

NAME: ANIL GUPTA	AGE/GENDER: 41 YRS/M
REF.BY: MEDIWHEEL	DATE: 27.04.2024

ULTRASOUND OF ABDOMEN & PELVIS

The liver is normal in size and shows raised echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is partially distended. No pericholecystic fluid is noted.

The CBD is not dilated.

The pancreas shows normal lobulations. There is no calcification or duct dilatation

Spleen is normal in size, shape and echotexture.

Both kidneys are normal in size, shape and echotexture.

There is no evidence of hydronephrosis, cortical scarring and calculus in either kidney.

There is no evidence of ascites.

Gas filled bowel loops are noted in lower abdomen.

The urinary bladder is distended and shows normal contours.

The prostate is normal in size and echotexture.

Impression:

- **Grade I fatty liver.**
- **No other obvious significant abnormality noted in present scan.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consulting Radiologist

(Investigations have their limitations. Solitary pathological/ Radio-logical and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.)

MANIPAL PRITEEST Mumbai

ANIL GUPTA (41 M)

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

ID: 447

Date: 27-04-2024

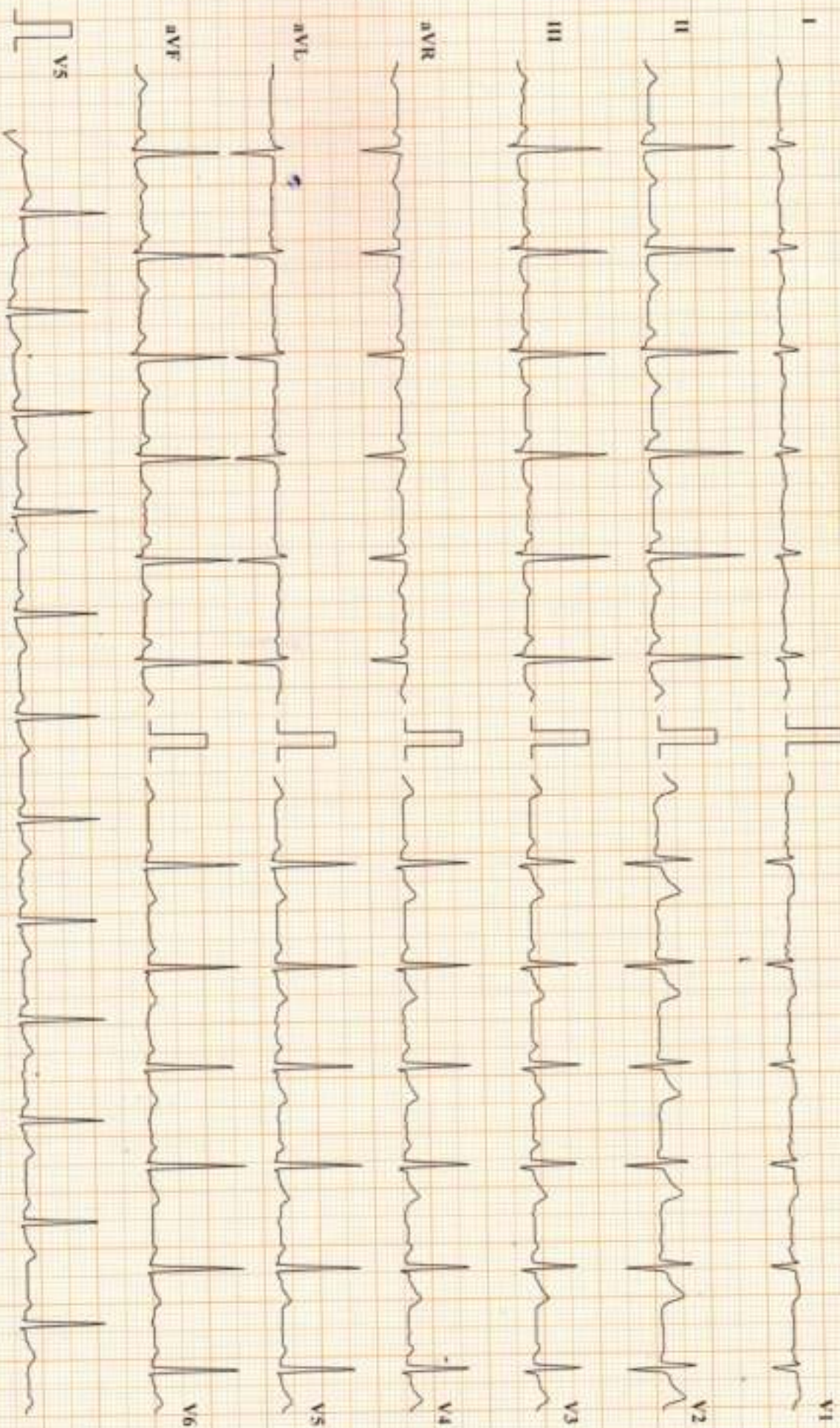
Filter: 25 Hz

Time: 08:32

Mauns Filter: ON

HR: 87 bpm

BP: 120/80 mmHg



आयकर विभाग
INCOME TAX DEPARTMENT



हिरण्य खण्ड
GOVT. OF INDIA

AMIL GUPTA

श्रीमती. प्रेमवती गुप्त
SRI. KRISHNA HIRALAL GUPTA

04/05/1982

परमार्थ प्रमाणित किया
AK/JCB/301F

हिरण्य खण्ड



2017

X 902 453434/93 11/06/03
This holder of this licence is licensed
to drive throughout India the vehicles
of the following description: *motor cycles*

MOTOR CYCLE WITH GEAR

This licence to drive a motor vehicle
other than transport vehicle is valid
From *11/06/03* to *10/06/2023*

Signature and designation
of the Licensing Authority

S. P. RAO
THANE



Medical Examination

Name: Anil Gupta

Date: 27/4/24

Age/Gender: 41/M

Family History:

FHIO Diabetes Mellitus.

Personal History: K1C10 DM since 3-4 yrs on medication, No H10 Sx/Trauma. No Allergy to any known medication. No habit of smoking/Alcohol

Current complaints:

C/O Fatigue & weakness

No other complaints

General Examination: Fair

Height: 167 cms

SpO2: 98%

Pulse-Rate: 89/min

Heart Sounds: S1 S2 (N)

BMI: 23.7 kg/m² (Normal)

HIP TO WAIST RATIO: 0.92

Investigations:

ECG:

X-RAY:

Weight: 66 kg
 Blood Pressure: 120/80 mm Hg
 Eye Colour Vision: Normal

Desai
 Dr. RUPALI DESAI
 M.B.B.S.
 Dr. Signature: Reg. No. 2005/04/2498
 Rupali Desai



Anil Gupta

KIDNEY DM since 3-4 years on
 medication T. Glipy met (50/500) 1-0-1,
 T. Wallaphage SR 0-1-0
 T. PiO₂ 15 1-0-0 & T. Neurobion Forte 100

A good meal plan will consider your
 lifestyle and medicines you are taking

AVOID CARBS carbohydrates in your
 food will increase your blood sugar
 levels

A good meal plan includes Nonstarchy
 vegetables such as broccoli, spinach,
 and green beans. Salads, cauliflower,
 cabbage and carrots

REMEMBER DRINKING FRUIT JUICE RAISES
 BLOOD SUGAR FASTER THAN EATING WHOLE
 FRUIT.

EAT MORE OF PROTEINS SUCH AS
 SEAFOOD, CHICKEN, BEANS AND SOY
 PROTEINS

EAT MORE OF GREEN SALADS,
 CARROTS, MUSHROOMS, ZUCCHINI
 IN FRUITS EAT BERRIES (JAMUN)

DIET SHOULD INCLUDE MORE OF SALADS,
 VEGGIES AND BEANS.

