NABH NABL No.1

UNITED HOSPITAL
Care For Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	: **Mr.K GOVINDAPPA**	**UHID**	: **UHJA23018020**
Age / Sex	: 53 Years / Male	OP NO/Reg Dt	: 09-02-2024 08:48 AM
Spouse / Father Name	: THRIVENI K	Department	: ECHS
Address	: ngv koramangalla, Bengaluru Urban, Karnataka, INDIA,	Refered By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr- Ashwitha Pachva

Complaints / Findings / Observations :

Swelling over groin - 6 mths.

Investigations:

HbA1C - 6.0

Treatment / Care of Plan / Provisional Diagnosis :

Repeat HbA1C / Fasting lipid profile Dr Niranjan Sir to see please after 3 mths.

Follow Up Advice :

Diabetic diet / Higher fibre diet

Signature of the Doctor

United Hospital
No.110 (30), Madhavan Park Circle, 10th Main Rd,
3rd Block Jayanagar, Bangalore - 560 011

T: 080 4566 6666

E: appointments@unitedhospital.in
W: www.unitedhospitals.com

10.23019020

9-Feb-2024 AM 9:42:38

Name: Mr.K. Govindappa

ex: M Birth date: / / 53 years

cm kg / mmHg

1100 Sinus rh m
9110 ** normal ECG **

edication:

ymptoms:

istory:

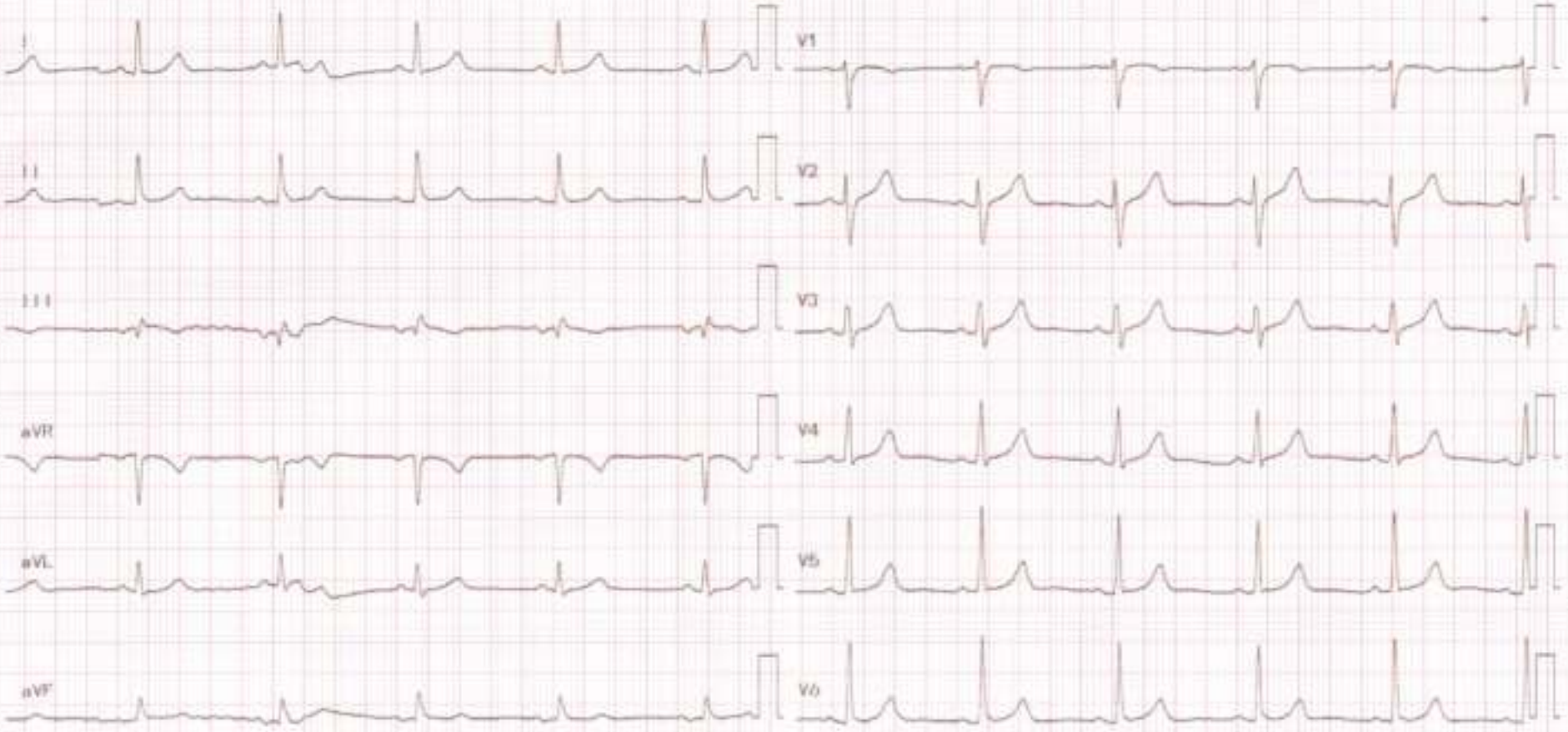
ent. rate	67	bpm
R int	134	ms
RS dur	84	ms
T/QTc(E) int	384/ 399	ms
P/QRS/T axis	0/ 29/ 20	°
V5/SV1 amp	1.38/ 0.72	mV
V5+SV1 amp	2.11	mV

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 0 35 Hz

10 mm/mV



2350K 03-08 07-01 Dept.:

Exam:UNITED HOSPITAL

Out Patient Record

Patient Name	: **Mr.K GOVINDAPPA**	**UHID**	: **UHJA23018020**
Age / Sex	: 53 Years / Male	OP NO/Reg Dt	: 09-02-2024 08:48 AM
Spouse / Father Name	: THRIVENI K*	Department	: ENT
Address	: ngv koramangala, , Bengaluru Urban, Karnataka, INDIA,	Refered By	:
		Consultant	: Dr Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

ENT -

- NO symptoms

Ht - 171 cm
Wt - 75.9 kg
PR - 66 bpm
SPO2 - 98%
BP - 115/82.

