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology

Patient Name :- MR PRASHANT KUMAR

DATE: 23/03/2024

Referred By :- DR .MHC

Age/Sex: 30Y/MALE

IPD/OPD:- OPD

UHID NO-134101

HEART STATION ECHO REPORT

PROCEDURES:	M-MODE/2D/DOPPLER/COLOR/CONTRAST		B.S.A. M ²	
MEASUREMENTS:			NORMAL	
Aortic root diameter	3.6		2.0-3.7 cm < 2.2 cm	
Aortic valve opening	1.8		1.5-2.6 cm	
Right ventricular dimension	2.5		0.7-2.6 cm < 1.4 cm / M ²	
Right atrial dimension	3.3		0.3-2.9 cm	
Left atrial dimension	3.2		1.9-4.0 cm < 2.2 cm / M ²	
Left ventricular ED dimension	4.3		3.7-5.6 cm < 3.2 cm / M ²	
Left ventricular ES dimension	2.6		2.2-4.0 cm	
Interventricular septal thickness	ED 0.9	ES 1.6	0.6-1.2 cm	
Left vent PW thickness	ED 1.2	ES 1.8	0.5-1.0 cm	

INDICES OF LEFT VENTRICLE FUNCTION

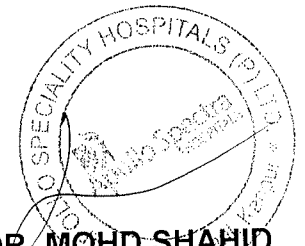
LV Ejection Fraction 60% 60-62%

DOPPLER

MV	90	Cm/sec	MR	Nil
AoV	111	Cm/sec	AI	Nil
TV	85	Cm/sec	TR	Nil
PV	72	Cm/sec	PI	Nil

FINAL DIAGNOSIS:

- Normal cardiac chamber dimensions.
 - No regional wall motion abnormality.
 - LVEF 60%
 - Normal valves and flows.
 - No evidence of pericardial effusion.
 - No evidence of RHD/ASD/VSD/PDA.
 - No LA/LV, Clot/Vegetation.
- (Kindly correlate clinically and further investigation)



DR. MOHD SHAHID
Consultant Cardiologist

Please correlate clinically
Kindly Note

* Please intimate us for any typing mistakes and send the report for correction within 7 days.
The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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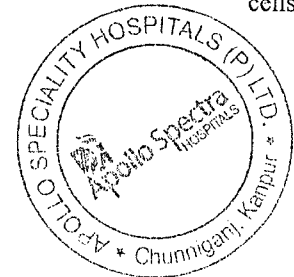
BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

DEPARTMENT OF LABORATORY SERVICES

Patient Name :	Mr. PRASHANT KUMAR	Age / Gender :	30Y/Male
UHID/MR No. :	SKAN.0000134101	OP Visit No :	SKANOPV164150
Sample Collected on :	23-03-2024 09:28	Reported on :	23-03-2024 13:44
LRN# :	LAB13410689	Specimen :	Blood(EDTA)
Ref Doctor :	SELF		
Package Name :	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID :	PK175872	Adm/Consult Doctor :	
Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	13.6	13 - 17	g/dL
RBC Count Method: Electrical Impedance	4.66	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	40.3	40 - 50	%
MCV Method: Calculated	86.5	83 - 101	fl
MCH Method: Calculated	29.2	27 - 32	pg
MCHC Method: Calculated	33.7	31.5 - 34.5	g/dl
RDW	13.2	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.50	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	8800	4000 - 11000	cells/cumm



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Lab Technician / Technologist Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH

Chunniganj, Kanpur - 208001
Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
Pathology
Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR	Age / Gender : 30Y/Male
UHID/MR No. : SKAN.0000134101	OP Visit No : SKANOPV164150
Sample Collected on : 23-03-2024 09:28	Reported on : 23-03-2024 13:44
LRN# : LAB13410689	Specimen : Blood(EDTA)
Ref Doctor : SELF	
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Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	60	40 - 80	%
Lymphocytes	35	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	03	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	12	0 - 14	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
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BLOOD GROUP ABO AND RH FACTOR

ABO Method: Microplate Hemagglutination	O
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE

End of the report



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 Email: excelhospitals@gmail.com
 Pathology
 Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR Age / Gender : 30Y/Male
UHID/MR No. : SKAN.0000134101 OP Visit No : SKANOPV164150
Sample Collected on : 23-03-2024 09:28 Reported on : 23-03-2024 13:49
LRN# : LAB13410689 Specimen : Blood(EDTA)
Ref Doctor : SELF
Emp/Auth/TPA ID : PK175872 Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : within normal limits. DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

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Dr. SATINDER SINGH
Excel Hospitals (P) Ltd.
MD

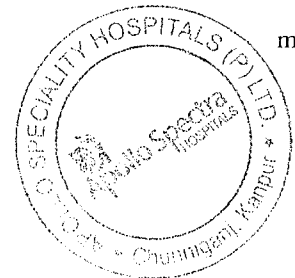
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Email : excelhospitals@gmail.com
❖ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR	Age / Gender : 30Y/Male
UHID/MR No. : SKAN.0000134101	OP Visit No : SKANOPV164150
Sample Collected on : 23-03-2024 09:28	Reported on : 23-03-2024 16:51
LRN# : LAB13410689	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : PK175872	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GAMMA GLUTAMYL TRANSFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	53	< 55	U/L
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	1.2	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	6.5	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	44*	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	8.32*	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	20.51*	9-20	mg/dl
PHOSPHORUS Method: Phosphomolybdate -UV	4.04	2.5 - 4.5	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	131*	135 - 145	meq/L
ELECTROLYTES (K)	3.8	3.5 - 5.1	meq/L