BITTER GOURD helps to control
 blood sugar levels. BLACK JAMUN
 helps in regulating blood sugar levels

DIET PLAN

FOODS TO BE

INCLUDED

Whole grains,
Wheat, millets

Nuts and Seeds +

Walnuts,
Almonds,
Pistachio
Flax seeds
Pumpkin seeds
Chia seeds

PULSES AND LEGUMES

Chickpeas
Moong dal
red lentil
kidney beans

Vegetables

Gourd vegetables
Bainjal

Green leafy vegetables

Spinach
Dumstick
Mint leaves
Amaranth

NON-VEG

Egg white

FISH

LEAN MEAT

AVOID

Avoid
Refined
Flours

Refined
Sugars

Avoid
Instant
Cereals

Avoid
Cooked
roots and
tubers

Avoid
Fruits such
as mango,
banana,
dates, grapes

Avoid - Salt
pickle, papad
Instant soups
& Fried snacks

Avoid Red
meat

ANIL GUPTA (41 M)

ID: 913

Date: 27-04-2024

Height: 167 cms

Ethnic: Asian

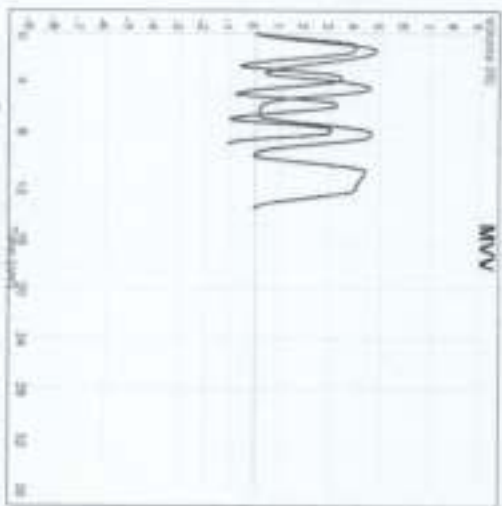
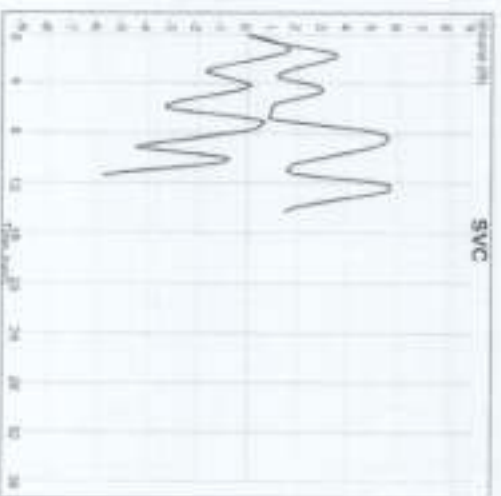
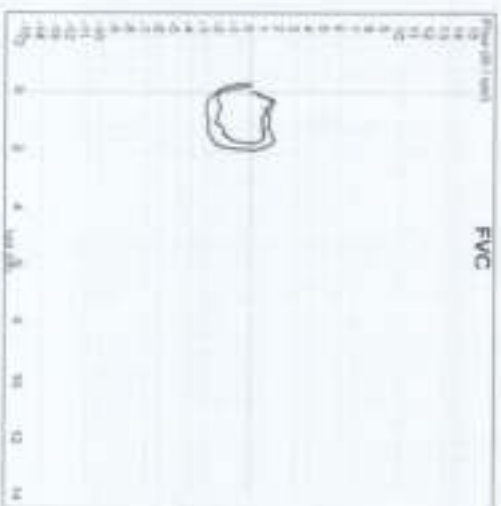
Clinical History : NIL

Time: 10:04:42

Weight: 66 Kg

Norm: Indian

Medications : NIL



Params	Pred	Pre			Post			% Pred Change
		Best Effort Value	Best Value	% Pred	Best Effort Value	Best Value	% Pred	
FVC (L)	3.45	1.75	1.75	50.7	1.96	1.96	57.4	13.1
FEV 0.5 (L)	—	0.4	0.4	—	0.36	0.36	—	-5.0
FEV 1.0 (L)	2.63	0.9	0.9	34.2	1.01	1.01	36.4	12.2
FEV 3.0 (L)	3.21	0	0	0.0	0	0	0.0	—
FEV 0.5 / FVC (%)	—	23.01	23.01	—	19.35	19.35	—	-15.9
FEV 1.0 / FVC (%)	79.95	51.52	51.52	64.4	51.02	51.02	63.8	-1.0
FEV 3.0 / FVC (%)	—	0	0	—	0	0	—	—
FEF 25% (L/s)	2.83	0.86	0.86	31.1	1.26	1.26	44.2	42.0
FEF 75% - 85% (L/s)	—	0.85	0.85	—	1.55	1.55	—	82.4
FEF 25% (L/s)	—	1.35	1.35	—	1.29	1.29	—	-4.4
FEF 50% (L/s)	3.5	0.82	0.82	23.4	1.2	1.2	34.3	46.3
FEF 75% (L/s)	1.28	0.76	0.76	59.4	1.43	1.43	111.7	88.2
FEF 0.2 - 1.2 (L/s)	—	0.95	0.95	—	1.27	1.27	—	33.7
PEF (L/s)	7.22	1.4	1.4	19.4	1.58	1.58	21.9	12.9
FMT (s)	—	1.01	1.01	—	0.8	0.8	—	-20.8
FVC (L)	—	2.11	2.11	—	2.47	2.47	—	17.1
FIV1 (L)	—	1.88	1.88	—	2.46	2.46	—	30.9
FIV1/FVC (%)	—	89.07	89.07	—	99.54	99.54	—	11.8
FIV1/FVC (%)	—	107.38	107.38	—	124.59	124.59	—	16.0
PIF (L/s)	—	2.32	2.32	—	2.96	2.96	—	28.4
PIF 50% (L/s)	—	2.24	2.24	—	2.93	2.93	—	30.8
SVC (L)	3.39	5.62	5.62	165.8	6.18	6.18	182.3	10.0
ERV (L)	—	0.85	0.85	—	2.18	2.18	—	196.5
IRV (L)	—	1.24	1.24	—	1.25	1.25	—	0.8
TV(SVC) (L)	—	3.54	3.54	—	2.76	2.76	—	-22.0
MVV (L)	103.38	100.03	100.03	96.8	100.6	100.60	97.3	0.6
RR(MVV) (per min)	—	28.06	28.06	—	25.29	25.29	—	-9.9
TV(MVV) (L)	—	3.56	3.56	—	3.98	3.98	—	11.8

Interpretation : Pre Effort indicates Combined, Post Effort indicates Combined

Dr. RUPALI DESAI

Reg. No. ~~1872498~~
DR RUPALI DESAI

MANIPAL TRUATEST Mumbai

Name: ANIL GUPTA

Date: 27-04-2024 Time: 08:34

Age: 41

Gender: M

Height: 167 cms

Weight: 66 Kg

ID: 447

Clinical History: DIBITIC

Medications: T.GLIPY MET BD.