Investigations:

Treatment / Care of Plan / Provisional Diagnosis : NAD.

- Nil -

Follow Up Advice :

Medically FIT

Signature of the Doctor

NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	: Mr.K GOVINDAPPA	UHID	: UHJA23018020
Age / Sex	: 53 Years / Male	OP NO/Reg Dt	: 09-02-2024 08:48 AM
Spouse / Father Name	: THRIVENI K	Department	:
Address	: ngv koramangalla, , Bengaluru Urban, Karnataka, INDIA,	Refered By	: opthal
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

V1 < 6/6P, 6/6P } N6. nil systemic

Investigations: (glass)

Ant: OU normal

Treatment / Care of Plan / Provisional Diagnosis : Fundus (undilated) OU CD ratio 0.3:1 [illegible]

Imp: OU Ref Error

Follow Up Advice :

Continue same glass.

Signature of the Doctor
9/2/24

UNITED HOSPITAL (A Unit of United Brotherss Healthcare Services Private Limited)

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3rd Block Jayanagar, Bangalore - 560 011

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EXERCISE STRESS TEST REPORT

Patient Name: MR. K GOVINDAPPA,
Patient ID: 18020
Height: 171 cm
Weight: 75 kg

DOB: 01.06.1971
Age: 52yrs
Gender: Male
Race: Indian

Study Date: 09.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: DR. RAHUL PATIL
Attending Physician: DR. RAHUL PATIL
Technician: YAMINI/THABITHA

Medications:
--

Medical History:
NO H/O DM & HTN

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:03	0.00	0.00	91	120/80	
	STANDING	00:18	0.00	0.00	88	120/80	
	HYPERV.	00:05	0.00	0.00	90	120/80	
	WARM-UP	00:39	0.00	0.00	93	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	129	120/80	
	STAGE 2	03:00	2.50	12.00	153	130/90	
	STAGE 3	01:32	3.40	14.00	173	140/100	
RECOVERY		05:15	0.00	0.00	105	140/100	

The patient exercised according to the BRUCE for 7:32 mins, achieving a work level of Max. METS: 10.10. The resting heart rate of 92 bpm rose to a maximal heart rate of 176 bpm. This value represents 104 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 140/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation
Summary: Resting ECG: normal.
Functional Capacity: normal.
R Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions
GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY

IMPRESSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician **Technician**

MR. K GOVINDAPPA,
Patient ID 18020
09.02.2024
11:31:52am

Male 171 cm 75 kg
52yrs Indian
Meds:

Test Reason: Screening for CAD
Medical History: NO H/O DM & HTN

Ref. MD: DR. RAHUL PATIL Ordering MD: DR. RAHUL PATIL
Technician: YAMINI/THABITHA Test Type: Treadmill Stress Test
Comment:

Selected Medians Report

UNITED HOSPITAL

BRUCE: Total Exercise Time 07:32
Max HR: 176 bpm 104% of max predicted 168 bpm HR at rest: 92
Max BP: 140/100 mmHg BP at rest: 120/80 Max RPP: 24220 mmHg*bpm
Maximum Workload: 10.10 METS
Max. ST: -1.55 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:30
Arrhythmia: A:5, PERR:1, PCAP:1
ST/HR index: 1.79 µV/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
	0:01	7:30	7:32	4:58
	92 bpm	173 bpm	173 bpm	103 bpm
	120/80 mmHg	140/100 mmHg	140/100 mmHg	
I	0.25	-0.25	-0.35	0.15
	0.47	0.99	1.07	0.27
II	0.10	-1.55	-1.45	0.20
	0.01	0.14	0.96	0.14
III	-0.10	-1.25	-1.10	0.00
	-0.48	-0.79	-0.12	-0.31
aVR	-0.15	0.90	0.85	-0.20
	-0.84	-0.53	-1.08	-0.95
aVL	0.20	0.45	0.45	0.10
	0.20	0.89	0.59	0.09
aVF	0.00	-1.35	-1.30	0.10
	-0.20	-0.30	0.41	-0.06

	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
	0:01	7:30	7:32	4:58
	92 bpm	173 bpm	173 bpm	103 bpm
	120/80 mmHg	140/100 mmHg	140/100 mmHg	
V1	0.15	0.70	0.70	0.10
	-0.44	-0.25	-0.48	-0.46
V2	0.65	1.05	1.00	0.55
	0.63	1.58	1.31	0.61
V3	0.50	0.10	0.15	0.50
	0.51	1.87	2.04	0.67
V4	0.40	-0.50	-0.40	0.35
	0.42	1.62	1.74	0.55
V5	0.30	-0.85	-1.05	0.25
	0.22	1.46	1.29	0.39
V6	0.20	-1.15	-1.35	0.10
	0.17	1.09	1.00	0.22

GE CASE V6.73 (2)
10mm/mV 60Hz 0.01-20Hz S+ HEART V5.4

Unconfirmed

Attending MD: DR. RAHUL PATIL

MR. K GOVINDAPPA,
Patient ID 18020
09.02.2024 11:31:52am

UNITED HOSPITAL

Male 171 cm 75 kg
52yrs Indian
Meds:

Test Reason: Screening for CAD
Medical History: NO H/O DM & HTN

Ref. MD: DR. RAHUL PATIL Ordering MD: DR. RAHUL PATIL
Technician: YAMINI/THABITHA Test Type: Treadmill Stress Test
Comment:

BRUCE: Total Exercise Time 07:32
Max HR: 176 bpm 104% of max predicted 168 bpm HR at rest: 92
Max BP: 140/100 mmHg BP at rest: 120/80 Max RPP: 24220 mmHg*bpm
Maximum Workload: 10.10 METS
Max. ST: -1.55 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:30
Arrhythmia: A:5, PERR:1, PCAP:1
ST/HR index: 1.79 µV/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY

IMPRESSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA
Location Number: * 0 *