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Pathology Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR	Age / Gender : 30Y/Male
UHID/MR No. : SKAN.0000134101	OP Visit No : SKANOPV164150
Sample Collected on : 23-03-2024 09:28	Reported on : 23-03-2024 16:51
LRN# : LAB13410689	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : PK175872	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Method: ISE-Direct

GLUCOSE, FASTING

FASTING SUGAR	92	70 - 110	mg/dl
Method: GOD-PAP			

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	116	70 - 140	mg/dl
Method: Glucose Oxidase-Peroxidase			

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.50	0.2 - 1.3	mg/dL
Method: Azobilirubin/dyphylline			

BILIRUBIN (DIRECT)	0.18	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
Method: Dual Wavelength Spectrophotometric			

BILIRUBIN UNCONJUGATED(INDIRECT)	0.32	0.0 - 1.1	mg/dL
Method: Dual Wavelength Spectrophotometric			

ALBUMIN	4.6	3.0 - 5.0	g/dL
Method: Bromocresol Green dye binding			

PROTEIN TOTAL	7.6	6.0 - 8.2	g/dL
Method: Biuret Reaction			

AST (SGOT)	23	14 - 36	U/L
Method: Kinetic (Leuco dye) with P 5 P			

GLOBULIN	3.0	2.8 - 4.5	g/dL
Method: Calculation			



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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR

Age / Gender : 30Y/Male

UHID/MR No. : SKAN.0000134101

OP Visit No : SKANOPV164150

Sample Collected on : 23-03-2024 09:28

Reported on : 23-03-2024 16:51

LRN# : LAB13410689

Specimen : Serum

Ref Doctor : SELF

Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY
ANNUAL PLUS MALE - 2D ECHO - PAN INDIA -
FY2324

Emp/Auth/TPA ID : PK175872

Adm/Consult Doctor :

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

ALT(SGPT)	60*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	205*	<200 - Desirable	mg/dL
Method: CHOD-End Point POD (Enzymatic)		200-239 - Borderline High	
		>=240 - High	
HDL	50	<40 - Low	mg/dL
Method: Direct Measure PEG		>=60 - High	
LDL	110.8	< 100 - Optimal	
Method: Calculation Friedewald's Formula		100-129 - Near Optimal & Above Optimal	
TRIGLYCERIDES	221*	Normal : <150	mg/dl
Method: Enzymatic GPO/POD/End Point		Border High : 150 - 199	
		High : 200 - 499	
		Very High : >= 500	
		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
VLDL	44.2*	10-40	mg/dL
Method: Calculated			

End of the report



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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR
UHID/MR No. : SKAN.0000134101
Sample Collected on : 23-03-2024 09:28
LRN# : LAB13410689
Ref Doctor : SELF
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY
ANNUAL PLUS MALE - 2D ECHO - PAN INDIA -
FY2324
Emp/Auth/TPA ID : PK175872
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 30Y/Male
OP Visit No : SKANOPV164150
Reported on : 23-03-2024 15:24
Specimen : Blood(bio/EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	5.2	<=5.6: Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	102.54		mg/dL

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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. PRASHANT KUMAR	Age / Gender : 30Y/Male
UHID/MR No. : SKAN.0000134101	OP Visit No : SKANOPV164150
Sample Collected on : 23-03-2024 12:54	Reported on : 23-03-2024 13:50
LRN# : LAB13410689	Specimen : Urine
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : PK175872	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	1-2	2-3	/hpf



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Emp/Auth/TPA ID : PK175872	Adm/Consult Doctor :
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RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report

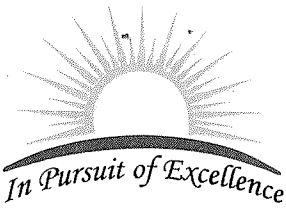


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SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. PRASHANT KUMAR

Age / Gender : 30 years / Male

Patient ID : 47368

Source : Excel Hospital

Referral : SELF

Collection Time : 23/03/2024, 01:15 p.m.

Reporting Time : 23/03/2024, 04:12 p.m.

Sample ID :



240830018

Test Description	Value(s)	Reference Range	Unit(s)
------------------	----------	-----------------	---------

T3, T4, TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.17	0.79 - 1.58	ng/mL
T4 Method : CLIA	9.41	5.2-12.7	µg/dL
TSH Method : CLIA	2.06	0.3-4.5	µIU/mL

Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

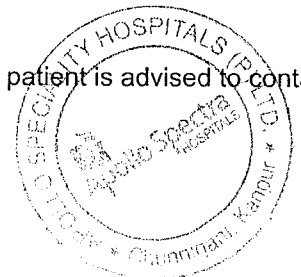
****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni

M.D. (PATHOLOGY)

All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.





Apollo Clinic

CONSENT FORM

Patient Name: Prashant Kumar Age: 30 Y/M
UHID Number: 134101 Company Name: B.O.B.

I Mr/Mrs/Ms Prashant Kumar Employee of B.O.B.


(Company) Want to inform you that I am not interested in getting Eyes & Ear Tests.


Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Handwritten Signature] Date: 23/03/24





भारत सरकार
GOVERNMENT OF INDIA




प्रशान्त कुमार
Prashant Kumar


जन्म वर्ष / Year of Birth : 1993
पुरुष / Male

8168 2252 7773







आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता : S/O संतोष कुमार, जी-३०५४
अ.व-१, कल्यानपुर, बैरी, कानपुर नगर,
उत्तर प्रदेश, 208017

Address: S/O Santosh Kumar,
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Bairi, Kanpur Nagar, Uttar
Pradesh, 208017


 1947
 1800 120 1917


help@uidai.gov.in


www.uidai.gov.in


 P.O. Box No. 1947,
 Bengaluru-560 001

Submitted for Health checkup

[Signature]

