

13.04.24

MR. SIDDHANT SINGH .36/M
S/O RAJNEESH KUMAR.

Patient came for routine health check up.

Bp- 110/70 mm/Hg

PR- 70 /m

WT- 67.85 Kgs

HR -


Patient has no acute / chronic illness for the past 6 months.

Dr. Dudley Savio Stewart
Resident Medical Officer
Pain And Spine Hospital
MD PHYSICIAN
DMC/R/28479



BOOK APPOINTMENT



DL No	KAG3 20150027561	DDI	09/12/2015	FORM 7
NAME	SIDDHANT SINGH			[See Rule 164B]
D.O.B	27/09/1967	B.G.	B+	
VALID TILL	08/12/2035(NT)			
				
		VALID THROUGHOUT INDIA		
		COV	MCWG 09/12/2015	
			LMV 09/12/2015	
S/o	RAJNEESH KUMAR SINGH			
ADDRESS	VIJAYA BANK ENCLAVE NB3-33 VIJAYA BANK LAYOUT MSRS NAGAR BANNERGHATTA ROAD BENGALURU KA (BALAJI DS) 560076			
Sign. Of Holder				Sign. Licencing Authority BENGALURU(E)

DDI: 31/12/2015

ID: 13
mr siddhant
Male 36 Years
Req. No. :

13-04-2024 09:33:03 AM

HR : 62 bpm
P : 88 ms
PR : 138 ms
QRS : 104 ms
QT/QTcBz : 380/386 ms
P/QRS/T : 11/57/45 °
RV5/SV1 : 1.380/0.855 mV

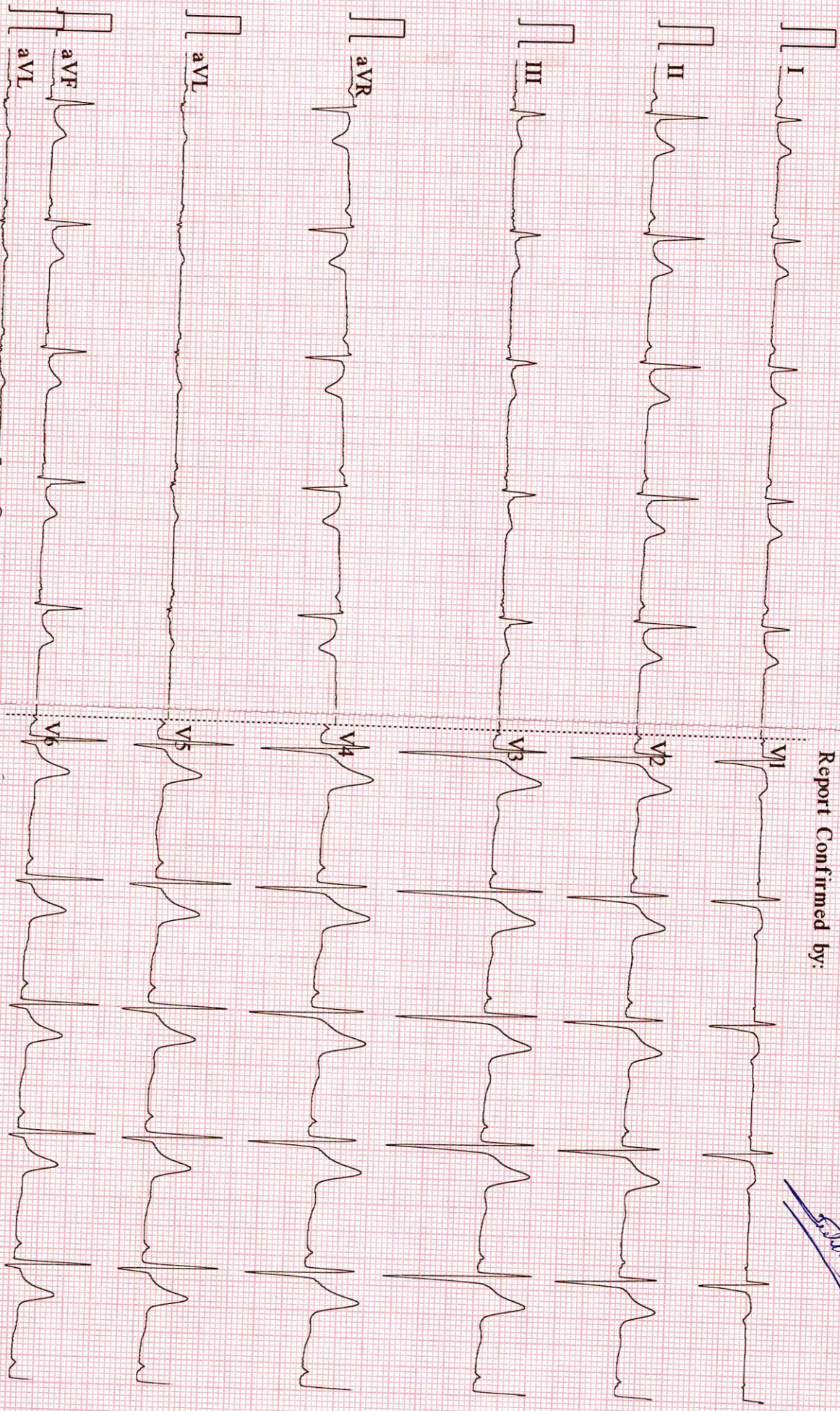
Diagnosis Information:

*** CONSIDER ACUTE STEMI ***
Sinus rhythm
Anteroseptal ST elevation, CONSIDER ACUTE

ANIL SAHOO
MD, FRCP
Regn. No. 43201

Report Confirmed by:

[Signature]



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9111 D VI144 Glasgow V7867

IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

DR. ANIL SAHOO
 M.D. (P) D.D.C.
 Reg. No. 35201

SIDDHANT SINGH
 ID : 67278
 DATE : 13-04-2024
 AGE/SEX : 36 / M
 HT/WT : 0 / 0
 REF. BY :