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:32:10am

LINKED MEDIANS

89 bpm
120/80 mmHg

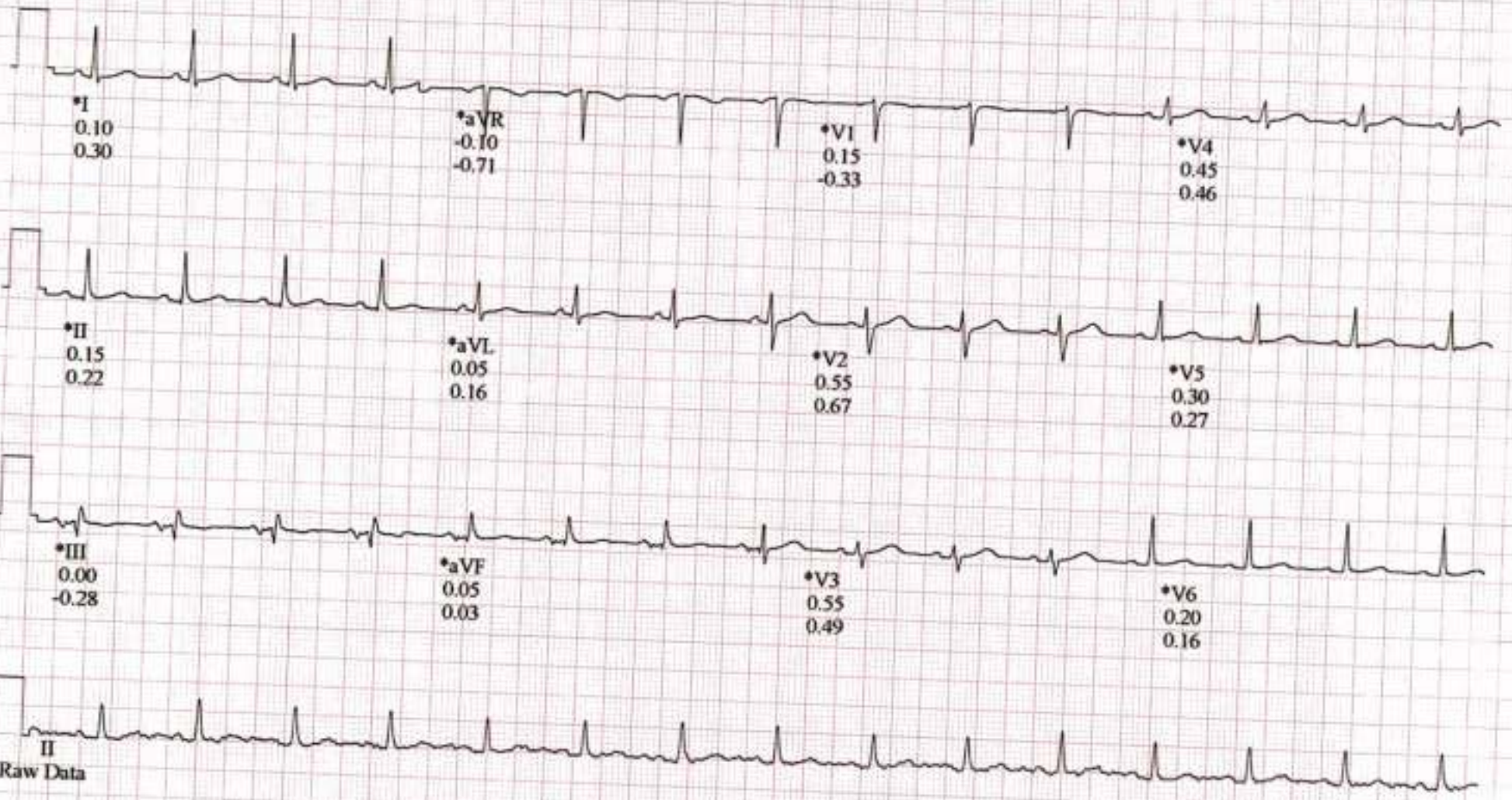
PRETEST
STANDING
00:18

BRUCE
0.0 mph
0.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



GE
CASE V6.73

*Computer Synthesized Rhythms

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:32:50am

LINKED MEDIANS

