



BERLIN DIAGNOSTICS & DAY CARE

INV. No. QLSR-INV-F-03803/(2024-2025)(3774)
 Patient Name **PRINCE KUMAR SINGH**
 Age/Gen 29 Years | Male
 Referred By **Dr. Self**
 Source BERLIN DIAG CGHS - (5)

Patient ID 3803
 Invoice Generated 17/06/2024 12:45 PM
 Sample Received 17/06/2024 12:45 PM
 Report Generated 17/06/2024 06:34 PM



Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	101	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.		
<input type="checkbox"/>	Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTRY)		
GLUCOSE, POST PRANDIAL 2 HOURS			
Plasma Glucose(PP) Method (GOD-POD Method)	122	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		
<input type="checkbox"/>	Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTRY)		
Creatinine - Serum			
Serum Creatinine Method (Modified Jaffe, Kinetic)	1.0	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)
ADVICE : CKD RISK MAP	KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category, and albuminuria (ACR) category. GFR & ACR categories combined together reflect risk of progression and help clinicians to identify individuals who are progressing at more rapid rate than anticipated.		
Alanine Transaminase (ALT/SGPT)			
Serum SGPT	25.5	U/L	21 - 72

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Method (IFCC)			
Blood Urea Nitrogen (BUN)-Serum			
Serum Urea Method (GLDH,Kinetic Assay)	36.3	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum BUN	17		5 - 20

BILIRUBIN TOTAL

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.76	mg/dL	0.2 - 1.3
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Jaundice can occur as a result of problems at each step in the metabolic pathway. Disorders may be classified as those due to increased bilirubin production (eg, hemolysis because of G-6-PD and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Elevated unconjugated bilirubin in the neonatal period may result in brain damage (kernicterus).

Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTRY)

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



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 Invoice Generated 17/06/2024 12:45 PM  
 Sample Received 17/06/2024 12:45 PM  
 Report Generated 17/06/2024 06:40 PM



## Report Of Haematology Examination

| Investigation                                                                         | Result   | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|----------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BLOOD GROUP</b>                                                                    |          |              |                                                                                                                                                                |
| Whole blood Blood Group                                                               | "O"      |              |                                                                                                                                                                |
| Whole blood Rh Type                                                                   | Positive |              |                                                                                                                                                                |
| <b>Note:</b>                                                                          |          |              |                                                                                                                                                                |
| 1. Both forward and reverse grouping performed.                                       |          |              |                                                                                                                                                                |
| 2. Test conducted on EDTA whole blood.                                                |          |              |                                                                                                                                                                |
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |          |              |                                                                                                                                                                |
| ESR<br>Method (Westergren & Manual)                                                   | 08       | mm           | < 20                                                                                                                                                           |
| <b>Note</b>                                                                           |          |              |                                                                                                                                                                |
| 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           |          |              |                                                                                                                                                                |
| <b>COMPLETE BLOOD COUNT</b>                                                           |          |              |                                                                                                                                                                |
| Haemoglobin (Hb)%<br>Method (By Sahlis Method )                                       | 16.5     | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)<br>Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)                            |
| PCV                                                                                   | 49.5     | %            | 35 - 45                                                                                                                                                        |
| Total Platelets Count (PC)                                                            | 2.4      | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 6.0      | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br>Method (Flow Cytometry)                                | 7,600    | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                                                   | 81.0     | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 27.0     | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | 33.0     | g/dL         | 30 - 35                                                                                                                                                        |

### Differential count of Leucocytes

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# BERLIN DIAGNOSTICS & DAY CARE

INV. No. QLSR-INV-F-03803/(2024-2025)(3774) Patient ID 3803  
Patient Name **PRINCE KUMAR SINGH** Invoice Generated 17/06/2024 12:45 PM  
Age/Gen 29 Years | Male Sample Received 17/06/2024 12:45 PM  
Referred By **Dr. Self** Report Generated 17/06/2024 06:40 PM  
Source BERLIN DIAG CGHS - (5)

## Report Of Haematology Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
| Neutrophils   | 57     | %       | 40 - 70         |
| Lymphocytes   | 37     | %       | 15 - 40         |
| Monocytes     | 02     | %       | 00 - 6          |
| Eosinophils   | 04     | %       | 0.5 - 7         |
| Basophils     | 00     | %       | 00 - 01         |

### Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be used to diagnose various conditions like anemia, hemoglobinopathies, infections, leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

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

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 Patient Name **PRINCE KUMAR SINGH**
 Age/Gen 29 Years | Male
 Referred By **Dr. Self**
 Source **BERLIN DIAG CGHS - (5)**

Patient ID **3803**
 Invoice Generate **17/06/2024 12:50 PM**
 Sample Received **17/06/2024 12:50 PM**
 Report Generated **17/06/2024 04:10 PM**