TREADMILL TEST REPORT
 PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE					55	120 / 80	66	2			2	
STANDING					63	120 / 80	75	2.2			2.2	
HYPERVENT		0:6			65	120 / 80	78	2			2.2	
Stage 1	2:55	2:55	2.7	10	94	130 / 80	122	2.7			3.3	4.67
Stage 2	5:55	2:55	4	12	120	140 / 80	168	2.1			2.9	7.04
Stage 3	8:55	2:55	5.4	14	151	150 / 80	226	1.8			2.4	9.92
PK-EXERCISE	9:32	0:32	6.7	16	162	160 / 80	259	1.3			2.4	10.71
RECOVERY	10:47	0:55			105	150 / 80	157	3.1			3	
RECOVERY	11:47	1:55			89	140 / 80	124	1.3			1.3	
RECOVERY	12:47	2:55			84	130 / 80	109	0.8			0.8	
RECOVERY	13:25	3:33			87	120 / 80	104	0.8			0.9	

RESULTS

EXERCISE DURATION : 9:32
 MAX HEART RATE : 162 bpm
 MAX BLOOD PRESSURE : 160 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :

Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 10.71 METS

Technician :



SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

RATE 55bpm
 B.P. 120/80

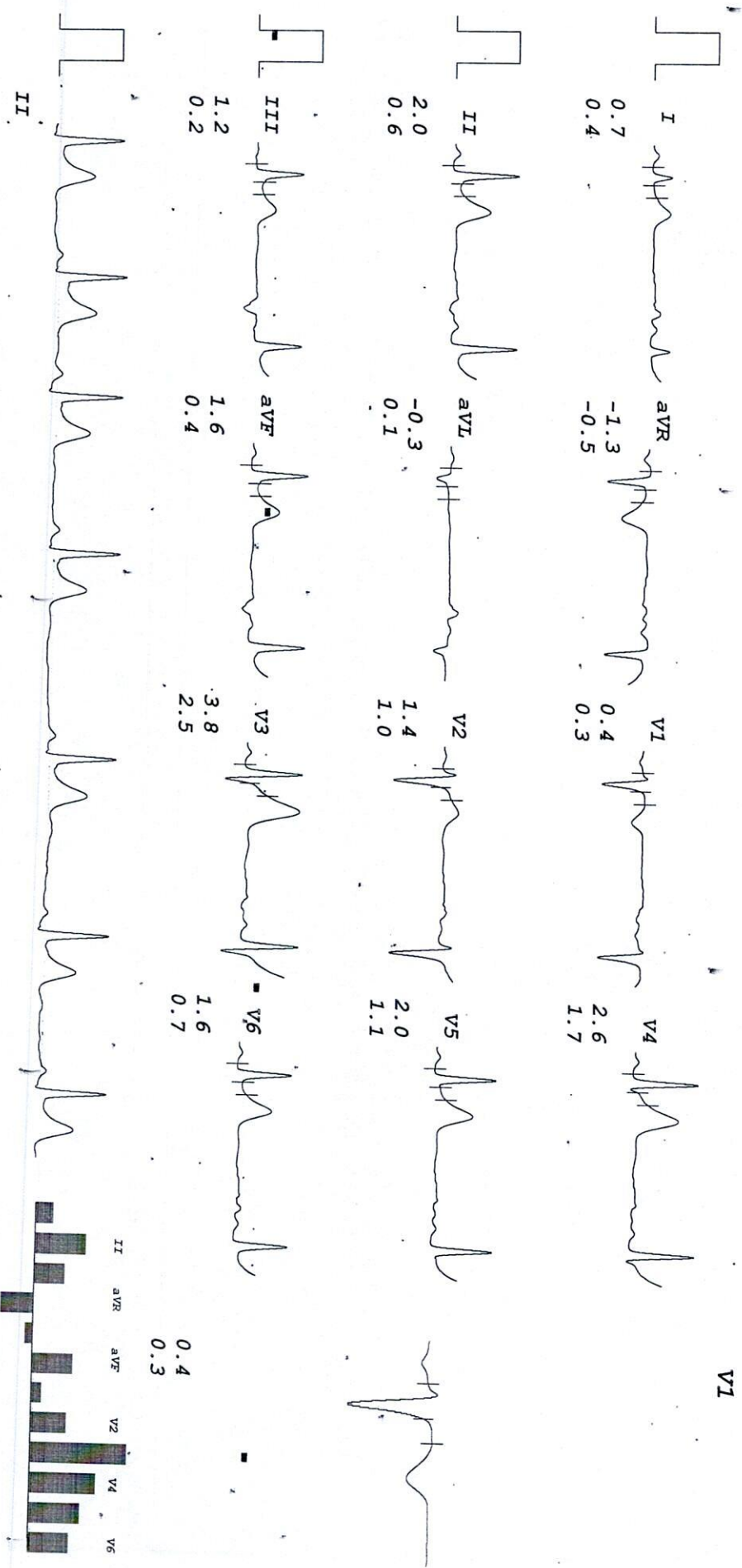
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PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2"



SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

RATE 63bpm
 B.P. 120/80

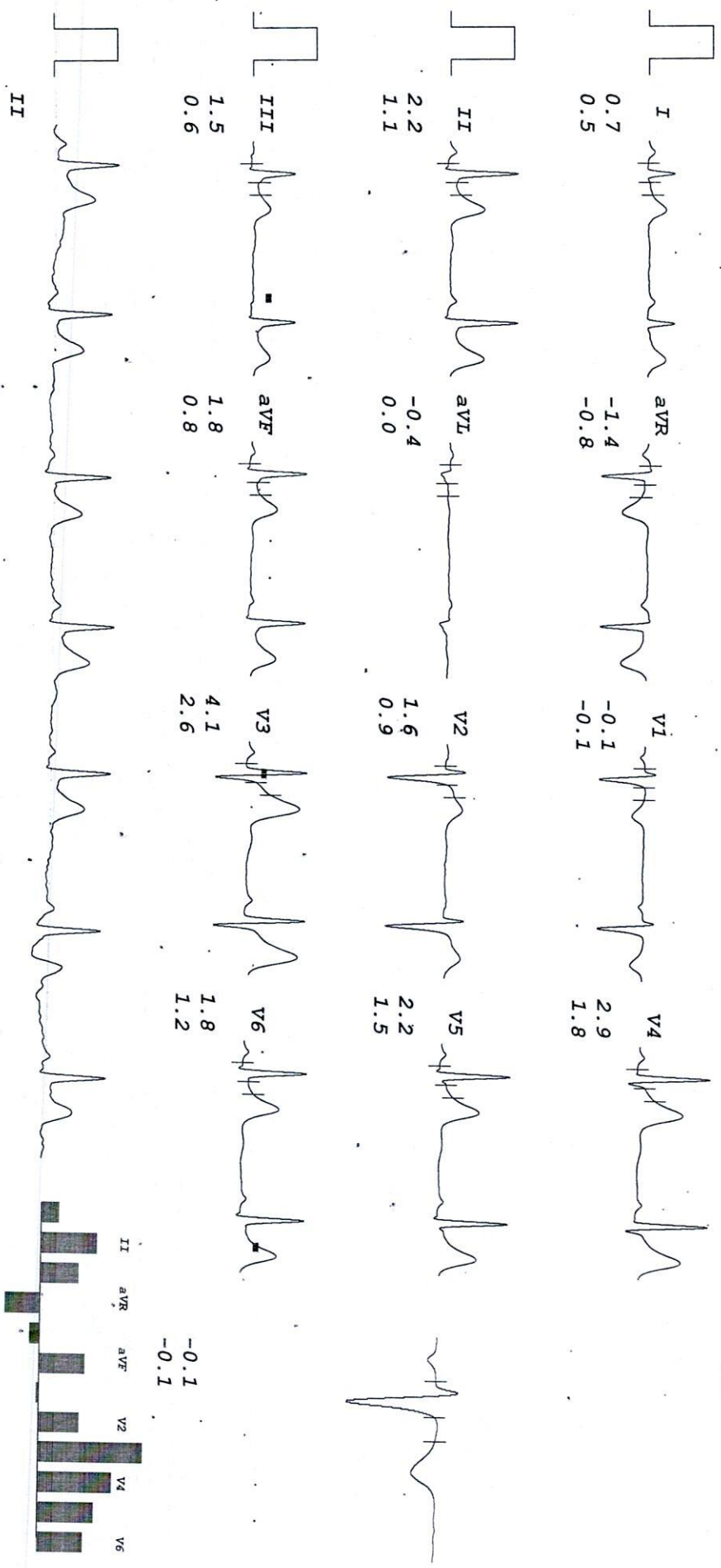
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PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

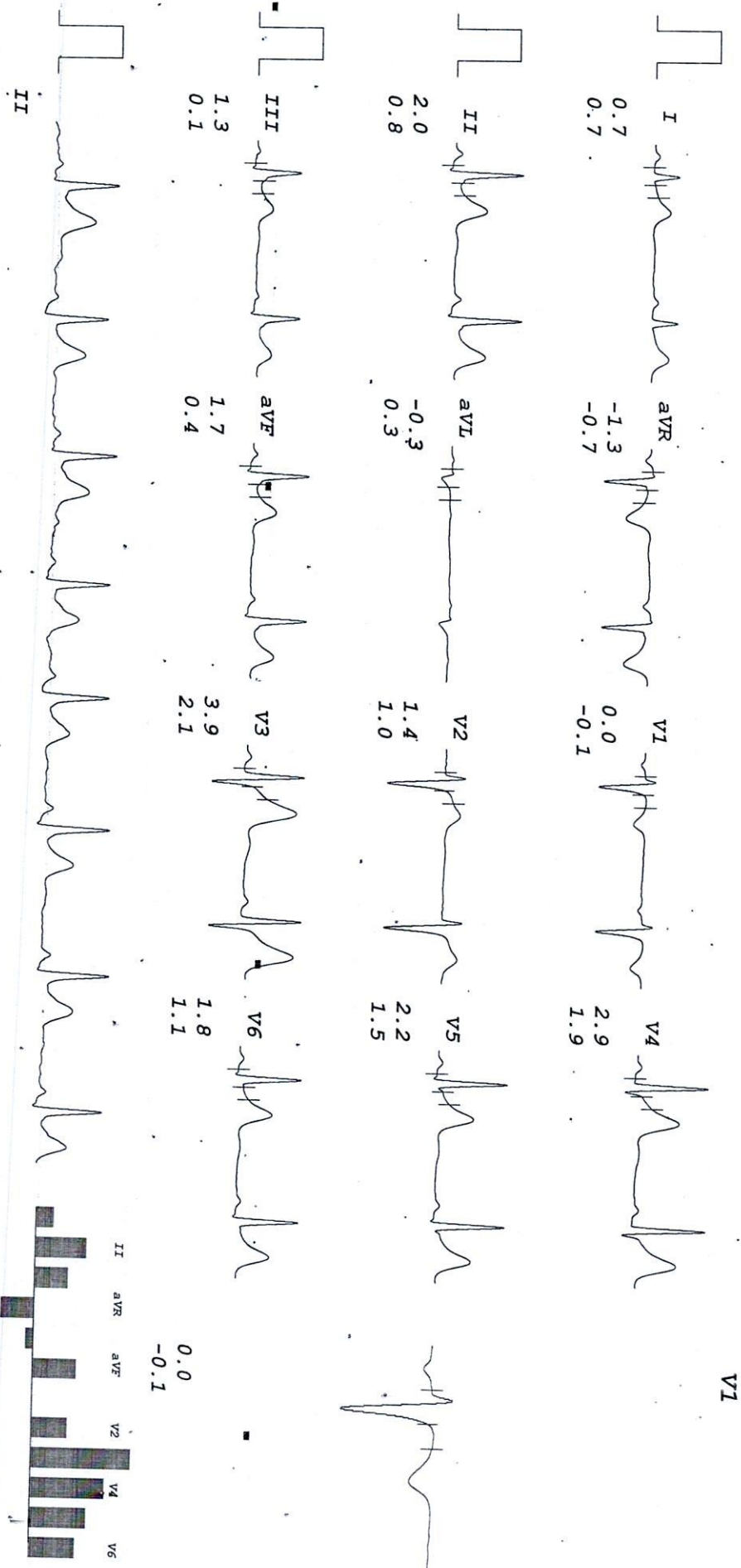
RATE 65bpm
 B.P. 120/80

PRETEST
 HYPERVENT
 PHASE TIME 0:06

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X²



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SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

RATE 94bpm
 B.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mv
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