UNITED HOSPITAL

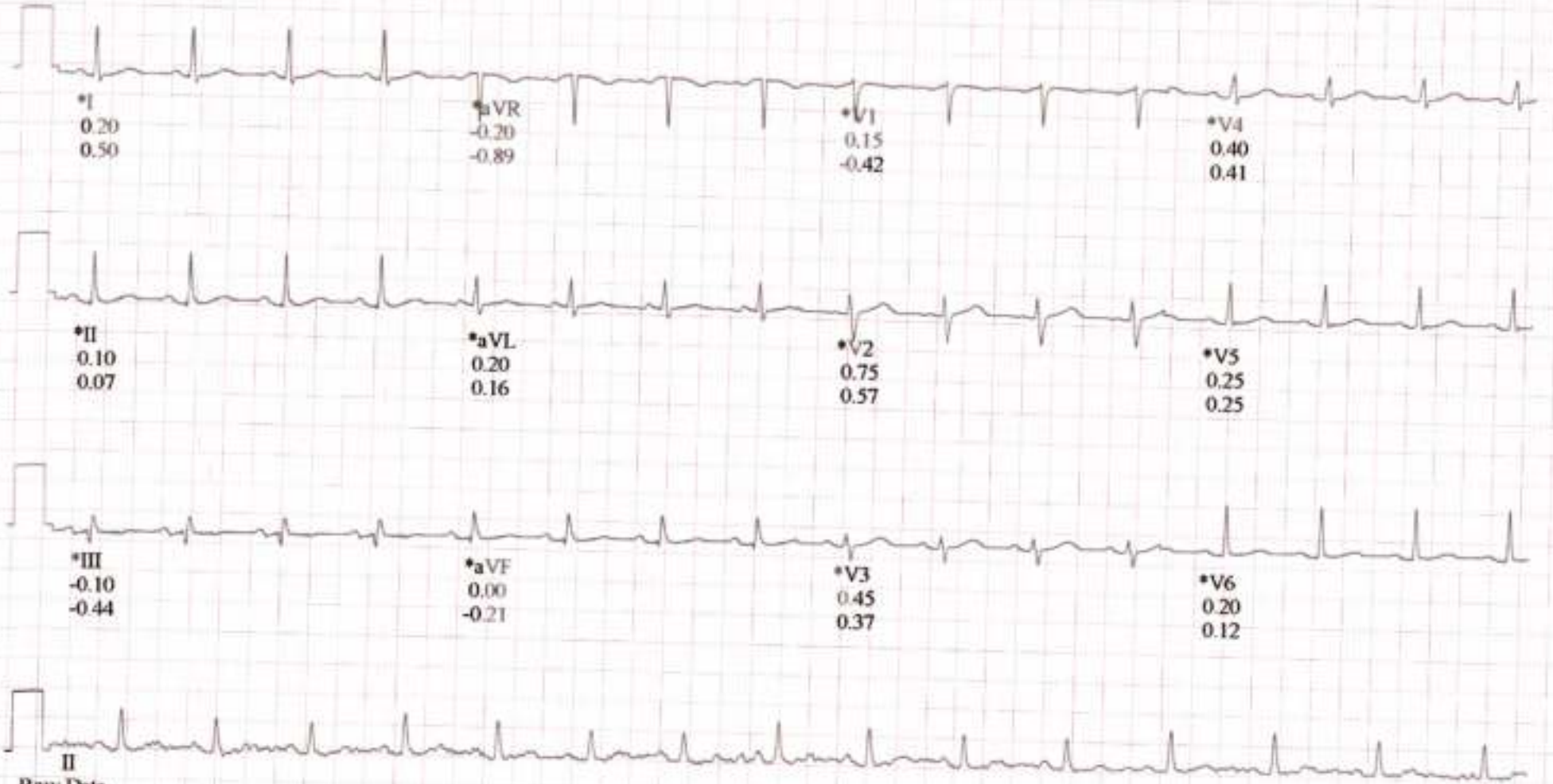
93 bpm
120/80 mmHg

PRETEST
WARM-UP
00:58

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:35:43am

LINKED MEDIANS

UNITED HOSPITAL

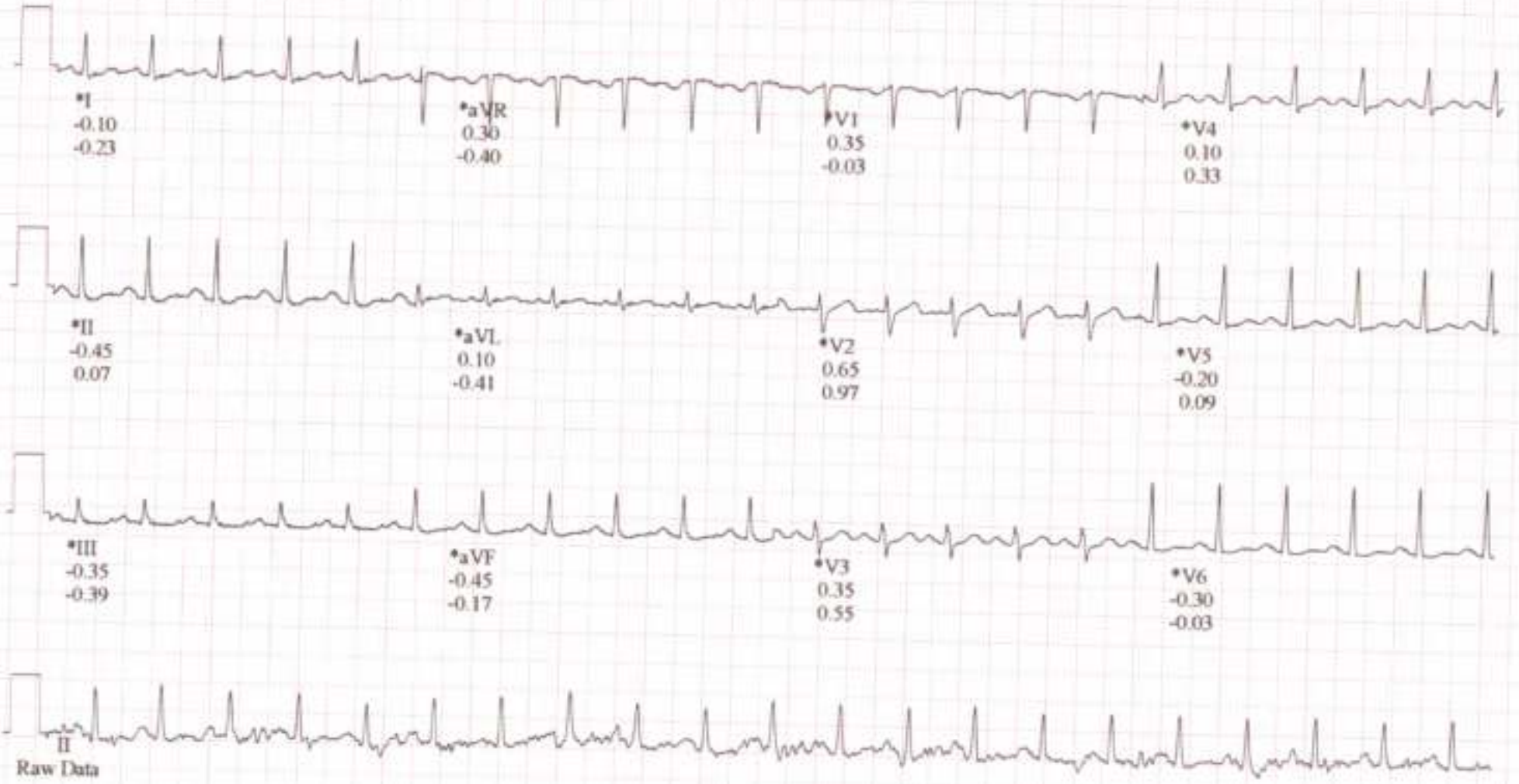
129 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S- HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:38:43am