Report Of Clini Patho Examination

| Investigation | Result | Unit(s) | Reference Range |
|--|-------------|---------|-----------------|
| Urine Routine and Microscopic Examination (R/M) | | | |
| Physical Examination | | | |
| Colour | Pale Yellow | | Pale Yellow |
| Urine Appearance | Transparent | | |
| Urine Deposit | Absent | | |
| Urine Specific Gravity | 1.030 | | 1.010 - 1.030 |
| Urine Reaction | Acidic | | |
| Chemical Examination | | | |
| Urine Glucose (Sugar) | Trace | | |
| Urine Protein (Albumin) | Absent | | |
| Urine pH | 6.0 | | 6.0 |
| Urine Ketone Body | Absent | | |
| Urine Blood | Negative | | |
| Urine Phosphate (Amorphous deposits) | Absent | | |
| Microscopic Examination | | | |
| Urine Red blood cells | Absent | /HPF | 0-2 |
| Urine Pus Cells | 6-8 | /HPF | 0-5 |
| Urine Epithelial cells | 0-2 | /HPF | 0-4 |
| Urine Bacteria | Absent | | |
| Urine Cast | Absent | /HPF | |
| Urine Crystals | Absent | /HPF | |
| Urine Yeast cells | Absent | | |
| Urine Spermatozoa | Absent | /HPF | |

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

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# **BERLIN DIAGNOSTICS & DAY CARE**

|                |                        |                 |                               |
|----------------|------------------------|-----------------|-------------------------------|
| Patient NAME   | Mr. PRINCE KUMAR SINGH | Requested by    | BMI:- 30.1 kg/m <sup>2</sup>  |
| Patient ID     | BER/202423084          | Procedure Date  | 17.06.2024                    |
| Age/Sex        | 29Y/MALE               | Hospital        | BERLIN DIAGNOSTICS & DAY CARE |
| Hight:- 167cms | Wight:- 66.8kg         | BP:- 100/80mmHg | Pulse:-91bpm                  |

## TO WHOM IT MAY CONCERN

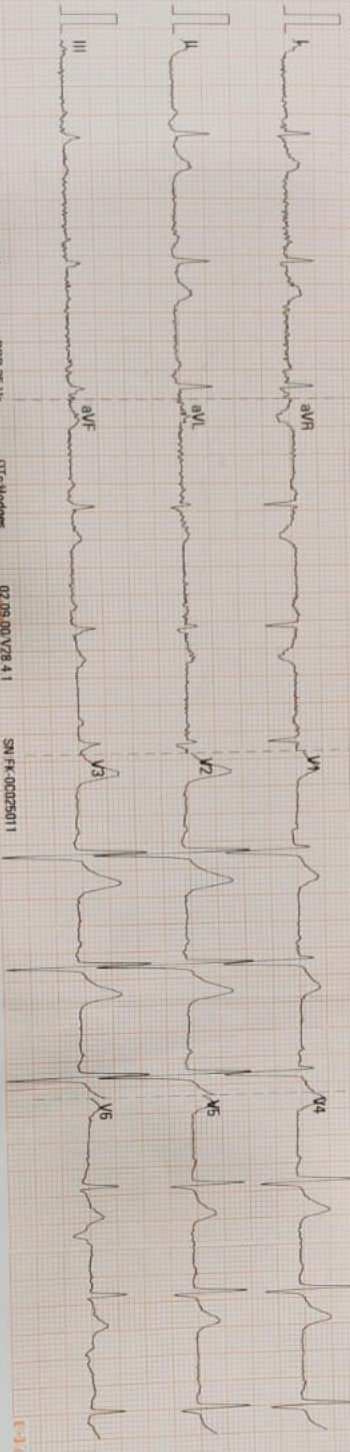
THIS IS TO CERTIFY THAT MR. PRINCE KUMAR SINGH  
EXAMINED BY ME AND FOUND PHYSICALLY/MENTALLY FIT FOR ANY WORK/DUTTY.

THE INFORMATION GIVEN BY ME IS BEST OF MY KNOWLEDGE AND ARE TURE.



Dr. Rajeev  
MD. Pathologist  
Reg. No.- 1841

ID: 2024061712042891  
 Name: **Parine Kumar Singh**  
 2024-06-17 13:01:45



25 mm/s  
 10 mm/mV  
 50 Hz  
 BDR 35 Hz  
 QTC Hodges  
 02:09:00 VZ8.4.1  
 SN: FK-0C025011

ID: 2024061712042891  
 Name:

2024-06-17 13:01:45

|                      |          |
|----------------------|----------|
| Vent. Rate (bpm)     | 72       |
| PR Interval (ms)     | 160      |
| QRS Duration (ms)    | 82       |
| QT/QTc Interval (ms) | 346/367  |
| P/QRS/T Axes (deg)   | 69/61/43 |

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

Normal ECG      Unconfirmed Diagnosis.

