INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	04/05/2024 04:34 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	78.2	mg/dL	65 - 110

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

LIPID PROFILE			
Serum Triglyceride Method (Enzymatic,end point)	110	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	132	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	33	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	**77**	mg/dL	85 - 150
Serum VLDL-Chol	22	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.33		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples

Dr. R. Verma
MBBS, MD(Pathology)

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Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

LIVER PROFILE (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.30	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.15	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	**0.15**	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	25.4	U/L	17 - 59
Serum SGPT Method (IFCC)	27.9	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	102.0	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	5.8	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG, Dye Binding Method)	4.0	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	1.80	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method (BCG)	2.22		1.0 - 2.3

Dr. R. Verma
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Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY FUNCTION TEST (KFT)			
Serum Urea Method (GLDH,Kinetic Assay)	28.6	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	1.1	mg/dL	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs} : (0.15- 0.37) Children { 3 yrs - less than 15 yrs} : (0.24 -0.73)
Serum Uric Acid Method (uricase-Colorimetric)	4.7	mg/dL	3.5 - 8.5
Serum Sodium Method (By Indirect ISE)	140.5	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	4.5	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	101.5	mmol/L	98 - 107

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	04/05/2024 07:41 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE, POST PRANDIAL 2 HOURS			
Plasma Glucose(PP) Method (GOD-POD Method)	104	mg/dL	75 - 140

Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	05/05/2024 12:21 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
BLOOD GROUP			
Whole blood Blood Group	″O″		
Whole blood Rh Type	Positive		

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

~~~~~~ End of report ~~~~~~

Dr. Debasish Sahoo
MD (Microbiologist)

INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	05/05/2024 01:22 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLYCOSYLATED HAEMOGLOBIN			
Whole blood HbA1c Method (HPLC)	5.6	%	Non diabetic level(< 6.0) Goal(< 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	114	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_1C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_1C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_1C estimation. The target goal is <7%.

Besides HbA_1C serum fructosamine can be measured.

American diabetes association guideline

Reference range

Non diabetic adult > 18 years	:	< 5.7%
Pediabetes	:	5.7% - 6.4%
Diagnosing diabetes	:	> 6.5%

~~~~~~ End of report ~~~~~~

Dr. Debasish Sahoo
MD (Microbiologist)

INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	04/05/2024 06:26 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	10	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	13.6	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	**46.9**	%	35 - 45
Total Platelets Count (PC)	1.7	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	5.2	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	6,500	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	90	fL	76 - 96
MCH	25.9	pg	22 - 32
MCHC	**28.9**	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	61	%	40 - 70
Lymphocytes	29	%	15 - 40
Monocytes	03	%	00 - 6
Eosinophils	07	%	0.5 - 7
Basophils	00	%	00 - 01

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

INV. No.	QLSR-INV-E-01749/(2024-2025)(1735)	Patient ID	1749
Patient Name	**RAKESH KUMAR**	Invoice Generated	04/05/2024 12:16 PM
Age/Gen	37 Years | Male	Sample Received	04/05/2024 12:16 PM
Referred By	**Dr. Self**	Report Generated	05/05/2024 12:35 PM
Source	BERLIN DIAG CGHS OSS* - (6)		

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Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	1.47	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	9.61	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Serum TSH Method (ECLIA)	4.91	µIU/mL	Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

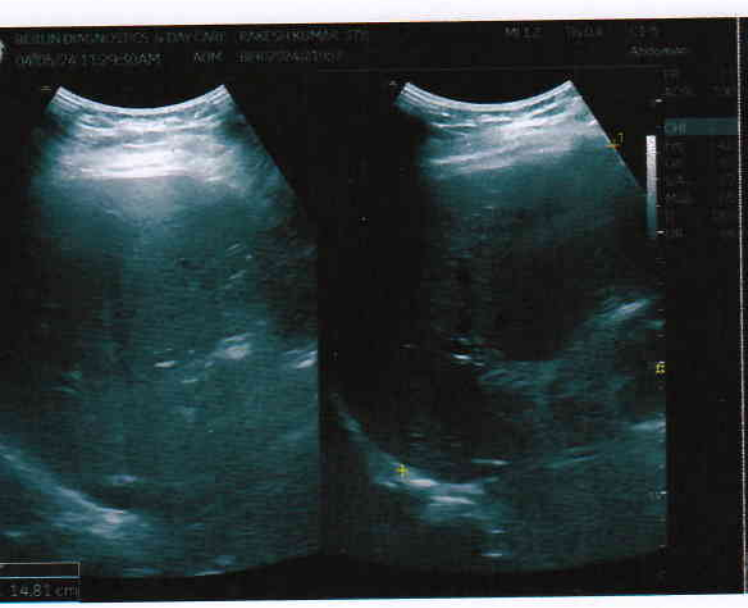
TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