LINKED MEDIANS

UNITED HOSPITAL

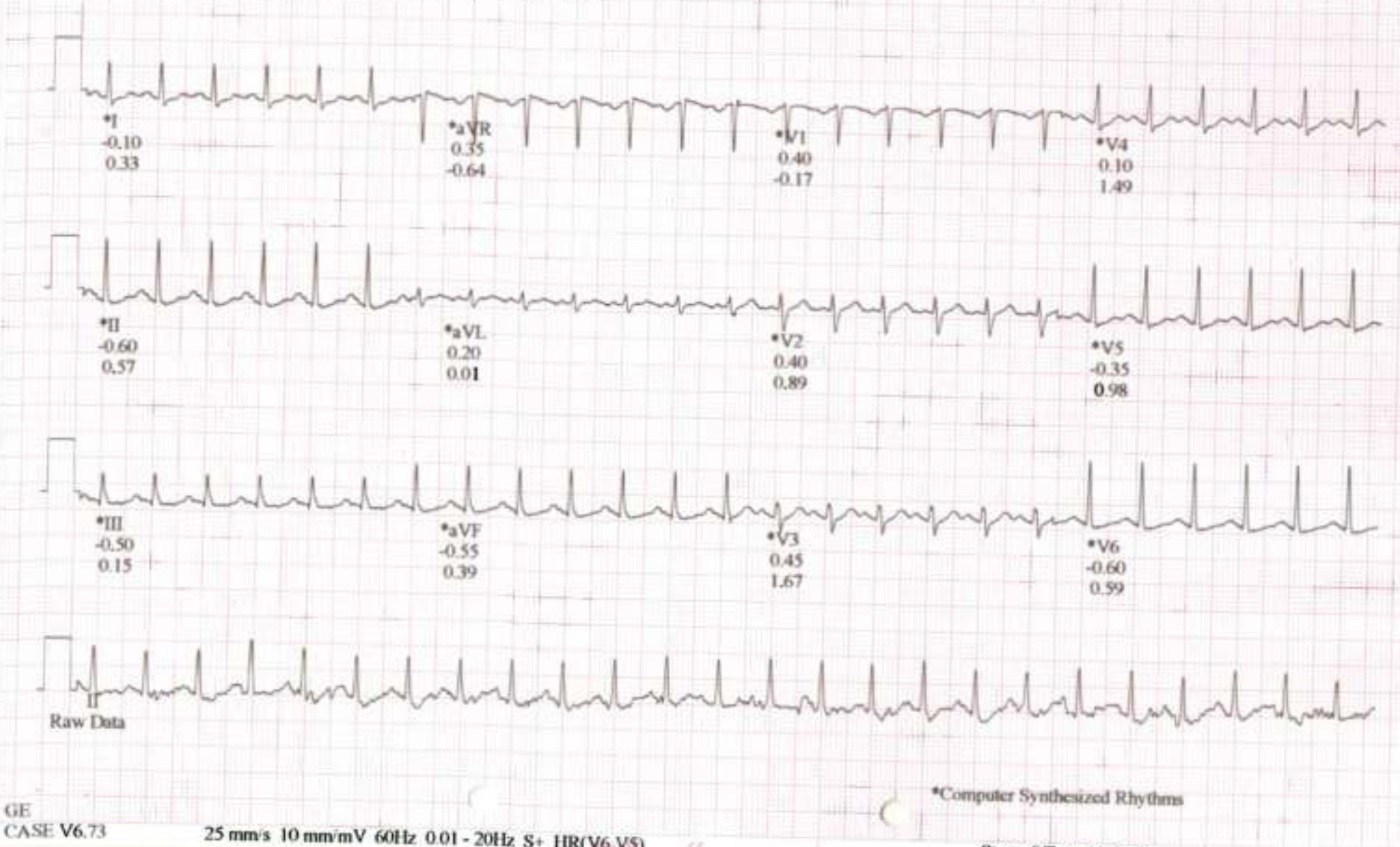
150 bpm
130/90 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:40:24am

