

 भारत सरकार  
Government of India

Issue Date: 06/01/2014




मनोज कुमार  
MANOJ KUMAR  
जन्म तिथि/DOB: 12/09/1972  
पुरुष/ MALE

9908 6379 5821  
VID : 9172 0558 1548 8197

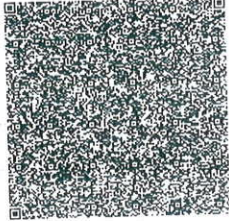
मेरा  मेरी पहचान

*Manoj*



 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
मनोज कुमार, इ १०२२ अशियाना ले रेजीडेंसी, लैंडक्राफ्ट,  
लैंडक्राफ्ट, गोलफ्लिंक्स, गज़िआबाद, गज़िआबाद,  
उत्तर प्रदेश - 201002

Address:  
MANOJ KUMAR, E 1022 ASHIYANA LE  
RESIDENCY, LANDCRAFT, LANDCRAFT,  
GOLFLINKS, Ghaziabad, Ghaziabad,  
Uttar Pradesh - 201002



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VID : 9172 0558 1548 8197

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*Manoj*



**Union Bank of India**  
आज का सर्वोत्तम बैंक  
संगठन संस्थापक  
संगठन संस्थापक

**IDENTITY CARD**



नाम / Name: Manoj Kumar  
पदनाम / Post: SWO-A  
असरो. / Emp. Code: 760232  
रक्त / Blood Group: B+  
जारी दिनांक / Issue Dt.: 12/08/2020  
जाति/जाति / Issuing Auth: V. Kumar

**Union Bank of India**

**Union Bank of India**



ID: 011687350

manoj kumar  
51 years  
Male

Asian

Vent. rate 103 bpm  
PR interval 142 ms  
QRS duration 70 ms  
QT/QTc 316/413 ms  
P-R-T axes 78 83 68

Sinus tachycardia  
Otherwise normal ECG

Technician:  
Test ind:

Referred by: hcp

Unconfirmed









**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH011687350	Lab No	: 202402001378
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 08:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 16:14
Receiving Date	: 09 Feb 2024 08:47		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.910	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.910	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.000	µIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH011687350	Lab No	: 202402001378
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 08:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 14:05
Receiving Date	: 09 Feb 2024 08:47		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.550	ng/mL	[<3.500]

Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age  
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.  
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy  
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding  
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels  
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations  
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil  
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- \* Pre-operatively (Baseline)
- \* 2-4 days post-operatively
- \* Prior to discharge from hospital
- \* Monthly follow-up if levels are high or show a rising trend







**LABORATORY REPORT**

Name : MR MANOJ KUMAR Age : 51 Yr(s) Sex : Male  
 Registration No : MH011687350 Lab No : 202402001378  
 Patient Episode : H18000001766 Collection Date : 09 Feb 2024 08:47  
 Referred By : HEALTH CHECK MGD Reporting Date : 09 Feb 2024 15:01  
 Receiving Date : 09 Feb 2024 08:47

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.23	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.7	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.8	%	[40.0-50.0]
MCV (DERIVED)	89.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.1	pg	[25.0-32.0]
MCHC (CALCULATED)	31.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	%	[11.6-14.0]
Platelet count	100 #	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT(TC) (IMPEDENCE)	7.10	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS-TECHNOLOGY/MICROSCOPY)			
Neutrophils	44.0	%	[40.0-80.0]
Lymphocytes	44.0 #	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-





**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH011687350	Lab No	: 202402001378
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 09:36
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 15:01
Receiving Date	: 09 Feb 2024 09:36		

**CLINICAL PATHOLOGY**

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

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	6.0	(4.6-8.0)
Specific Gravity	1.005	(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	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



**LABORATORY REPORT**

Name : MR MANOJ KUMAR  
Registration No : MH011687350  
Patient Episode : H18000001766  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Feb 2024 10:47

Age : 51 Yr(s) Sex :Male  
Lab No : 202402001378  
Collection Date : 09 Feb 2024 10:47  
Reporting Date : 09 Feb 2024 17:12

**CLINICAL PATHOLOGY**

**STOOL COMPLETE ANALYSIS**

**Specimen-Stool**

**Macroscopic Description**

Colour	BROWNISH YELLOW
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

**Microscopic Description**

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	0-1 /hpf
RBC	NIL
Others	NIL