Test Details:

Protocol: Bruce

Predicted Max HR: 179

Target HR: 152 (85% of Pr. MHR)

Exercise Time: 0:09:21

Achieved Max HR: 155 (87% of Pr. MHR)

Max BP: 140/90

Max BP x HR: 21700

Max Mets: 10.5

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:14	1	0	0	86	100/70	8600	0.8 V2	-2.4 III
Standing	00:18	1	0	0	90	100/70	9000	0.9 V2	1.9 V2
HyperVentilation	00:12	1	0	0	92	100/70	9200	0.6 V2	-2.1 III
PreTest	00:14	1	1.6	0	96	100/70	9600	0.7 V2	-2.1 III
Stage 1	03:00	4.7	2.7	10	112	100/70	11200	1 V2	1.9 V2
Stage 2	03:00	7	4	12	126	110/80	13860	0.5 V2	1.9 V2
Stage 3	03:00	10.1	5.5	14	146	130/90	18980	-0.6 III	2.1 V2
Peak Exercise	00:21	10.5	6.8	16	155	140/90	21700	-0.6 aVF	2.4 V2
Recovery1	01:00	1	0	0	118	140/90	16520	0.4 V2	2.2 V2
Recovery2	01:00	1	0	0	100	130/80	13000	-0.4 II	2.4 V2
Recovery3	00:15	1	0	0	97	120/80	11640	-0.4 II	2.4 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:21 achieving a work level of 10.5 METS.
 Resting Heart Rate, initially 86 bpm rose to a max. heart rate of 155bpm (87% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 140/90 mmHg
 Good effort tolerance.
 THR 87% achieved with no ST changes during test.
 Stress test is Negative for inducible ischaemia

DR. MITAL H. BHADRA
 REG. NO. 104/0980
 DNB (C) JINE,
 DNB CARDIOLOGY

Ref. Doctor: MEDIWHEEL

Doctor: DR. MITAL BHADRA

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
 Cardioit CS-20 Version 3.4

MANIPAL TRUTEST Mumbai

ANIL GUPTA (41 M)

Bruce Protocol
STSegment: STSlope(Va)

ID: 447
Stage: Supine

Date: 27-04-2024
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:14
THR: 152 bpm

HR: 86 bpm

BP: 100/70 mmHg
STSegment: STSlope(Va)

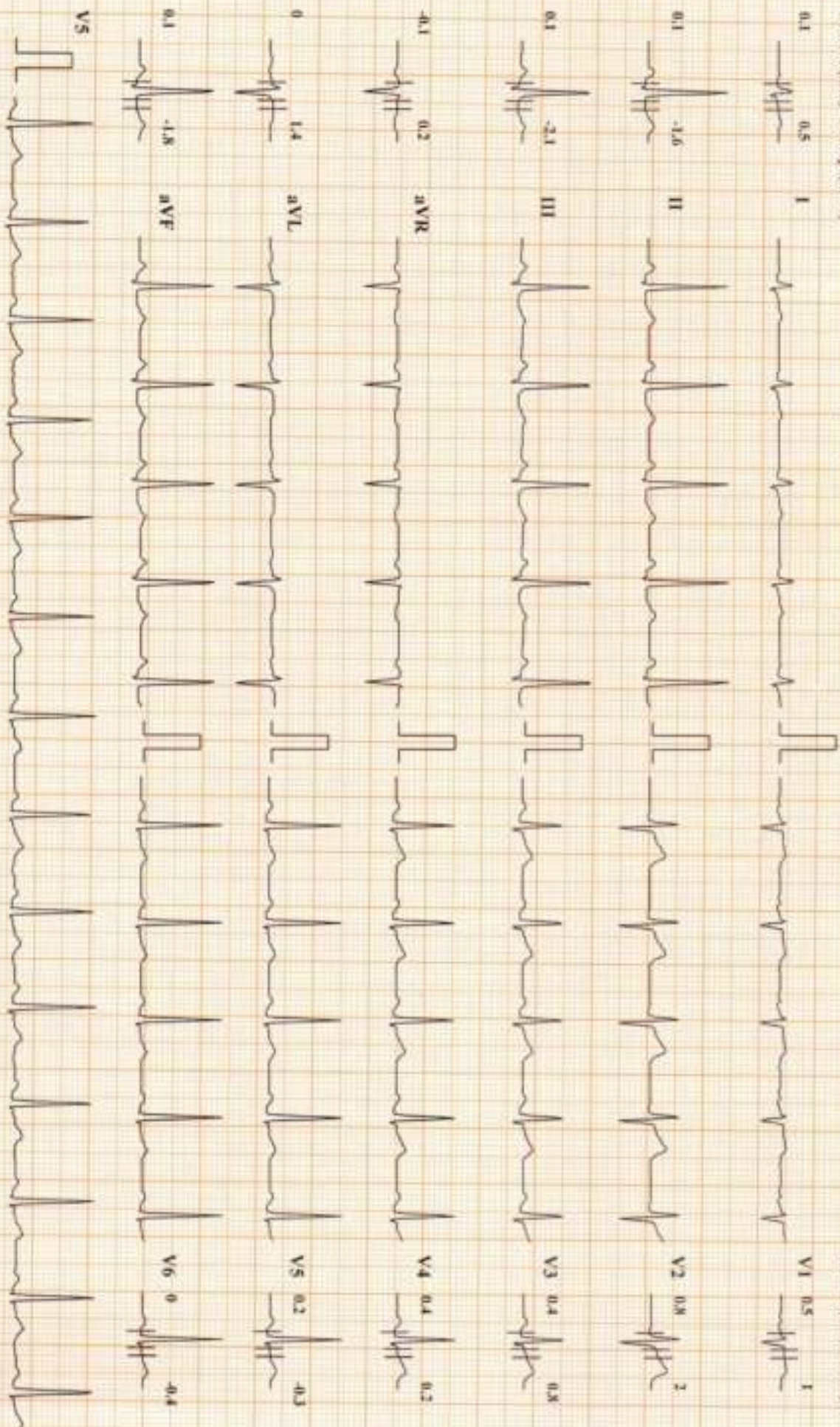


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 40 ms

Scalier Cardport (S:20) Version: 4

Linked Median

MANIPAL TRU TEST Mumbai

ANIL GUPTA (41 M)

Brace Protocol
STLevel(mv) STSlope(mV/s)

ID: 447

Stage: Standing

Date: 27-04-2024

Speed: 0

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:18

THR: 152 bpm

HR: 90 bpm

BP: 100/70 mmHg
STLevel(mv) STSlope(mV/s)