LINKED MEDIANS

UNITED HOSPITAL

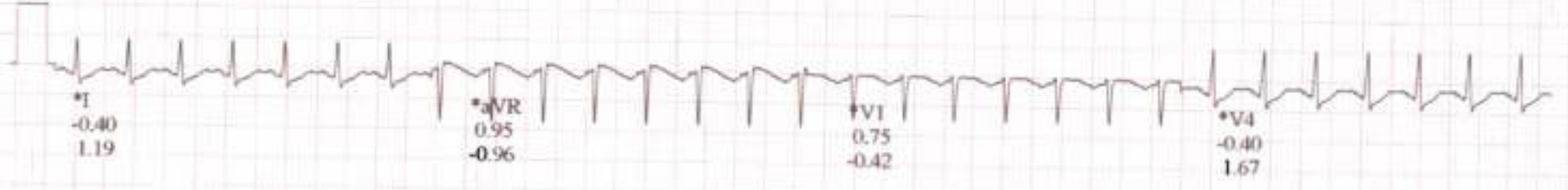
173 bpm
140/100 mmHg

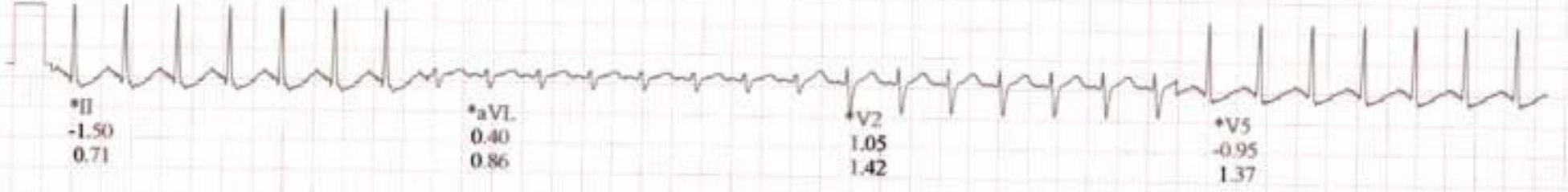
EXERCISE
STAGE 3
07:31

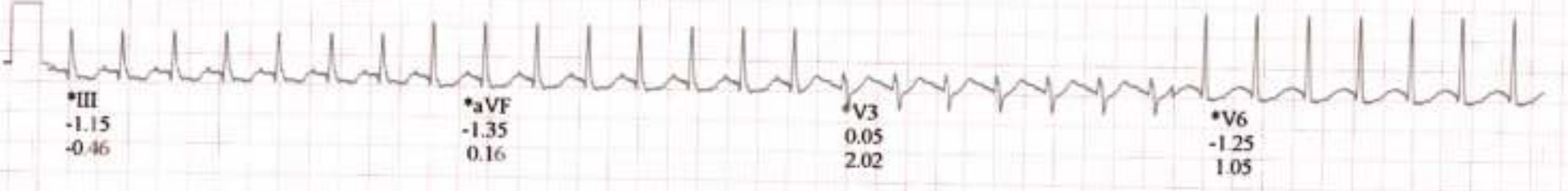
BRUCE
3.4 mph
14.0 %

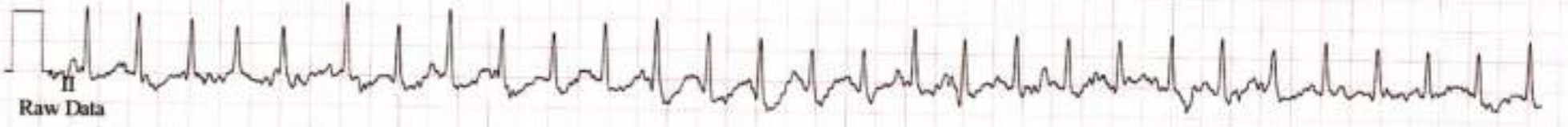
Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J









*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

LINKED MEDIANS

UNITED HOSPITAL

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:41:25am

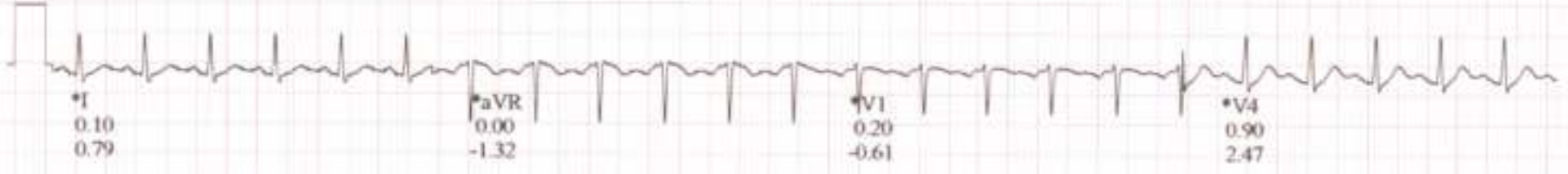
139 bpm
140/100 mmHg

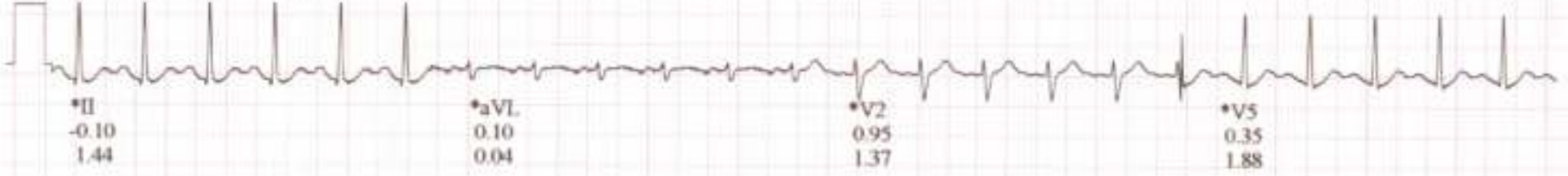
RECOVERY
#1
01:00

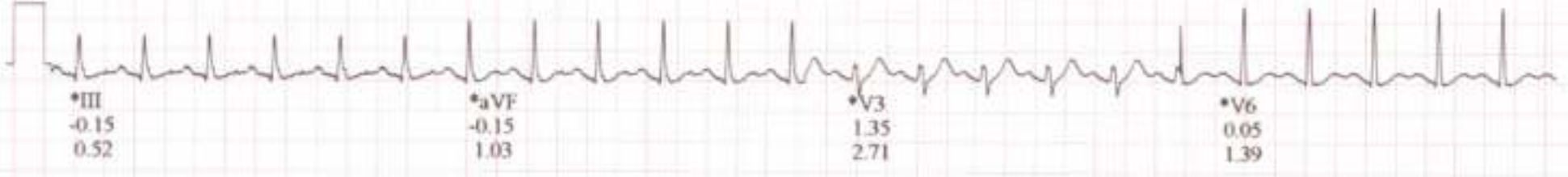
BRUCE
0.0 mph
0.0 %

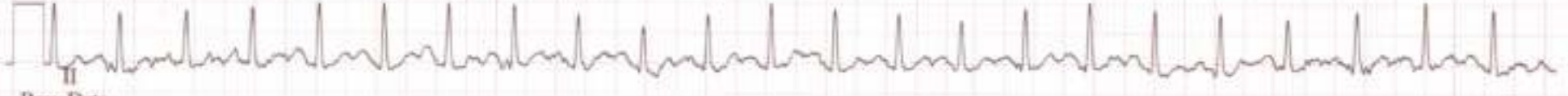
Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J