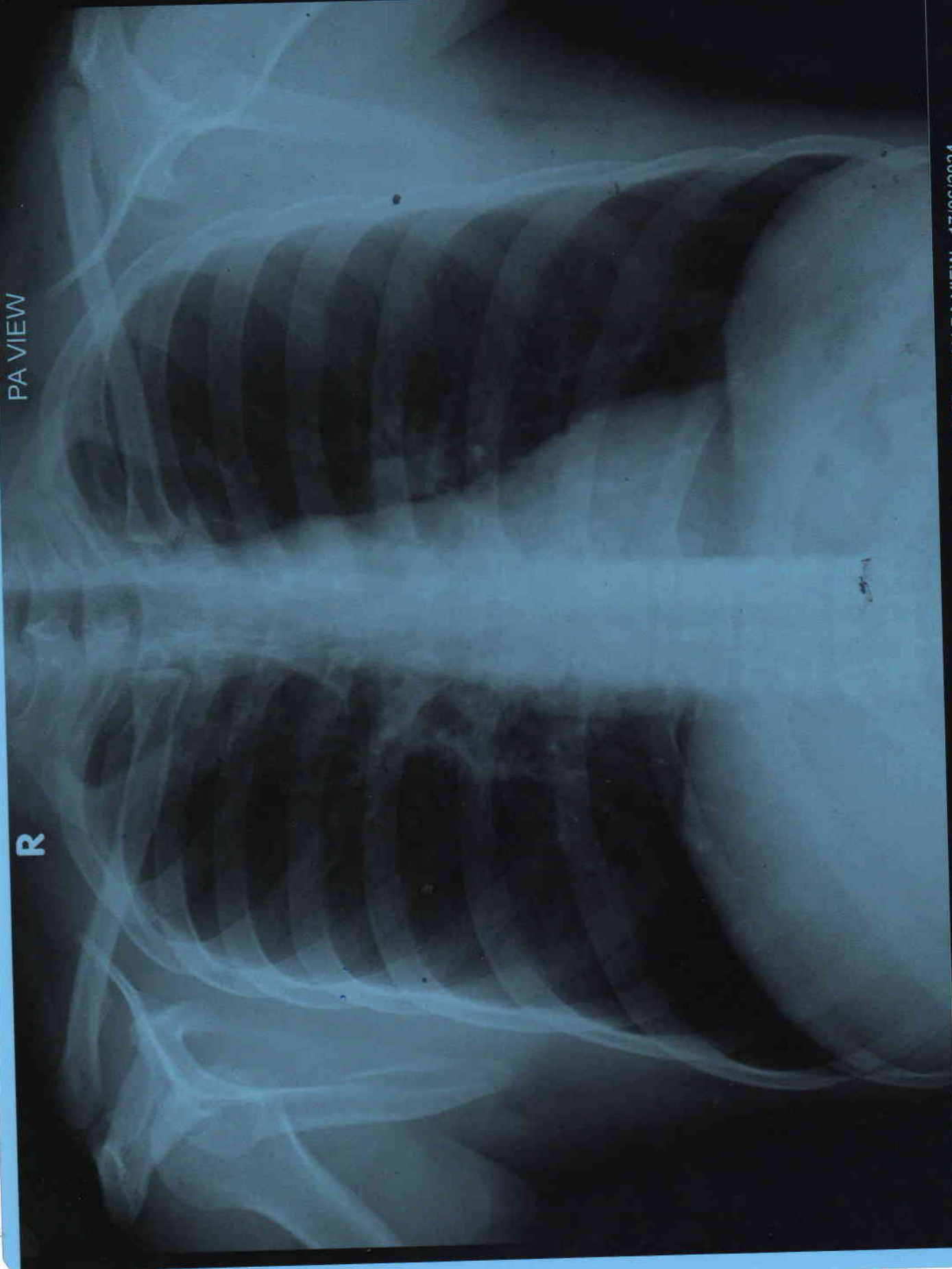
**Dr. Krishna Murari Prasad**  
 MBBS, DIF Cardiology



ECG CARDIOPRINT

R

PA VIEW



PRINCE KUMAR SINGH AGE 29Y/M MEDIBUDDY BER/202423084 CHEST X-RAY PA VIEW 17/06/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



|                  |                        |              |                                |
|------------------|------------------------|--------------|--------------------------------|
| Name             | Mr. PRINCE KUMAR SINGH | Patient Id   | BER/ 202423084                 |
| Age/Sex          | 29 - M                 | Study        | X-RAY CHEST PA VIEW            |
| Referring Doctor | MEDIBUDDY              | Center       | Berlin diagnostic and day care |
| Study Date       | 2024-06-17 10:54 AM    | Report Date: | 2024-06-17 11:53 AM            |

## X-RAY CHEST PA VIEW

### FINDINGS:

**Prominent broncho-vascular markings are noted bilaterally.**

Rest of the bilateral lung fields are clear.

Trachea is central. Tracheo-bronchial tree is normal.

Cardiac silhouette is normal. Bilateral CP angles are clear.

Both domes of diaphragm are normally placed.

Bony thoracic cage is normal.

No soft tissue abnormality seen.

### IMPRESSION:

- **Prominent broncho-vascular markings.**



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G-59832



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