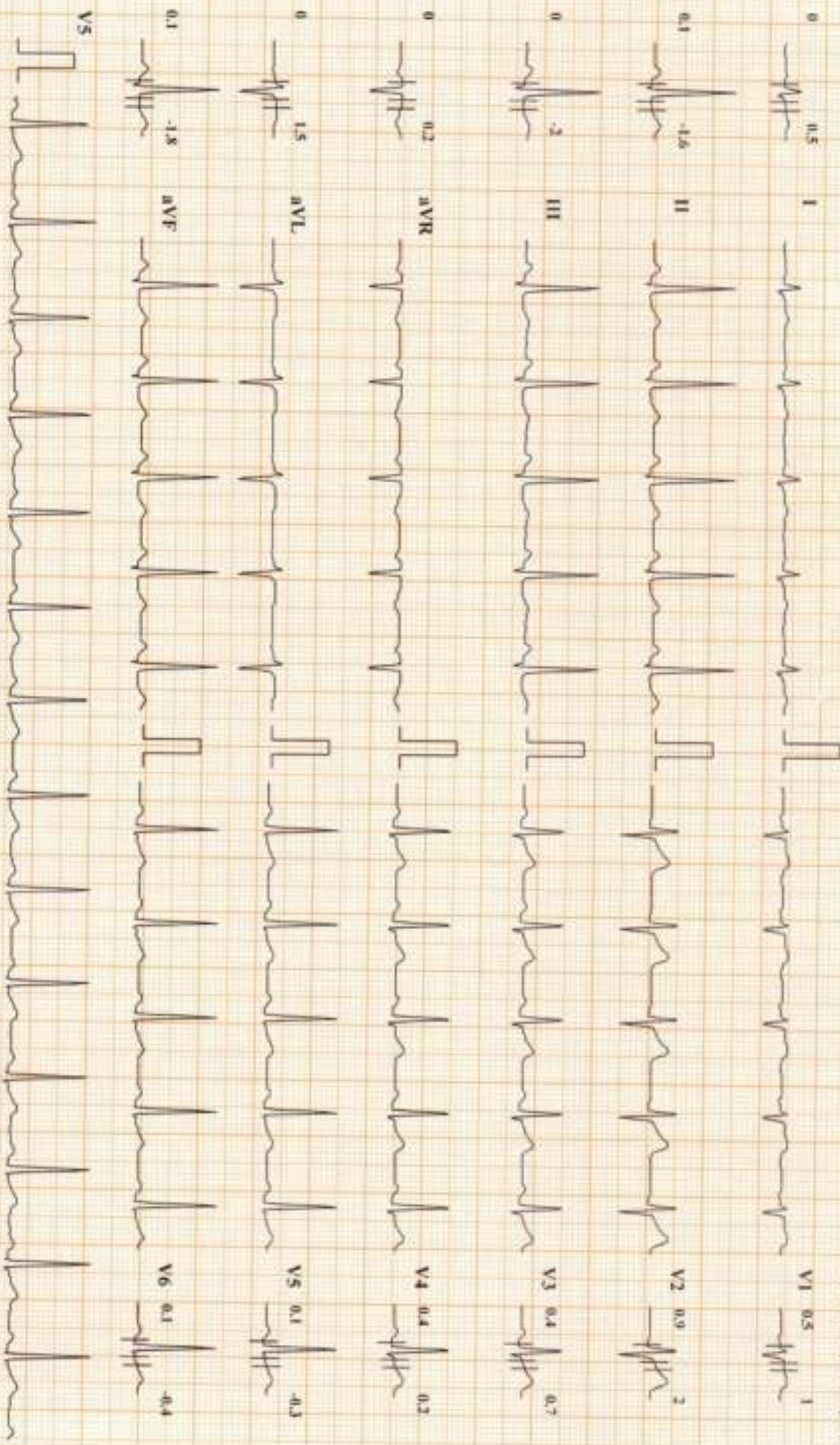


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller CardioSoft CS-20 Version 3.4

Linked Medium

MANIPAL TRUTEST Mumbai

ANIL GUPTA (41 M)

Brice Protocol
ST1:ex11mm ST2:SlopecanV6

ID: 447

Date: 27-04-2024

Exec Time: 0:00:00

Stage Time: 00:12

HR: 92 bpm

BP: 100/70 mmHg
ST1:ex11mm ST2:SlopecanV6

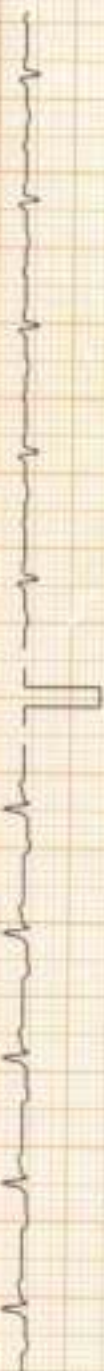
Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 152 bpm

0.1 0.4 I



V1 0.3 0.8

0.3 -1.3 II



V2 0.6 1.5

0.3 -1.7 III



V3 0.6 0.9

0 0.2 aVR



V4 0.5 0.6

-0.1 1.2 aVL



V5 0.4 0.1

0.3 -1.4 aVF



V6 0.2 0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, P00 J = J + 60 ms

Sender: Cardport CS-20 Version: 3.4

Linked Medium

ANIL GUPTA (41 M)

Brugada Protocol
STLevel(mV) STSlope(mV/s)

ID: 447
Stage: 1

Date: 27-04-2024
Speed: 2.7 kmph

Exec Time : 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 152 bpm

HR: 112 bpm

BP: 100/70 mmHg
STLevel(mV) STSlope(mV/s)

MANIPAL TRUTEST Mumbai

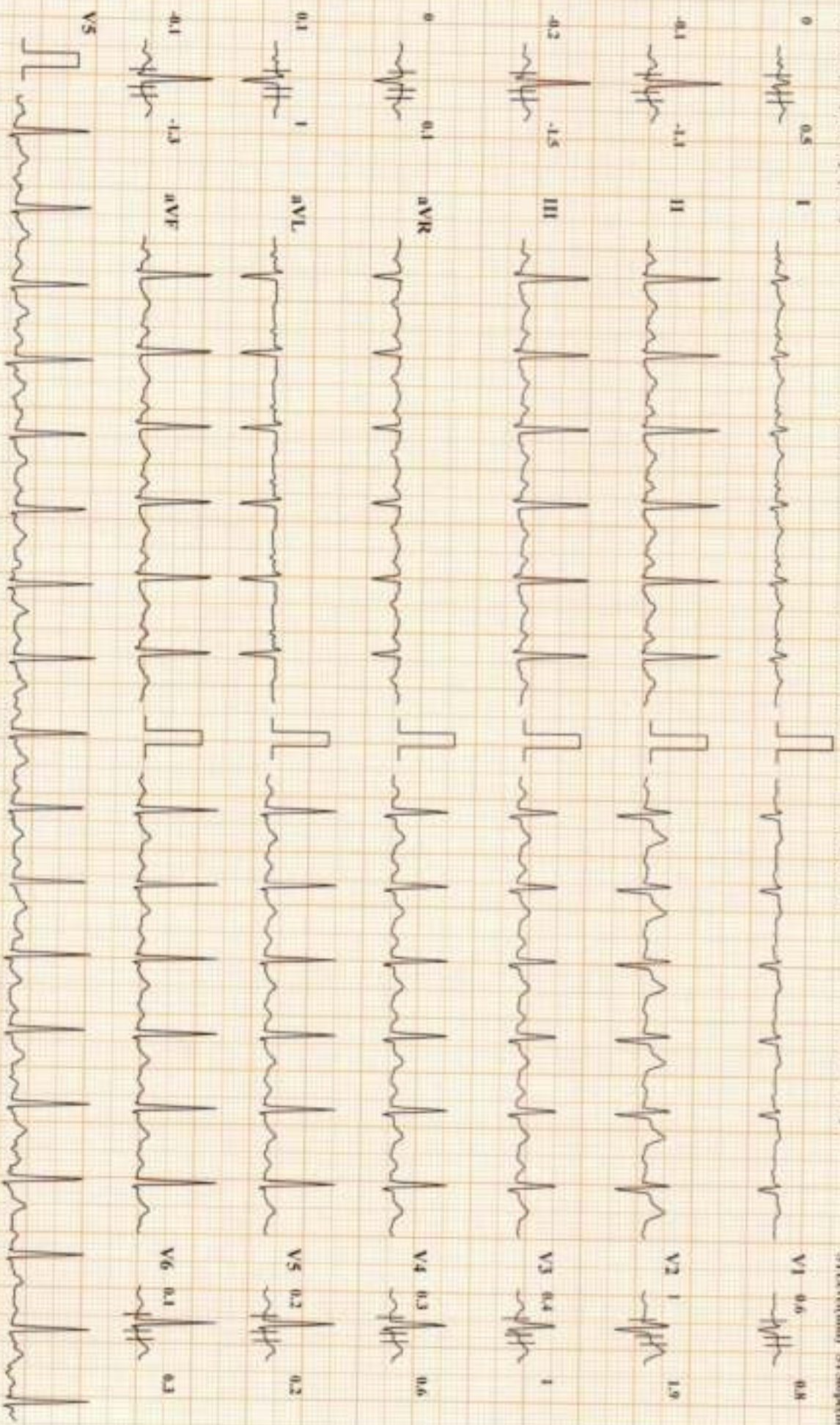


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Print J - J + 60 ms

Scholar Cardson II CS-20 Version 3.1

Linked Medium

ANIL GUPTA (41 M)

Bruce Protocol
ST/Segment(s) ST/Segment(V/s)

ID: 447
Stage: 2

Date: 27-04-2024
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 152 bpm

HR: 126 bpm

BP: 110/80 mmHg
ST/Segment(s) ST/Segment(V/s)