I
 1.6
 1.4

aVR
 -2.2
 -1.9

V1
 -0.4
 -1.0

V4
 4.4
 3.4



II
 2.7
 2.3

aVL
 0.2
 0.3

V2
 1.6
 0.9

V5
 3.3
 2.4

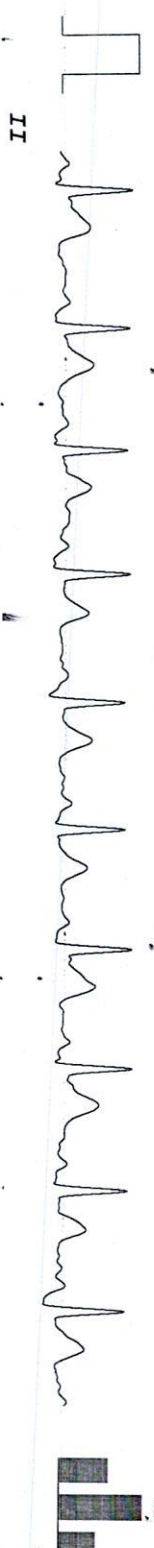


III
 1.2
 0.9

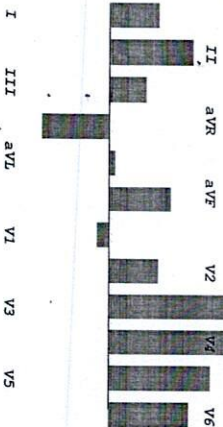
aVF
 2.0
 1.6

V3
 6.0
 4.5

V6
 2.6
 2.4



II



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SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

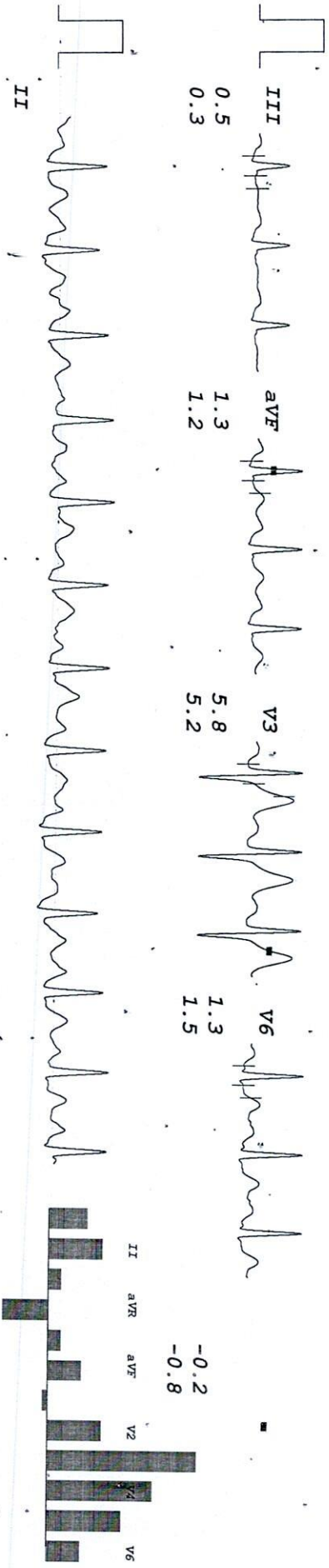
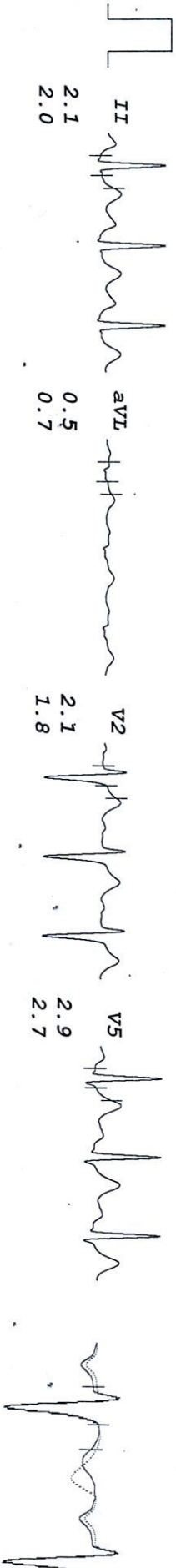
RATE 120bpm
 B.P. 140/80

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

-0.2
 -0.8

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 Age 36/M
 Date 13-04-2024

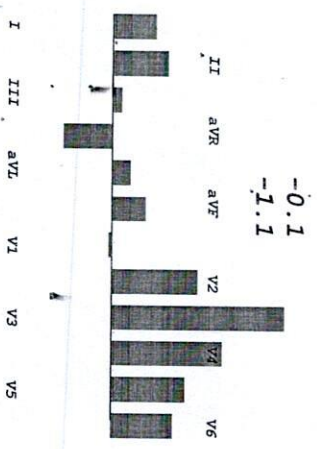
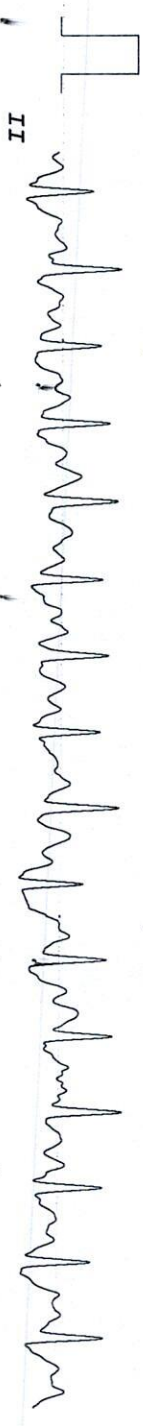
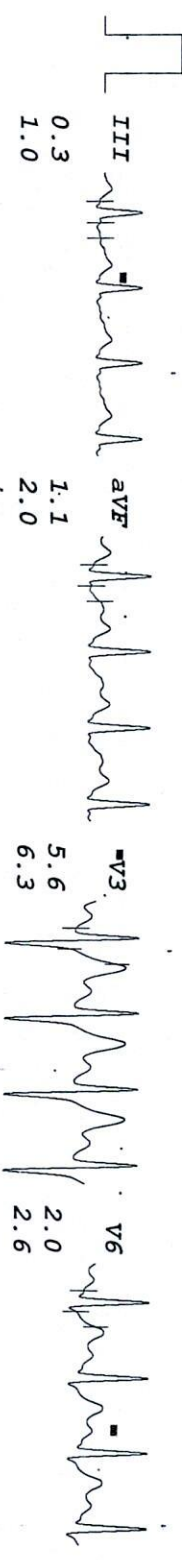
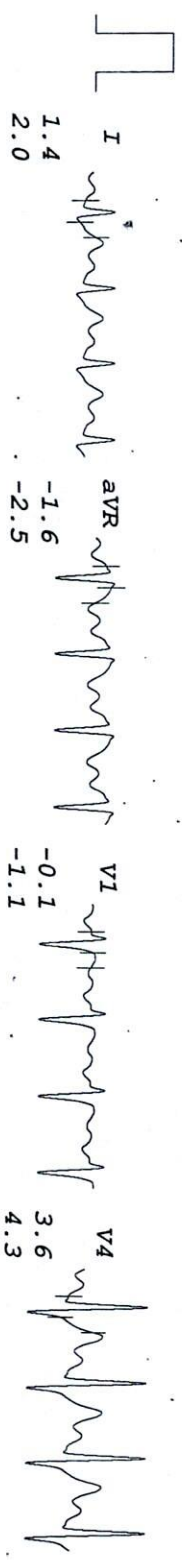
RATE 151bpm
 B.P. 150/80

Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

RATE 162bpm
 B.P. 160/80

Bruce
 PK-EXERCISE
 TOTAL TIME 9:32
 PHASE TIME 0:32

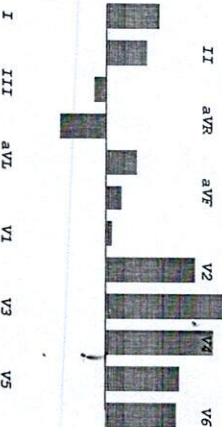
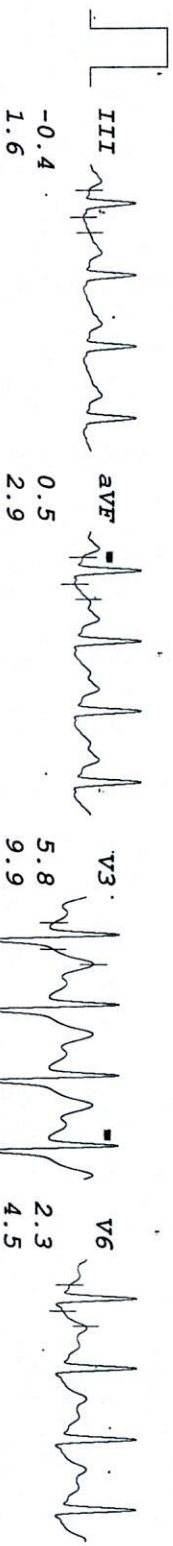
ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

LINKED MEDIAN

Mag. X 2



V1



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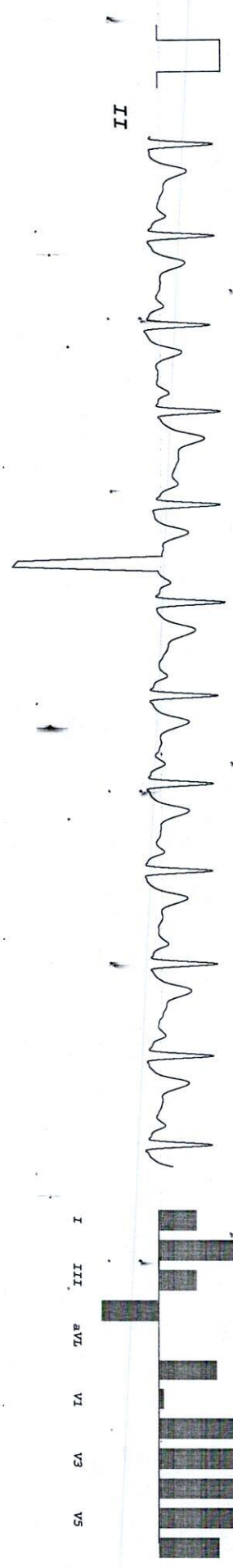
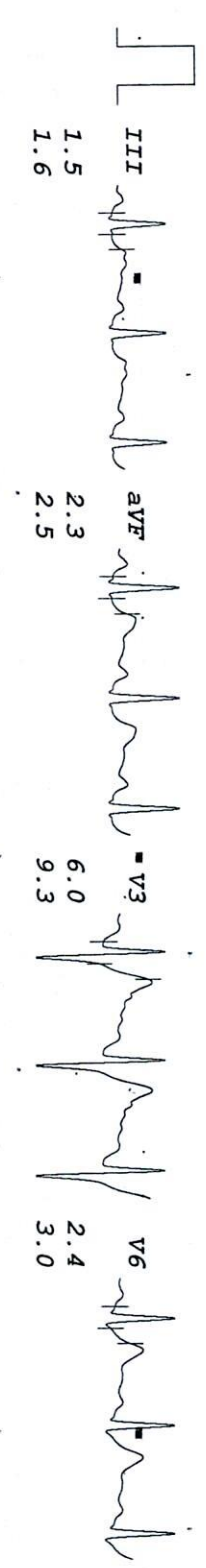
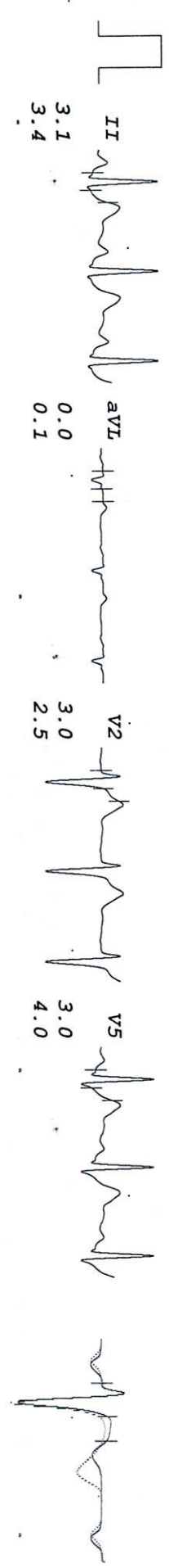
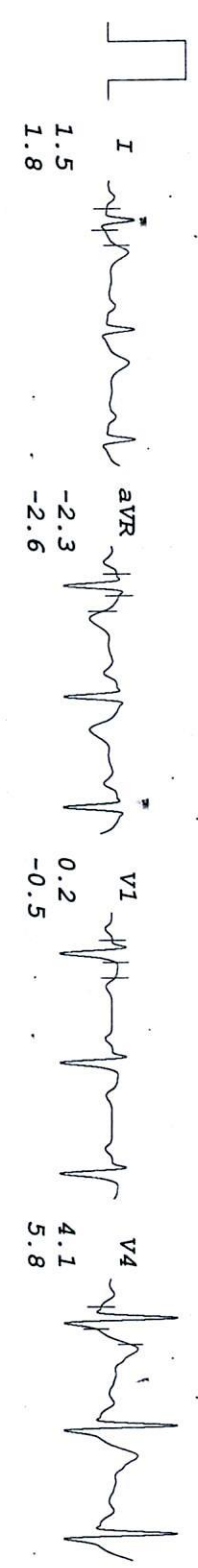
SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