*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:43:25am

LINKED MEDIANS

UNITED HOSPITAL

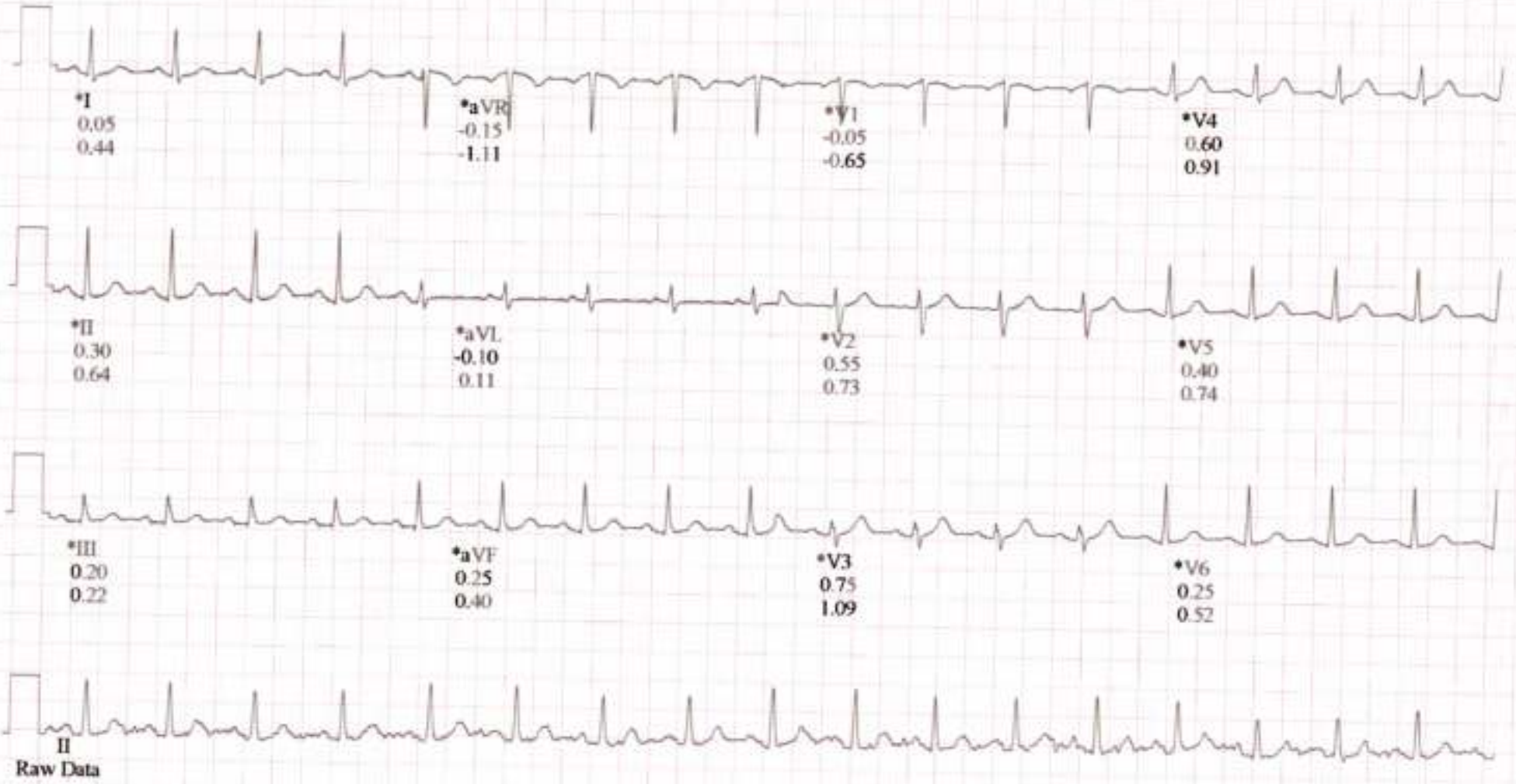
104 bpm
140/100 mmHg

RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11:31:52am

MR. K GOVINDAPPA
Patient ID: 18020
09.02.2024
11:45:25am

LINKED MEDIANS

UNITED HOSPITAL

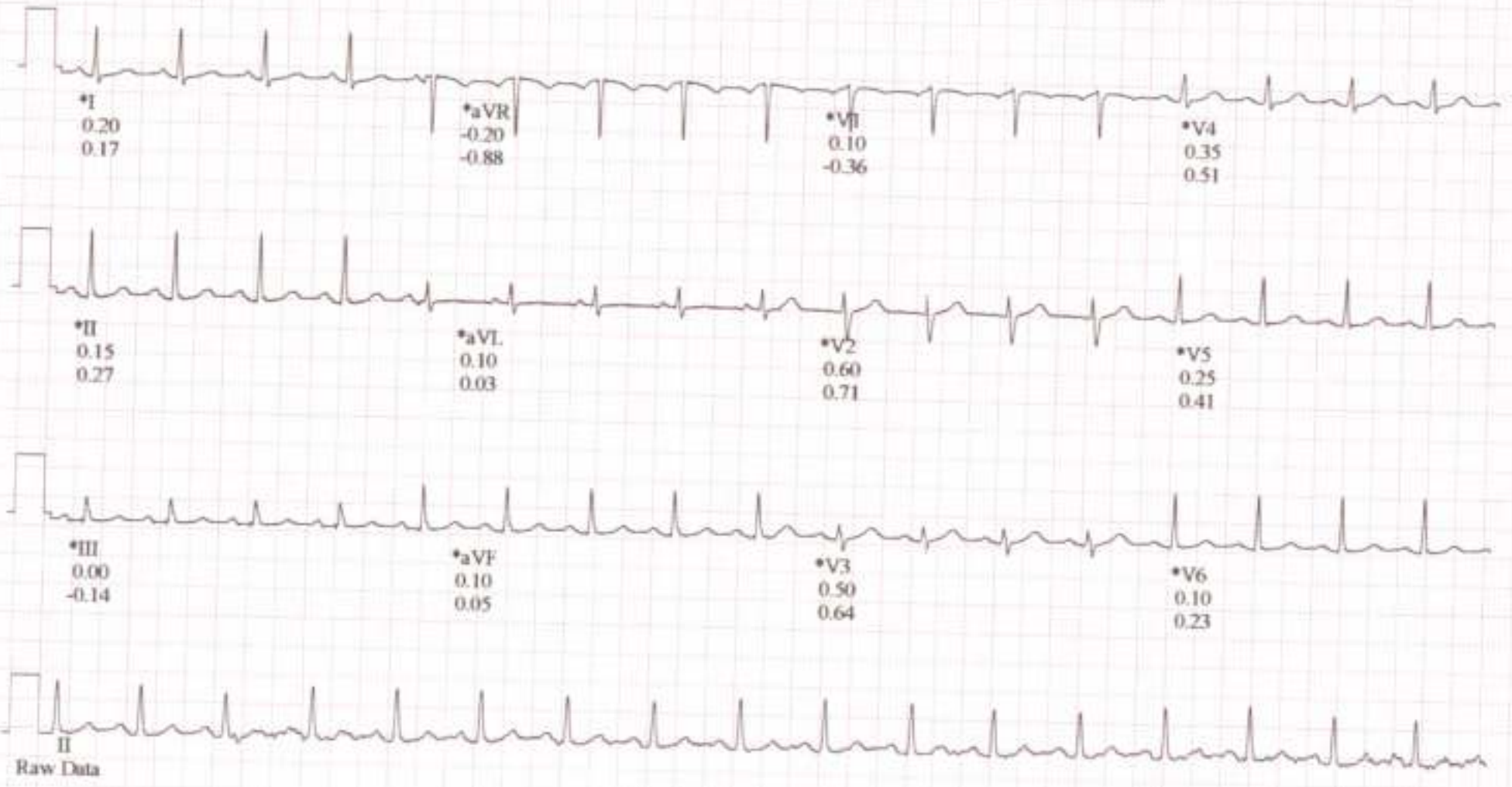
103 bpm
140/100 mmHg

RECOVERY
#1
05:00

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

GE
CASE V6.73

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S- HR(II,V6)

Start of Test: 11:31:52am

UNITED HOSPITAL
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NABH NABL No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	K Govindappa	**Date**	09/02/24
Age	53 years	**Hospital ID**	UHJA23018020
Sex	Male	**Ref.**	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No focal lesion.

Right Kidney is normal in size (9.9 x 4.9 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.
Left Kidney is normal in size (9.5 x 4.6 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

Retroperitoneum - Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is minimally distended.

Prostate ***is enlarged in size, measures ~ 25 cc.***

No ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION: *Suboptimal evaluation due to poor acoustic window from thick body habitus.*

- **Grade I prostatomegaly.**
- **No other definite sonological abnormality detected.**

Dr. Elluru Santosh Kumar
Consultant Radiologist

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore
A Unit of United Brothers Healthcare Services Private Limited
No. 110(30), Madhavan Park Circle, 10th Main Road, 3rd Block, Jayanagar, Bangalore - 560 011 T 080 4566 6666 | appointment@unitedhospital.in W www.unitedhospital.com

NABH NABL No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	K Govindappa	**Date**	09/02/24
Age	53 years	**Hospital ID**	UHJA23018020
Sex	Male	**Ref.**	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- **No radiographic abnormality.**

Dr. Elluru Santosh Kumar
Consultant Radiologist

UNITED HOSPITAL
Care Par Excellence

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. K GOVINDAPPA	Order No	: 1000072187
UHID	: UHJA23018020	Registered On	: 09/02/2024 08:48:50 AM
Age/Sex	: 53/Years Male	Collected On	: 09/02/2024 09:36:24 AM
Ward / Bed No	:	Reported On	: 09/02/2024 01:03:18 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230022295
Station	: At Hospital	Mobile No	: 9550074408
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
	BIOCHEMISTRY		
FASTING GLUCOSE (Method: Hexokinase)	99	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	113	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	6.0	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	125.49	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.03	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	8.42	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	1.63	ı IU/mL	0.34-5.60
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	230	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	103	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	62.7	mg/dL	< 40 - Low ≥ 60 - High

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DEPARTMENT OF LABORATORY MEDICINE

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Age/Sex	: 53/Years Male	Collected On	: 09/02/2024 09:36:24 AM
Ward / Bed No	:	Reported On	: 09/02/2024 01:03:18 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230022295
Station	: At Hospital	Mobile No	: 9550074408