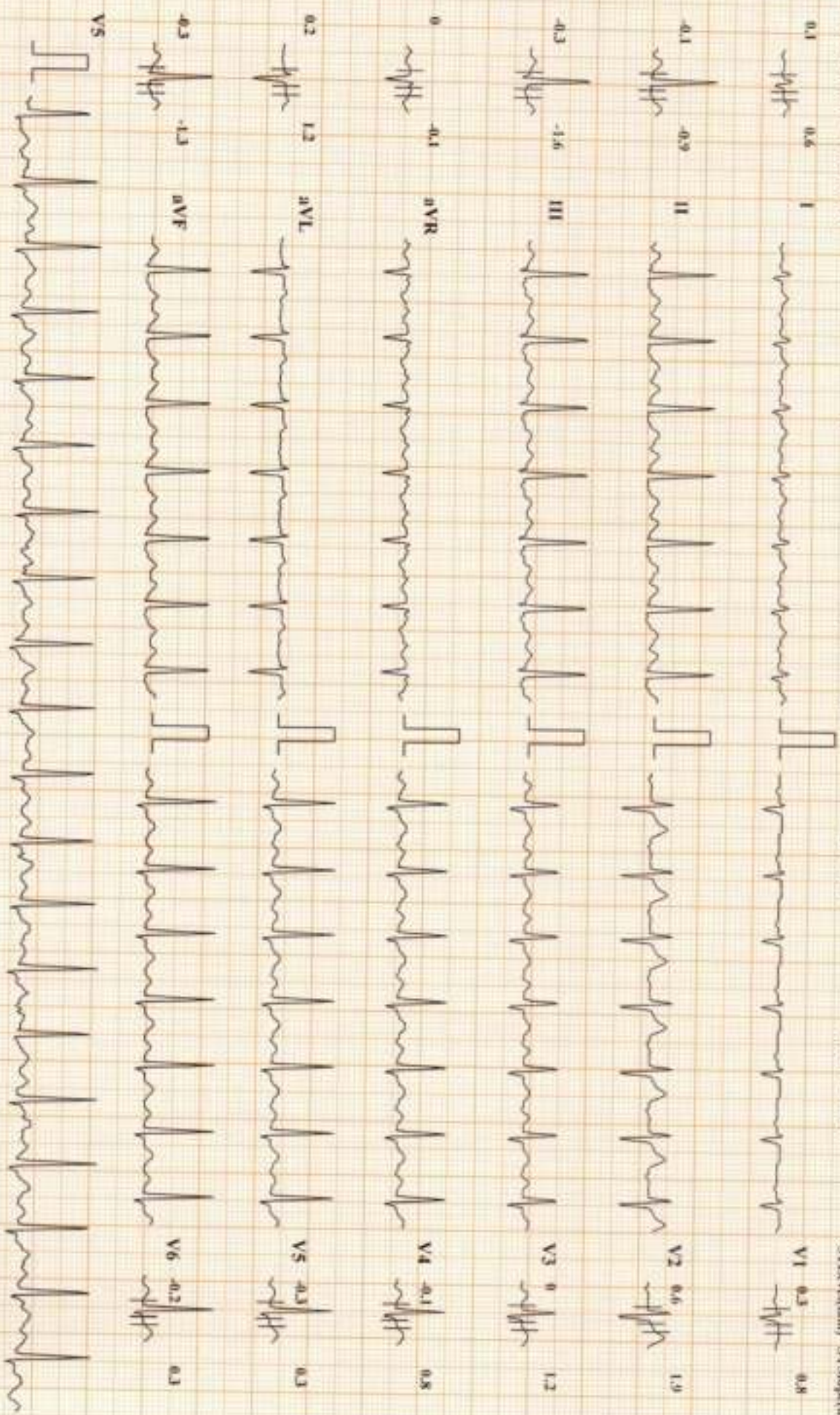


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Linked Median

Sealtek Cardiovit CS-20 Version 3.4

ANIL GUPTA (41 M)

MANIPAL TRUTEST Mumbai

Bruce Protocol
STT (red/mm) STSlope (mV/s)

ID: 447
Stage: 3

Date: 27-04-2024
Speed: 5.5 kmph

Exec Time : 0:09:00
Slope: 14 %

Stage Time: 03:00
THR: 152 bpm

HR: 146 bpm
BP: 130/90 mmHg
STT (red/mm) STSlope (mV/s)

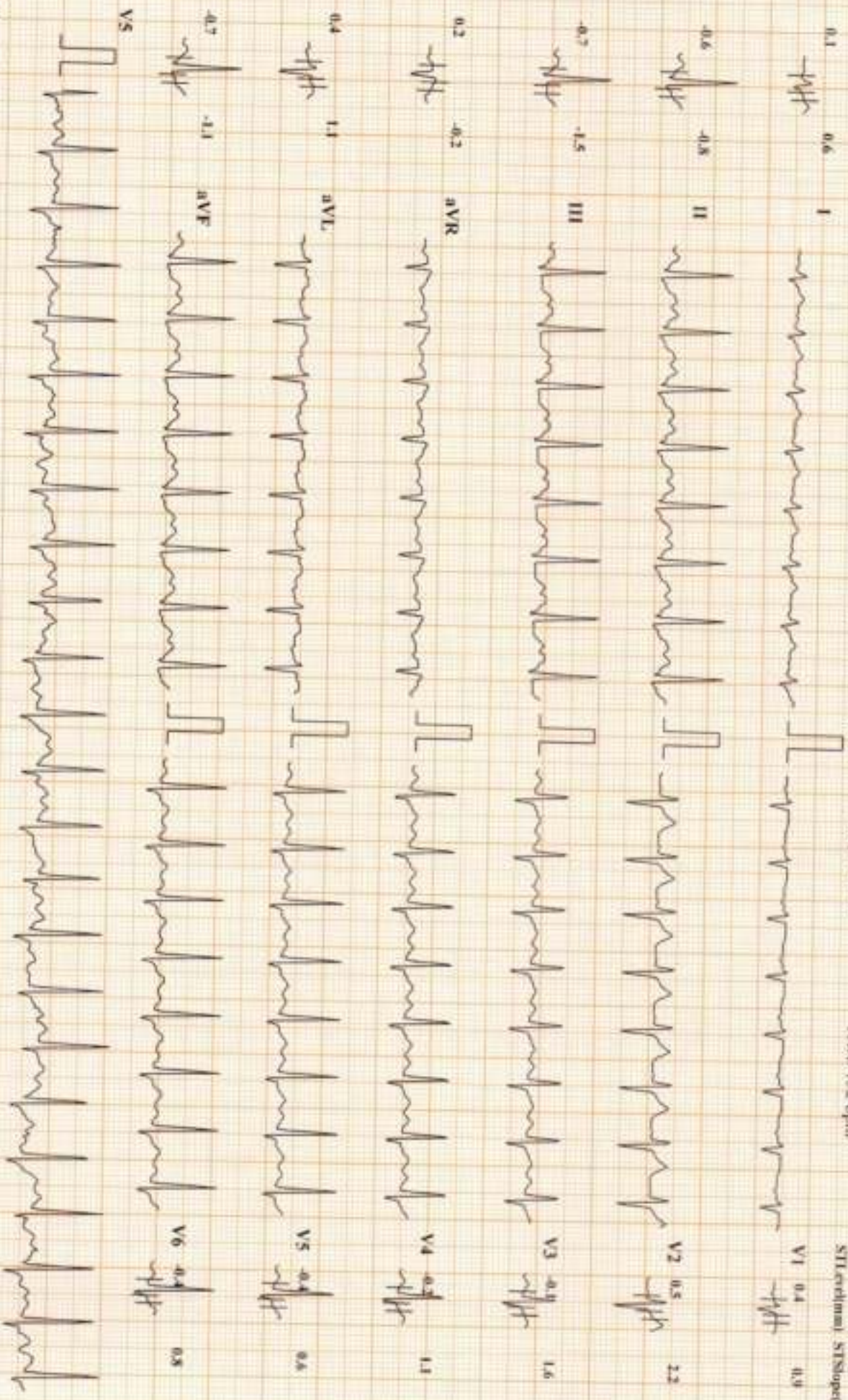


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J - J + 60 ms
Linked Median

ANIL GUPTA (41 M)

MANIPAL TRUTEST Mumbai

Trace Protocol

ID: 447

Date: 27-04-2024

Exec Time: 0:09:21

Stage Time: 00:21

HR: 155 bpm

ST(Elevation) ST(Slope)/V(s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 152 bpm

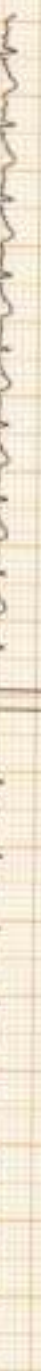
BP: 140/90 mmHg

ST(Elevation) ST(Slope)/V(s)