Rate 105bpm
 B.P. 150/80
 Bruce
 RECOVERY
 TOTAL TIME 10:47
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

BRUCE
 RECOVERY
 TOTAL TIME 11:47
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

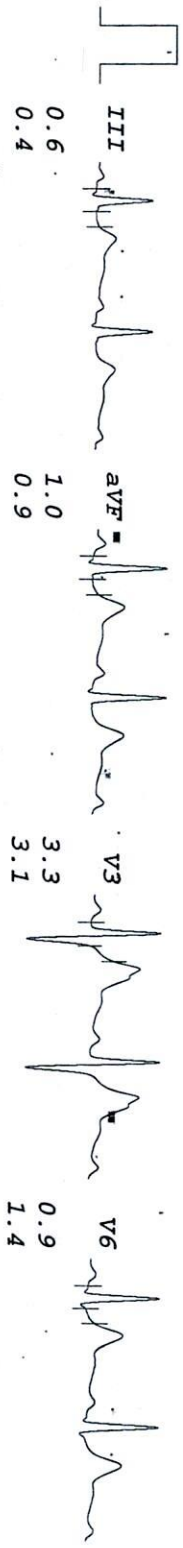
Mag. X 2



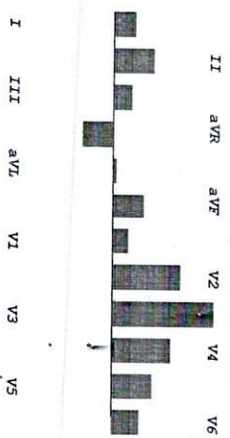
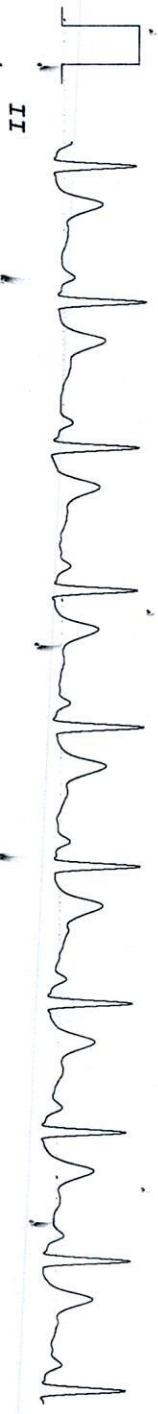
V1



V2



V3



IPSC PAIN AND SPINE HOSPITAL

SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

RATE 84bpm
 B.P. 130/80

Bruce
 RECOVERY
 TOTAL TIME 12:47
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