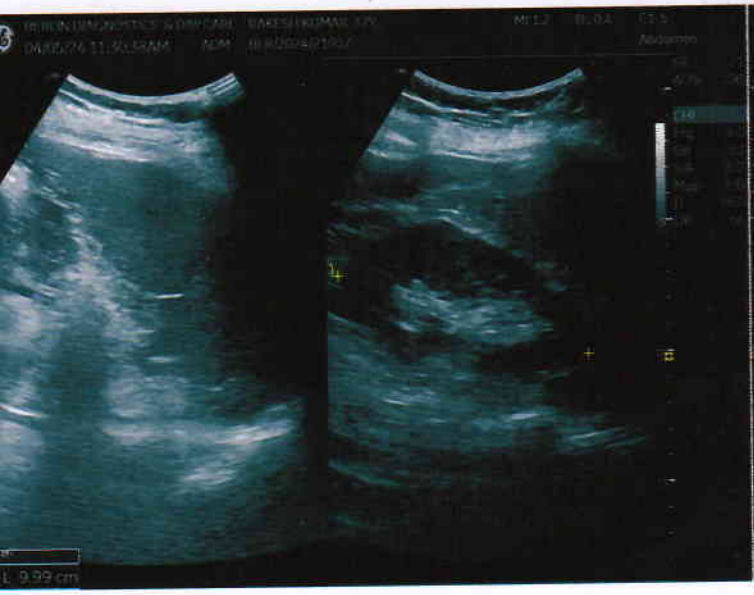
Please correlate clinically.