0.1 0.8 1

0.1

I



V1 0.2

1

0.5 1

II

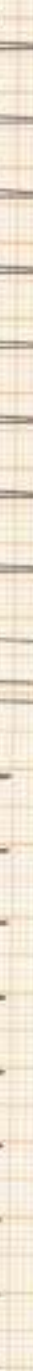


V2 0.6

2.5

0.6 1.8

III

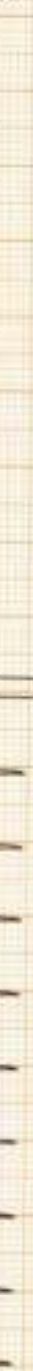


V3 0.9

1.5

0.1 0.2

aVR



V4 0.1

1.3

0.3 1.3

aVL

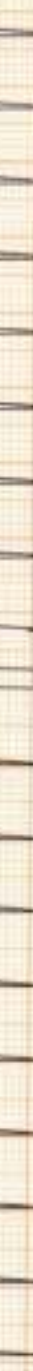


V5 0.1

0.7

0.5 1.3

aVF



V6 0.2

1

V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 80 ms, Pos J - J + 60 ms

Linked Median

ANIL GUPTA (41 M)

MANIPAL TRUSTEST Mumbai

Bruce Protocol
ST1:reel(mm) ST2:Signal(V/a)

ID: 447
Stage: Recovery J

Date: 27-04-2024
Speed: 0 kmph

Exc Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 152 bpm

HR: 117 bpm

BP: 140/90 mmHg
ST1:reel(mm) ST2:Signal(V/a)

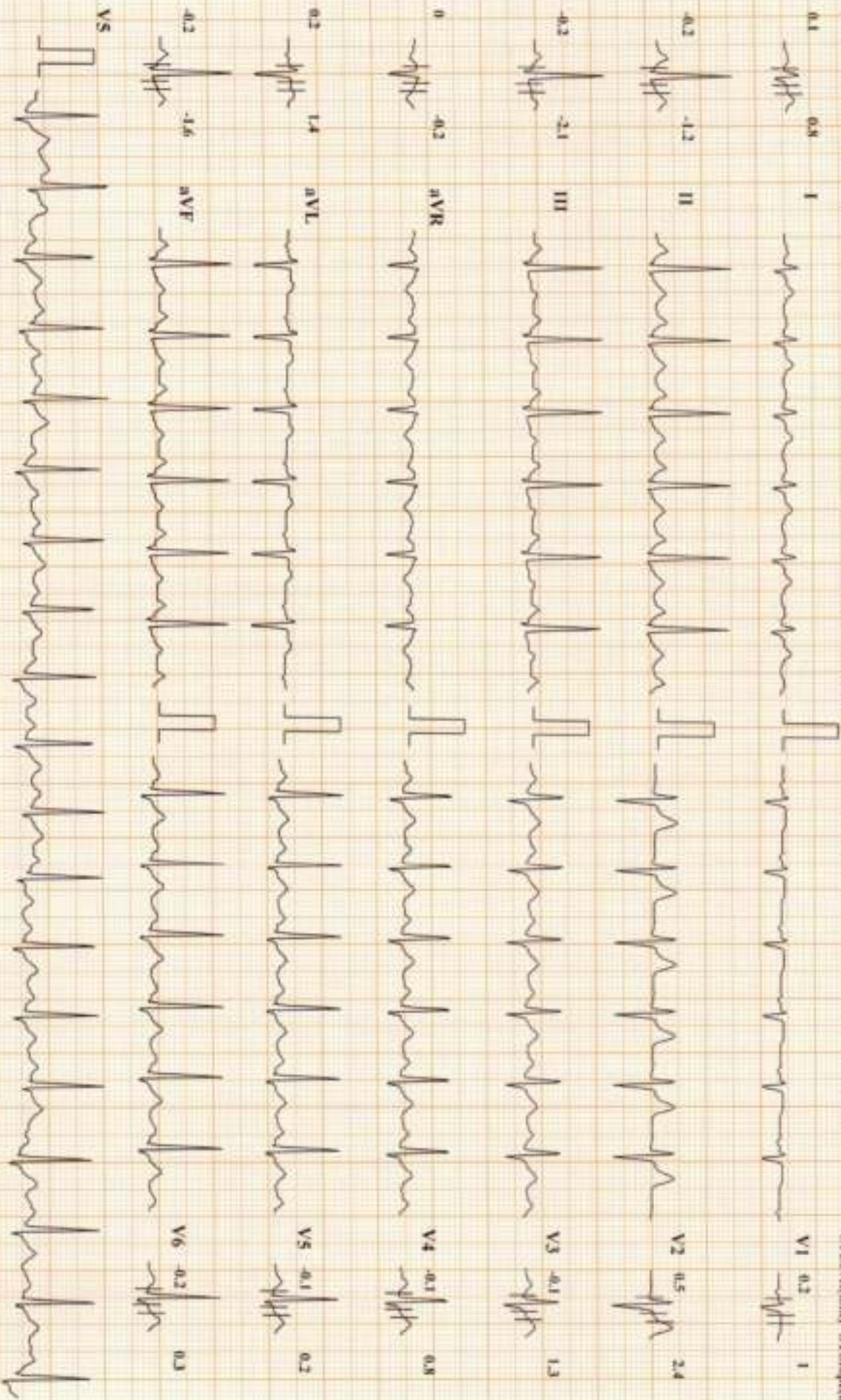


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 50 ms, J - R - 60 ms, Post J - J + 60 ms

Linked Median

ANIL GUPTA (41 M)