V1

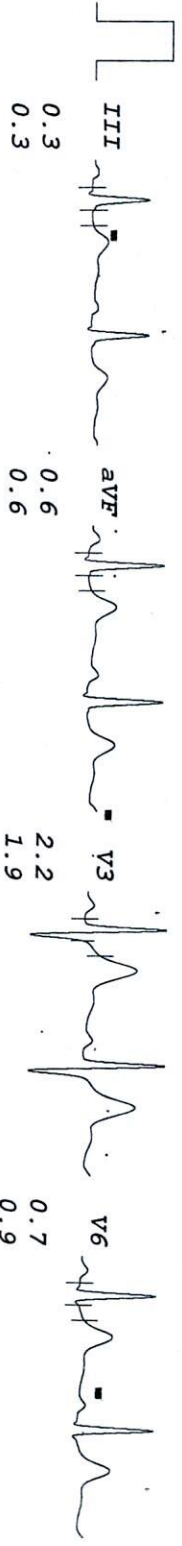


0.8
0.9

0.1
0.2

1.9
1.0

0.8
0.9



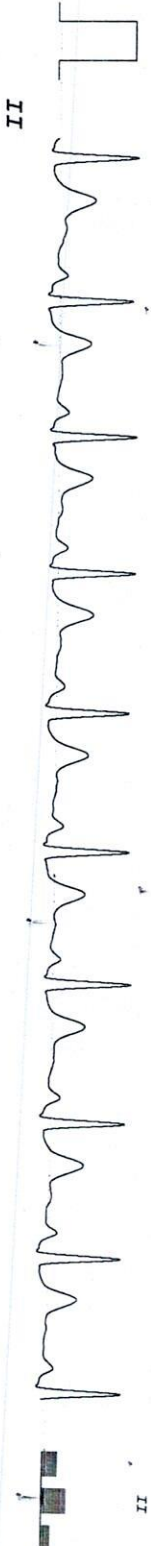
0.3
0.3

0.6
0.6

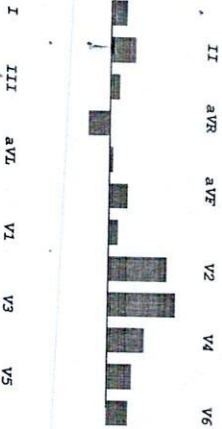
2.2
1.9

0.7
0.9

0.3
-0.2



II



IPSC PAIN AND SPINE HOSPITAL

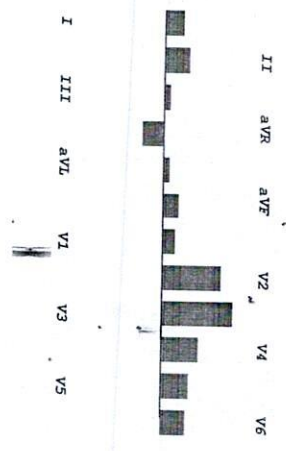
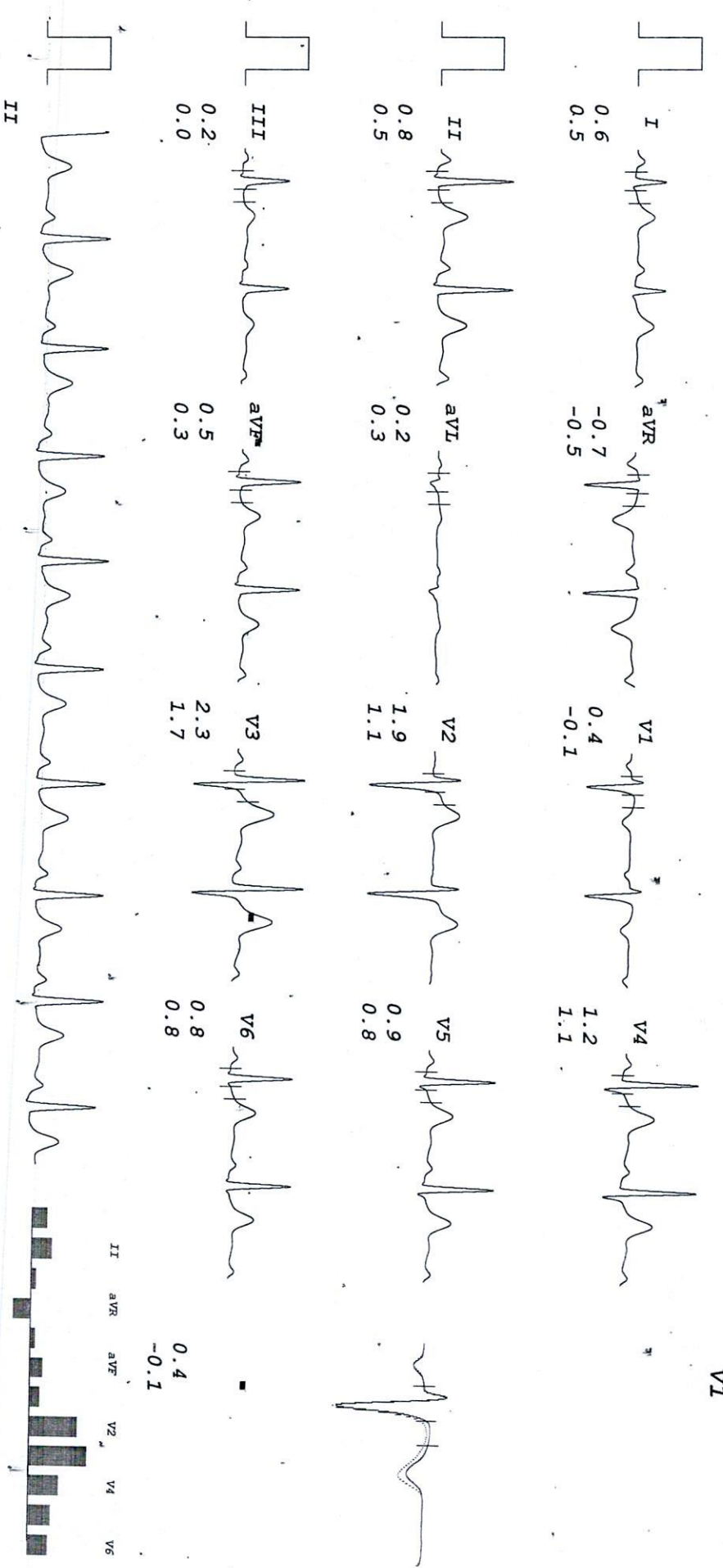
SIDDHANT SINGH
 I.D. 67278
 Age 36/M
 Date 13-04-2024

Rate 87bpm
 R.P. 120/80
 Bruce
 RECOVERY
 TOTAL TIME 13:25
 PHASE TIME 3:33

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Patient Name	: Mr. SIDDHANT SINGH	Radiology No.	: 340/OPDPB24DL
Referred By	: Dr. .	Date	: 13-Apr-2024
UHID No.	: 353/UHID24DL	Age/Sex	: 36Y6M Male

X-RAY CHEST

Indication:- Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

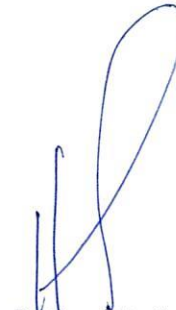
Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: **No significant abnormality detected.**



BOOK APPOINTMENT



Dr. Harshita Surange

MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)

Reg. No. MCI/16522, DMC/18402



Patient Name : Mr. SIDDHANT SINGH

Referred By : Dr. .

UHID No. : 353/UHID24DL

Radiology No. : 340/OPDPB24DL

Date : 13-Apr-2024

Age/Sex : 36Y6M Male

ULTRASOUND OF WHOLE ABDOMAN

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

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

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 91 x 35mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal . **4mm calculus is seen in the mid pole.**

No mass or hydronephrotic changes seen.

Left kidney measures- 100 x 55mm.

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 32 x 47 x 32 mm which is equal to 25gms.

Impression : Small left renal calculus.


Dr. Harshita Surange

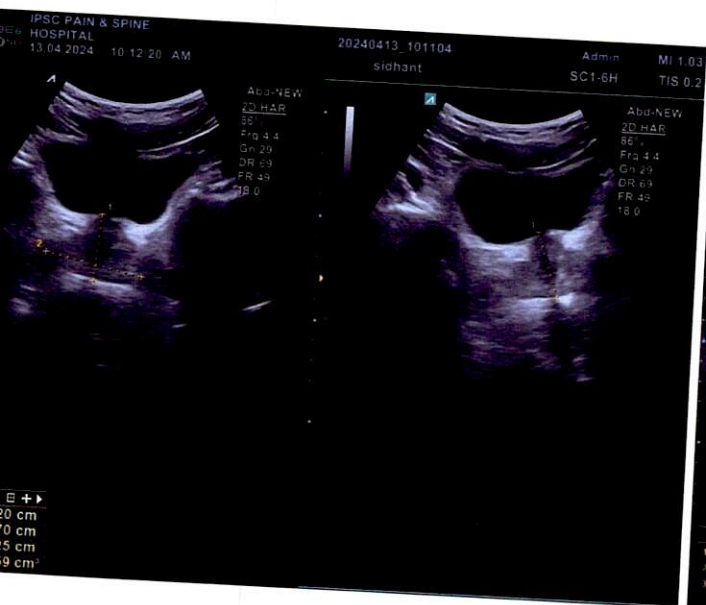
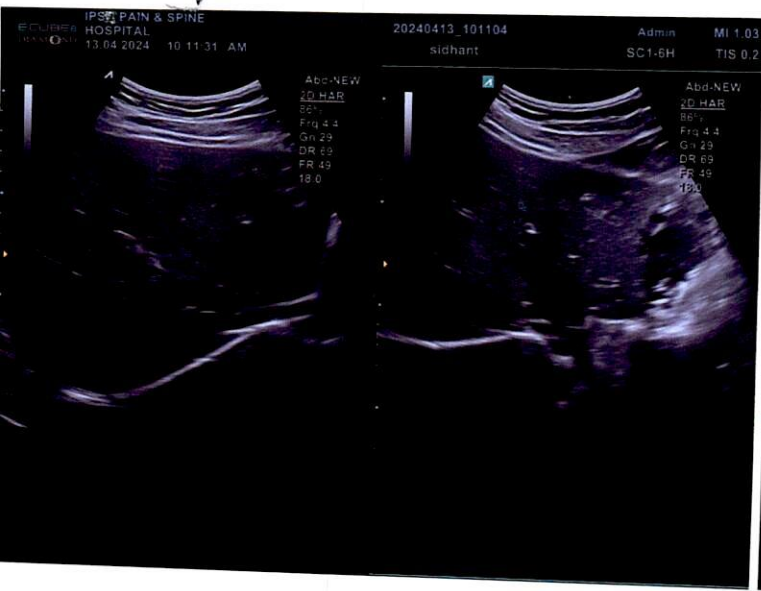
MBBS,DMRD(RADIODIAGNOSIS)