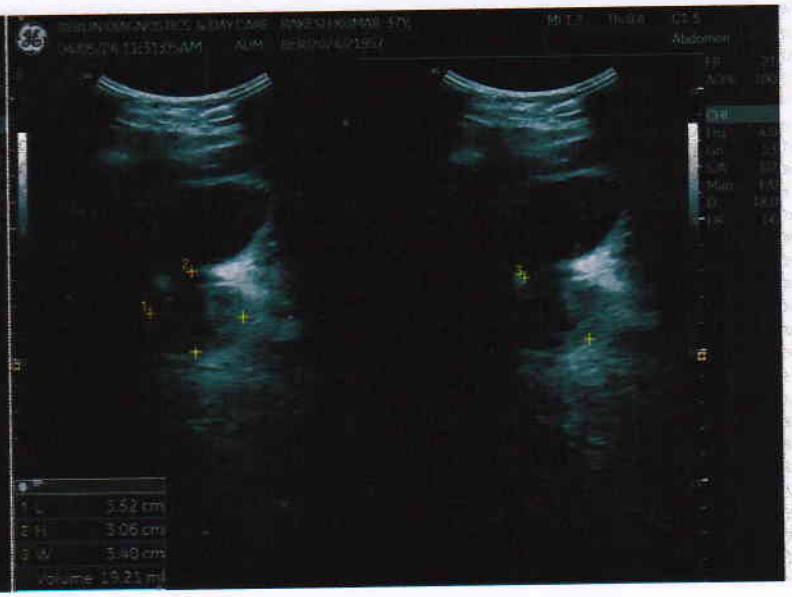
~~~~~~ End of report ~~~~~~

Dr. Debasish Sahoo
MD (Microbiologist)


14.81 cm


9.93 cm


9.99 cm


3.52 cm
3.06 cm
3.40 cm
Volume 19.21 ml

BERLIN DIAGNOSTICS & DAY CARE

Certificate No. PESHCO-2022-6584

Patient Name	MR. RAKESH KUMAR	Requested By	MEDIWHEEL
MRN	BER/2024/OPD21957	Procedure Date	04.05.2024
Age/Sex	37Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver : The liver is normal in size (14.8 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is not visualized (post cholecystectomy status).

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 9.9 cm
Left Kidney measures 9.9 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Prostate : The prostate is normal in size, measures (19.2 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

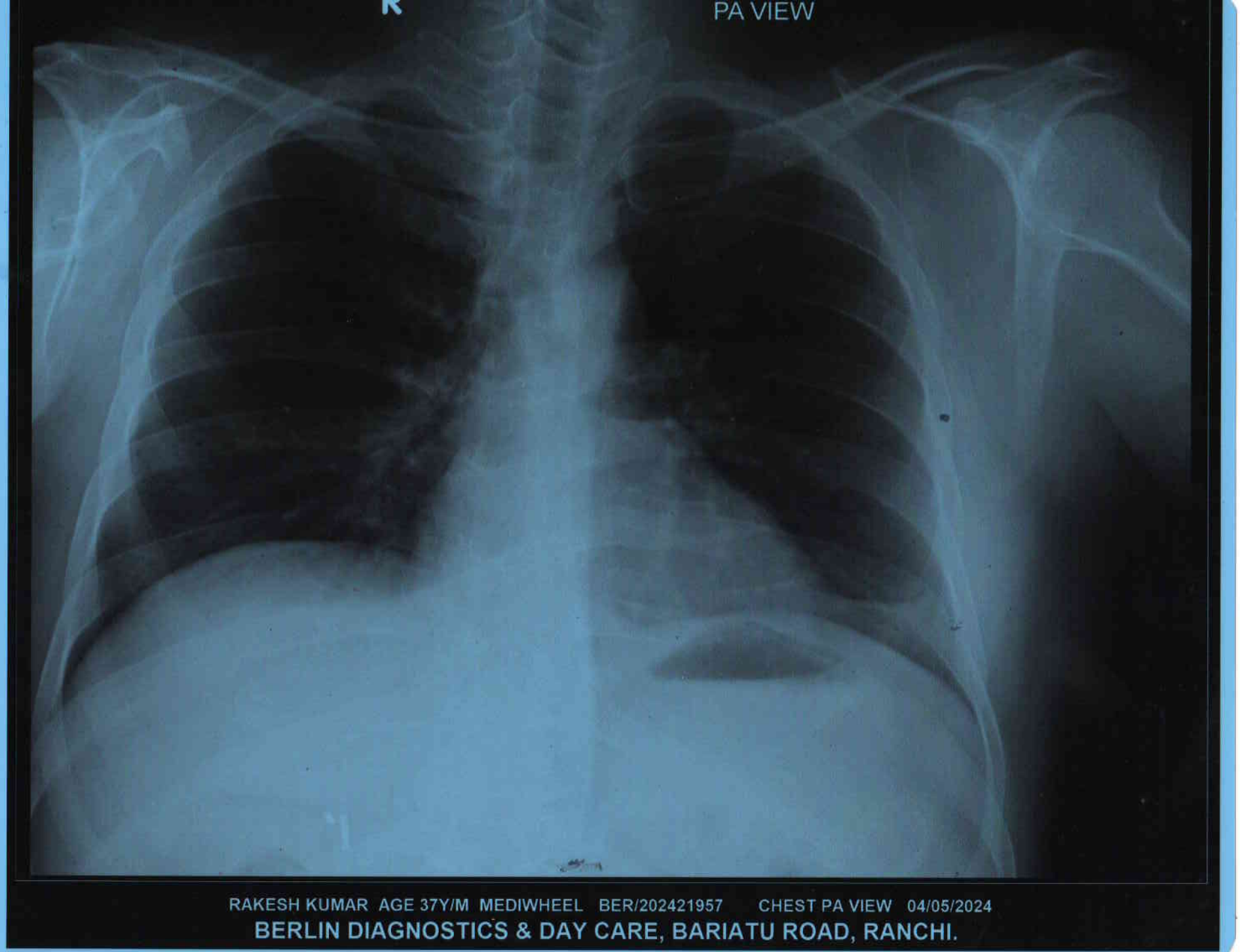
No evidence of ascites or lymphadenopathy seen.

IMPRESSION : Normal study.

Please correlate clinically.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990



RAKESH KUMAR AGE 37Y/M MEDIWHEEL BER/202421957 CHEST PA VIEW 04/05/2024

BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.

Patient Name	RAKESH KUMAR	Patient ID	BER/202421957
Age/Gender	37Years / F	Study Date	04-May-2024
Referred By	MEDIWHEEL	Reported Date	04-May-2024

X – RAY CHEST PA VIEW

FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.

Bony thorax under vision appears normal.

IMPRESSION :- NORMAL STUDY.

Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 04-May-2024

ID:2024050411251722 Name: 2024-05-04 12:49:14 MR. RAKESH KUMAR Age-37y/M

25 mm/s 10 mm/mV 50 Hz BDR 20 Hz QTc:Hodges 02.09.00/V28.4.1 SN:FK-0C025011

ID:2024050411251722		Vent. Rate (bpm)	71
Name:		PR Interval (ms)	164
		QRS Duration (ms)	88
2024-05-04 12:49:14		QT/QTc Interval (ms)	362/381
		P/QRS/T Axes (deg)	40/44/17

Sinus rhythm

— Interpretation made without knowing patient's gender/age —

Normal ECG Unconfirmed Diagnosis.

Dr. Krishn Murari Prasad
MBBS, DIP. Cardiology

Ranchi ★ Berlin Diagnostics & Day Care ★