MANIPAL TRUSTEST Mumbai

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 447
Stage: Recovery 2

Date: 27-04-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 152 bpm

HR: 100 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

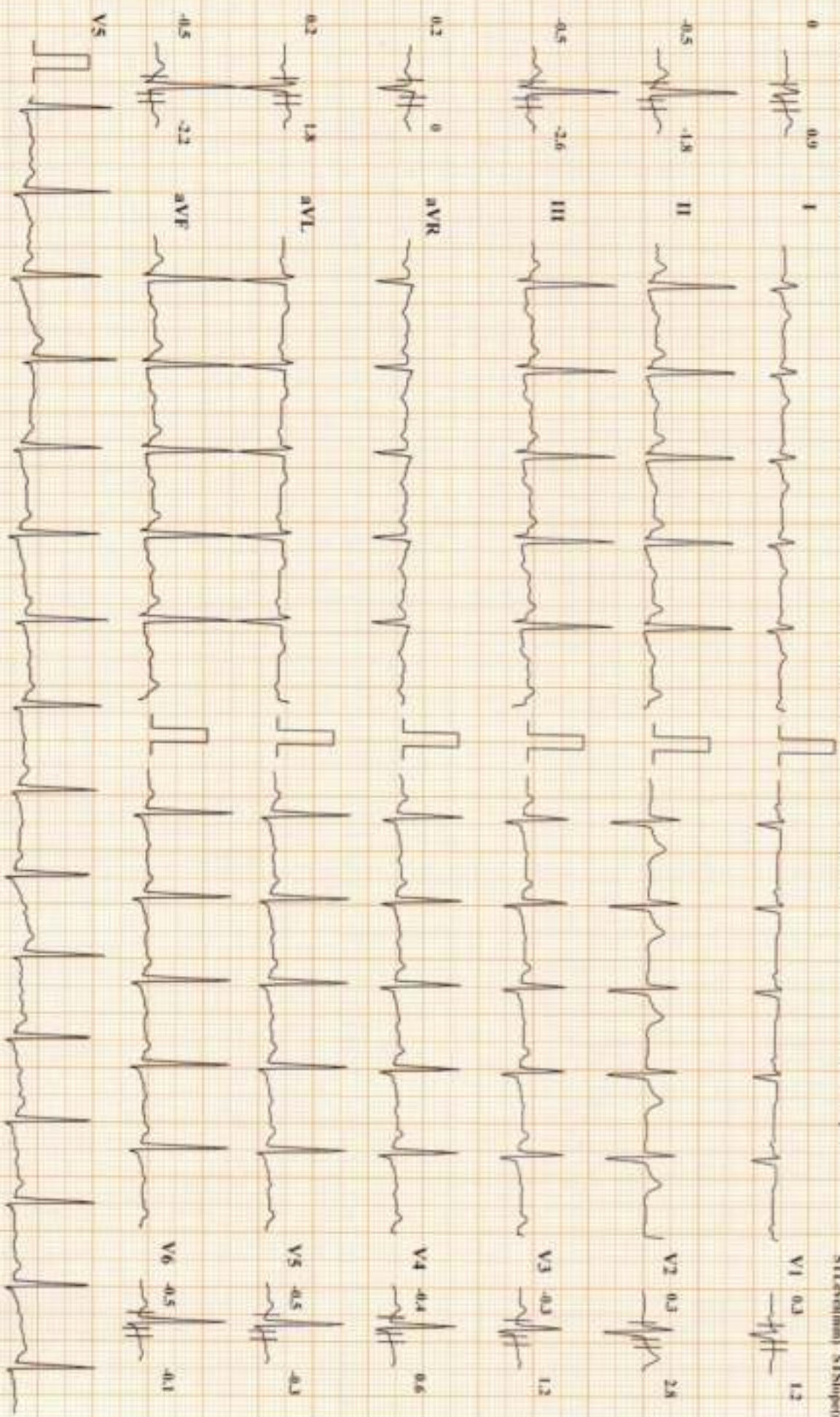


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post 1 = J + 60 ms
Linked Median

ANIL GUPTA (41 M)

Bruce Protocol
ST1Level(mm) ST2Slope(mV/s)

MANIPAL TRUSTEES Mumbai

ID: 447
Stage: Recovery/3

Date: 27-04-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 00:13
THR: 152 bpm

HR: 97 bpm

BP: 120/80 mmHg
ST1Level(mm) ST2Slope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Tors J = J + 60 ms

Linked Median

NAME: ANIL GUPTA	AGE/GENDER: 47Y/M
REF.: SELF	DATE: 27.04.2024

X-RAY CHEST PA VIEW

Mildly rotated radiograph.

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

The domes of diaphragm are normal in position & show smooth outline.

The bony parts are normal.

Impression:

- **No obvious significant abnormality is seen.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:45 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Liver Function Test 2

Total Protein, Serum

Total Protein*	7.29	g/dL	6.6 - 8.3
(Serum, Biuret, reagent blank end point)			
Albumin*	4.43	g/dL	Adults: 3.5 - 5.2
(Serum, Bromcresol Green)			
Globulin*	2.86	g/dL	1.8 - 3.6
(Serum, Calculated)			
A/G Ratio*	1.55		1.2 - 2.2
(Serum, Calculated)			

Bilirubin Profile

Bilirubin - Total*	0.37	mg/dL	Adults: 0.3 - 1.2
(Serum, DPD)			
Bilirubin - Direct*	0.09	mg/dL	Adults and Children: < 0.2
(Serum, Diazotization)			
Bilirubin - Indirect*	0.28	mg/dL	0.1 - 1.0
(Serum, Calculated)			
SGOT*	26.61	U/L	< 50
(Serum, UV with P5P, IFCC 37 degree)			
SGPT*	49.03	U/L	< 50
(Serum, UV with P5P, IFCC 37 degree)			
GGT-Gamma Glutamyl Transpeptidase*	18.06	U/L	<55
(Serum, Enzymatic Colorimetric Assay)			
Alkaline Phosphatase-ALP*	83.26	U/L	40 - 129
(Serum, PNPP, AMP Buffer, IFCC 37 degree)			
SGOT / SGPT Ratio	0.54		
(Calculated)			



END OF REPORT

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:45 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Kidney Function Test 2-Mini (KFT)

Blood Urea Nitrogen-BUN* (Calculated)	7.12	mg/dL	7 - 18
Creatinine* (Serum, Jaffe IDMS)	1.03	mg/dL	0.67 - 1.17
Uric Acid* (Serum, Uricase/POD)	3.3	mg/dL	3.5 - 7.2
Urea * (Serum,Urease)	15.23	mg/dL	Adults: 17- 43

Electrolytes-Serum (Serum, Indirect ISE)

Sodium*	136.44	mmol/L	136 - 146
Potassium*	4.97	mmol/L	3.5 - 5.1
Chloride*	102.91	mmol/L	101 - 109



END OF REPORT

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:28 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Complete Blood Count; CBC (EDTA whole blood)

Erythrocytes (Whole Blood)

Hemoglobin (Hb)* (NonCyanmethemoglobin Photometric Measurement)	14.4	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* (Electrical Impedance)	5.11	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)* (Calculated)	46.0	%	42 - 52
Mean Cell Volume (MCV)* (Electrical Impedance)	90.1	fL	78 - 100
Mean Cell Haemoglobin (MCH)* (Calculated)	28.3	pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)* (Calculated)	31.4	gm/dL	32 - 36
Red Cell Distribution Width (RDW)-CV* (Electrical Impedance)	14.2	%	11.5 - 14.0
Red Cell Distribution Width (RDW)-SD	45.5	fL	40.0 - 55.0

RBC Morphology

Remarks: Normocytic normochromic, mild anisocytosis

Leucocytes (Whole, Blood)

Total Leucocytes (WBC) Count* (Electrical Impedance)	8900	cell/cu.mm	4000-10000
Neutrophils* (VCSn Technology)	68	%	40 - 80
Lymphocytes* (VCSn Technology)	22	%	20 - 40
Monocytes* (VCSn Technology)	7	%	2 - 10
Eosinophils* (VCSn Technology)	2	%	1 - 6
Basophils* (VCSn Technology)	1	%	1-2

Absolute Count



Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:28 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
Absolute Neutrophil Count* (Calculated)	6.05	* 10 ⁹ /L 2.0 - 7.0
Absolute Lymphocyte Count* (Calculated)	1.96	* 10 ⁹ /L 1-3
Absolute Monocyte Count* (Calculated)	0.62	* 10 ⁹ /L 0.2-1.0
Absolute Eosinophil Count* (Calculated)	0.18	* 10 ⁹ /L 0.0-0.5
Absolute Basophils Count* (Calculated)	0.09	* 10 ⁹ /L 0.1-0.2
WBC	Within normal limits	
Platelets (Whole, Blood)		
Platelet Count* (Electrical Impedence)	400	10 ³ /ul 150 - 450
Mean Platelet Volume (MPV)* (Electrical Impedence)	8.3	fL 7.2 - 11.7
Platelet Morphology	Adequate on smear	
PCT* (Calculated)	0.330	% 0.2 - 0.5
PDW* (Calculated)	16.8	% 9.0 - 17.0

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.



****END OF REPORT****



Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 10:07 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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ESR; Erythrocyte Sedimentation Rate .

Erythrocyte Sedimentation Rate (EDTA Whole blood, modified westergren)	11	mm/hr	<15
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Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.



END OF REPORT

Dr. Suryash Vishwaroop
(MBBS,MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:42 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Glucose, Post Prandial (PP), 2 hours

Blood Glucose-Post Prandial* (Plasma - P, Hexokinase)	257	mg/dL	70-140
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END OF REPORT

Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:59 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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HbA1c (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) (EDTA Whole blood,HPLC)	13.2	%	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
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Estimated Average Glucose : 332.14

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent control-6-7 %
 - Fair to Good control – 7-8 %
 - Unsatisfactory control – 8 to 10 %
 - Poor Control – More than 10 %

Note

Kindly correlate with clinical and therapeutic history. Follow up is advised.
Serum fasting insulin and C-peptide levels are suggested for further evaluation.