DIPLOMA IN MSK,UCAM(Spain)

Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .		Received : 13-Apr-2024 09.57
Sample Type : Plasma(Sodium fluoride)	Sample ID : 244176	Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	93.4	mg/dl	74-100	GOD-POD

INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

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

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

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

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252


Dr. Meenakshi Grag
Consultant Pathologist.

Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 15.37
Refd. By : Dr. .		Received : 13-Apr-2024 15.37
Sample Type : Plasma(Sodium fluoride)	Sample ID : 244176	Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	89.4	mg/dl	70-150	GOD-POD
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INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

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

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

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

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252


Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .	Sample ID : 244176	Received : 13-Apr-2024 09.57
Sample Type : EDTA whole blood		Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	14.5	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	5.7	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	59	%	40-75	Electrical impedance
Lymphocyte	31	%	20-45	Electrical impedance
Eosinophil	04	%	01-06	Microscopy
Monocyte	06	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	12	mm/1sthr	0-20	Westergren's
RBC COUNT	4.69	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	42	%	40 - 50	Calculated
MCV	89.40	fL	83.00 - 101.00	Calculated
MCH	30.9	Picogram	27.0 - 32.0	Calculated
MCHC	34.50	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	167	10 ³ /uL	150 - 410	Electrical impedance

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


Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .	Sample ID : 244176	Received : 13-Apr-2024 09.57
Sample Type : EDTA whole blood		Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.4	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

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

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


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DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .	Sample ID : 244176	Received : 13-Apr-2024 09.57
Sample Type : Serum		Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
KIDNEY FUNCTION TEST				
Blood Urea	20.8	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.7	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.50	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	2.70	g/dl	2.3-3.5	
A/G RATIO	1.59			
Calcium	9.0	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.0	mmol/L	3.5-5.5	ISE Indirect
Chloride	104.2	mmol/L	98.0-109.0	ISE Indirect
-----End of Report-----				


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DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



Patient Name : Mr. SIDDHANT SINGH	Reg No. : 353/UHID24DL	Lab ID. : 340/OPDPB24DL
Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .		Received : 13-Apr-2024 09.57
Sample Type : Serum	Sample ID : 244176	Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	204.00	mg/dl	123-199	CHOD-PAP
Triglycerides	157.5	mg/dl	40-160	Gpo
HDL Cholesterol Direct	58.5	mg/dl	35.3-79.5	Direct
Vldl	32	mg/dl	4.7-22.1	
LDL Cholesterol Direct	114.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.5		0.0-4.97	
LDL/HDL Ratio	1.9		0.0-3.55	

INTERPRETATION:-

Acceptable/Low Risk	: Total cholesterol < 200 mg/dl	LDL cholesterol <130 mg/dl	Triglycerides <150 mg/dl
Borderline High Risk	: 200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	: > 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

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


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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.79	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.35	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.44	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	2.70	g/dl	2.3-3.5	
A/G RATIO	1.59			
SGOT	216	U/L	0-35	IFCC
SGPT	17	U/L	0.0-45	IFCC
Gamma GT	14.1	U/L	0-55	Glupa-c
Alkaline Phosphatase	147	U/L	53-128	Amp

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


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TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

PSA TOTAL 0.36 ng/ml 0-4.1

< 4.1

0-40 yrs : < 1.4

41-50 yrs : < 2.0

51-60 yrs : < 3.1

61-70 yrs : < 4.1

71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

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



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Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
Refd. By : Dr. .	Sample ID : 244176	Received : 13-Apr-2024 09.57
Sample Type : Serum		Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3	1.20	ng/dl		CLIA
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All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4	6.40	µg/dl		CLIA
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Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2st Trimester 8.92-17.38

3st Trimester 7.98-17.70

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Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 09.55
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Sample Type : Serum		Report : 13-Apr-2024 16.50

TSH 1.20 μ IU/ml CLIA

Adults
21-100 yrs 0.42 - 5.45

Pediatric
0-12 Months 0.98-5.63
1-5 years 0.64-5.76
6-10 Years 0.51-4.82
11-14 Years 0.53-5.27
15-20 years 0.43-4.20

Pregnancy
First trimester 0.1 - 2.5*
Second trimester 0.2 - 3*
Third trimester 0.3 - 3*

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

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

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Age / Gender : 36Y6M / Male	Date : 13-Apr-2024	
Mobile No. : 9743420905	Manual No.	Collected : 13-Apr-2024 15.37
Refd. By : Dr. .		Received : 13-Apr-2024 15.37
Sample Type : URINE	Sample ID : 244176	Report : 13-Apr-2024 16.50

TEST NAME	RESULT	UNIT	RANGE	METHOD
<u>CLINICAL PATHOLOGY</u>				
URINE ROUTINE MICROSCOPY PHYSICAL EXAMINATION				
QUANTITY	20.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.0		5.5 - 7	
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

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DMC/25252
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Consultant Pathologist.



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