**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH011687350	Lab No	: 202402001378
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 08:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 16:19
Receiving Date	: 09 Feb 2024 08:47		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[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)	114	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	234 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	184 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	57.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	37 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	140.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MHI011687350	Lab No	: 202402001378
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 08:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 10:21
Receiving Date	: 09 Feb 2024 08:47		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TOTAL/HDL.Chol ratio(Calculated)	4.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOI/HDL.CHOI Ratio(Calculated)	2.5		<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	20.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.90	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.23	mmol/L	[3.60-5.10]
SELENIUM CHLORIDE	102.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			





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Name : MR MANOJ KUMAR  
Registration No : MH011687350  
Patient Episode : H18000001766  
Referred By : HEALTH CHECK MGD  
Reporting Date : 09 Feb 2024 08:47

Age : 51 Yr(s) Sex : Male  
Lab No : 202402001378  
Collection Date : 09 Feb 2024 08:47  
Reporting Date : 09 Feb 2024 10:21

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (Calculated) 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.	99.0	ml/min/1.73sq.m	[>60.0]
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.76	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: BPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: DCG	4.80	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.92		[1.00-2.50]
ALP (TOTAL) (SERUM) Method: IFCC W/O P5P	37.00	U/L	[0.00-40.00]



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Referral By : HEALTH CHECK MGD  
Reporting Date : 09 Feb 2024 08:47

Age : 51 Yr(s) Sex : Male  
Lab No : 202402001378  
Collection Date : 09 Feb 2024 08:47  
Reporting Date : 09 Feb 2024 10:21

**BIOCHEMISTRY**

	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALBUMIN (SERUM) Method: IFCC W/O PSP	38.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	105.0 #	IU/L	[32.0-91.0]
GGT	31.0	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.

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

Dr. Charu Agarwal  
Consultant Pathologist





**LABORATORY REPORT**

Name	: MR MANOJ KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH011687350	Lab No	: 202402001379
Patient Episode	: H18000001766	Collection Date	: 09 Feb 2024 08:47
Referral By	: HEALTH CHECK MGD	Reporting Date	: 09 Feb 2024 10:21
Receipt Date	: 09 Feb 2024 08:47		

**BIOCHEMISTRY**

	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GIP Fasting Specimen: Plasma <b>GLUCOSE, FASTING (F)</b> Method: Hexokinase	102.0	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, fibrosarcoma), 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





## RADIOLOGY REPORT

NAME	MR Manoj KUMAR	STUDY DATE	09/02/2024 9:00AM
AGE / SEX	51 y / M	HOSPITAL NO.	MH011687350
ACCESSION NO.	R6850395	MODALITY	CR
REPORTED ON	09/02/2024 9:09AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Prominent bronchovascular markings are seen in both lung fields.

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:

Prominent bronchovascular markings are seen in both lung fields.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

## RADIOLOGY REPORT

NAME	MR Manoj KUMAR	STUDY DATE	09/02/2024 9:11AM
AGE / SEX	51 y / M	HOSPITAL NO.	MH011687350
ACCESSION NO.	R6850396	MODALITY	US
REPORTED ON	09/02/2024 10:42AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears normal in size (measures 149 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 107 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 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 101 x 40 mm.

Left Kidney: measures 98 x 47 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 43 x 34 x 31 mm with volume 23 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Borderline prostatomegaly.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



NAME	MR Manoj KUMAR	STUDY DATE	09/02/2024 9:00AM
AGE / SEX	51 y / M	HOSPITAL NO.	MH011687350
ACCESSION NO.	R6850395	MODALITY	CR
REPORTED ON	09/02/2024 9:09AM	REFERRED BY	HEALTH CHECK MGD

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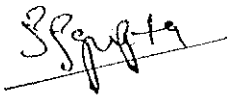
VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings are seen in both lung fields.

*Please correlate clinically*



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS**

**CONSULTANT RADIOLOGIST**

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

NAME	MR Manoj KUMAR	STUDY DATE	09/02/2024 9:11AM
AGE / SEX	51 y / M	HOSPITAL NO.	MH011687350
ACCESSION NO.	R6850396	MODALITY	US
REPORTED ON	09/02/2024 10:42AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS**

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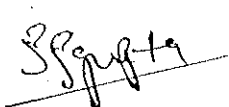
BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Borderline prostatomegaly.**

Recommend clinical correlation.



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

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