****END OF REPORT****

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 04:22 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:45 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
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	Phosphorus, Serum *	
Phosphorus (Inorganic)* (Phosphomolybdate)	2.84	mg/dL 2.5 - 4.5

END OF REPORT



Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 03:15 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:55 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
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Fasting Urine Sugar

Urine Sugar Fasting (Urine)	Absent	Absent
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****END OF REPORT****

Dr. Preeti Jain
(Consultant Pathologist)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 04:22 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:46 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
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Blood Group ABO & RH Factor

Blood Group (EDTA whole blood & Serum, Forward and Reverse By Tube Method)	"B"
RH Factor	Positive

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).



END OF REPORT

Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:45 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
<u>Calcium, Serum*</u>		
Calcium* (Arsenazo III)	9.29	mg/dL 8.8 - 10.6



****END OF REPORT****

Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:45 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
<u>Lipid Profile 2, Basic</u>		
Cholesterol-Total* (Serum, Cholesterol oxidase esterase, peroxidase)	171	mg/dL Desirable: ≤ 200 Borderline High: 201-239 High: > 240 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides* (Serum, GOD-POD)	72	mg/dL Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: ≥ 500
Cholesterol-HDL Direct* (Serum, Direct measure-Immuno-inhibition)	46	mg/dL Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol* (Serum, calculated)	110.60	mg/dL Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: ≥ 190
VLDL Cholesterol* (Serum, calculated)	14.40	mg/dL 6 - 38
CHOL/HDL RATIO* (Serum, calculated)	3.72	3.5 - 5.0
LDL/HDL RATIO* (Serum, calculated)	2.40	2.5 - 3.5
Non HDL Cholesterol	125	
HDL/LDL Cholesterol Ratio	0.42	



END OF REPORT

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 04:22 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:55 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
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Glucose Urine Post

Glucose Urine Post	Present (++)	Absent
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****END OF REPORT****

Dr. Preeti Jain
(Consultant Pathologist)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:55 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Thyroid Profile, Total (T3,T4,TSH)

T3-Total* (Serum,CLIA)	130.12	ng/dL	70 - 204
T4-Total* (Serum,CLIA)	9.77	ug/dL	5.93-13.29
TSH-Ultrasensitive* (Serum,CLIA)	2.169	uIU/mL	0.38-5.33

Interpretation

It is recommended to interpret serum TSH levels with thyroid hormone levels (especially T4 levels) taking into consideration the clinical status of patient. Pitfalls in the interpretation of the serum TSH alone are in patients with recent treatment for thyrotoxicosis, non-thyroidal illness(acute severe illness or chronic illness), central hypothyroidism, confounding medications.

For TSH :

1st trimester - 0.3-4.5, 2nd trimester - 0.5-4.6, 3rd trimester - 0.8-5.2

Condition	TSH	T4	T3
Primary Hypothyroidism	Increased	Low	Normal /Low
Subclinical Hypothyroidism	Increased	Normal	Normal
Primary Hyperthyroidism	Decreased	Increased	Increased
T3 Toxicosis	Decreased	Normal	Increased
Subclinical Hyperthyroidism	Decreased	Normal	Normal
Central Hyperthyroidism/ Thyroid Hormone Resistance	Increased /Normal	Increased	Increased
Central Hypothyroidism / Non Thyroidal Illness	Increased /Normal	Decreased	Decreased



END OF REPORT


 Dr. Suryash Vishwaroop
 (MBBS,MD Pathology)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 04:22 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 10:11 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
<u>Vitamin B12; Cyanocobalamin</u>		
Vitamin B12-Cyanocobalamin* (Serum, CLIA)	162	pg/ml 120 - 914

Interpretation:

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groups at risk for vitamin B12 deficiency include those

(1) older than 65 years of age (2) with malabsorption (3) who are vegetarians (4) with autoimmune disorders (5) taking prescribed medication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors (6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people.



****END OF REPORT****

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 04:22 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 10:09 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
<u>Vitamin D, 25 - Hydroxy</u>		
Vitamin D (25 - Hydroxy)* (Serum, CLIA)	25.21	ng/mL Deficiency: < 20 Insufficiency: 20 - <30 Sufficiency: 30 - 100

Interpretation:

Useful for :

Diagnosis of vitamin D deficiency .

Differential diagnosis of causes of rickets and Osteomalacia . Monitoring vitamin D replacement therapy . Diagnosis of hypervitaminosis D . Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of vitamin D supplementation or environment.

Some potential interfering substances like rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase in the patient sample may cause erroneous results in immunoassays. Carefully evaluate the results of patients suspected of having these types of interferences.

****END OF REPORT****

Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 04:22 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:47 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



MT00087307

Test Description	Value(s)	Reference Range
PSA (Prostate - Specific Antigen), Total *		
PSA (CLIA)	0.83	ng/ml 0-4

Interpretation:

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

END OF REPORT



Dr. Suryash Vishwaroop
(MBBS, MD Pathology)

ID : 14782 Collection : Apr 27, 2024, 01:00 p.m. Client Name : Arcofemi
 Name : ANIL GUPTA Received : Apr 27, 2024, 03:15 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 41 years Reported : Apr 27, 2024, 09:55 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
Urine Examination-Routine		
Volume*	50 ml	-
Colour*	Pale Yellow	Pale Yellow
Transparency (Appearance)*	Clear	Clear
Deposit*	Absent	Absent
Reaction (pH)* (Double indicator)	6.5	4.5 - 8
Specific Gravity* (Ionic concentration)	1.005	1.010 - 1.030
Chemical Examination (Automated Dipstick Method) Urine		
Urine Glucose (sugar)* (Glucose oxidase/oxidase reaction)	Absent	Absent
Urine Protein (Albumin)* (Error of indicators)	Absent	Absent
Urine Ketones (Acetone)* (Acetic acid reacts with nitroprusside)	Absent	Absent
Blood* (Peroxidase activity of hemoglobin)	Absent	Absent
Bilirubin* (Coupling of bilirubin with diazotized dichloroaniline)	Absent	Absent
Nitrite* (Conversion of nitrate to nitrite)	Absent	Absent
Urobilinogen* (Ehrlich reaction)	Normal	Normal
Microscopic Examination Urine		
Pus Cells (WBCs)*	2-3 /hpf	0 - 5
Epithelial Cells*	0-1 /hpf	0 - 4
Red blood Cells*	Absent /hpf	Absent
Crystals*	Absent	Absent
Cast*	Absent	Absent
Trichomonas Vaginalis*	Absent	Absent
Yeast Cells*	Absent	Absent
Amorphous deposits*	Absent	Absent

Preeti
 Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14782	Collection : Apr 27, 2024, 01:00 p.m.	Client Name : Arcofemi
Name : ANIL GUPTA	Received : Apr 27, 2024, 03:15 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 41 years	Reported : Apr 27, 2024, 09:55 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
Bacteria*	Absent	Absent



END OF REPORT



Dr. Preeti Jain
(Consultant Pathologist)

NAME: ANIL GUPTA	AGE/GENDER: 41 YRS/M
REF.BY: MEDIWHEEL	DATE: 27.04.2024

ULTRASOUND OF ABDOMEN & PELVIS

The liver is normal in size and shows raised echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is partially distended. No pericholecystic fluid is noted.

The CBD is not dilated.

The pancreas shows normal lobulations. There is no calcification or duct dilatation

Spleen is normal in size, shape and echotexture.

Both kidneys are normal in size, shape and echotexture.

There is no evidence of hydronephrosis, cortical scarring and calculus in either kidney.

There is no evidence of ascites.

Gas filled bowel loops are noted in lower abdomen.

The urinary bladder is distended and shows normal contours.

The prostate is normal in size and echotexture.

Impression:

- **Grade I fatty liver.**
- **No other obvious significant abnormality noted in present scan.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consulting Radiologist

(Investigations have their limitations. Solitary pathological/ Radio-logical and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.)

NAME: ANIL GUPTA	AGE/GENDER:47Y/M
REF. : SELF	DATE: 27.04.2024

X-RAY CHEST PA VIEW

Mildly rotated radiograph.

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

The domes of diaphragm are normal in position & show smooth outline.

The bony parts are normal.

Impression:

- **No obvious significant abnormality is seen.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.