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	146.7	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	20.60	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	3.6		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.3		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	167.3	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	5.5	mg/dL	3.5-7.2
BUN/CREATININE RATIO			Sample: Serum
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	7	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.95	mg/dL	0.9-1.3
BUN/CRE-RATIO (Method: Calculated)	7.3		12˜20 : 1
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.82	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.15	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.67	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	6.8	g/dL	6.6-8.3

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MC-5013

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
ALBUMIN (Method:BCG)	3.95	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.84	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.38		2:1
SERUM SGOT (Method:IFCC without P5P)	27	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	22	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	68	U/L	50-116
GGT (Method:IFCC)	24	U/L	< 55
PROSTATE SPECIFIC ANTIGEN (PSA) (Method:CLIA)	1.42	ng/mL	< 4.0

Interpretation Notes

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of malignant disease nor should serum PSA be used alone as a screening test for malignant disease. For diagnostic purposes, the results obtained by immunometric assay should always be used in combination with the clinical examinations, patient medical history and other findings. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

UREA (Method:Urease GLDH - Kinetic)	15.1	mg/dL	17-43

Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	13.78	g/dL	13.5-17.5
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	43.2	%	42-52
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	6700	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	49.74	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	39.96	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	2.27	%	0-6
MONOCYTES (Method:Optical/Impedance)	7.70	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.33	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	5.46	million/cum	4.5-5.9
MCV (Method:Derived from RBC Histogram)	79.1	fL	78-100
MCH (Method: Calculated)	25.2	pg	27-31
MCHC (Method: Calculated)	31.9	g/dL	31-37
RDW - CV (Method: Calculated)	16.1	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.34	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.95	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	20.3	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	10	mm/hour	1-20

BLOOD GROUPING & RH TYPING — Sample: Whole blood (EDTA)

ABO Group (Method:Agglutination Gel Method)	B	
Rh Factor (Method:Agglutination Gel Method)	Positive	

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen.N

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE — Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
PHYSICAL EXAMINATION			
VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.0		5.0-8.0
SPECIFIC GRAVITY	1.020		1.005-1.030
CHEMICAL EXAMINATION			
PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative
MICROSCOPIC EXAMINATION			

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Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	2-4	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By
PRAVEEN T

---End of Report---

Naveen.N
Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418