

Mr Abhay Lalana 40y 03/01/22

Baseline medical checkup

HR- 88/y

P/B: hTN ↓ Hb

BP- 130/90

non-DM / no / w/o / w/o

Chol: 812 @ 100

Gluc: w/o

Alb: 41.4 @ 40

2D Echo: (N) w/o

Plt: 80k NY  
45-40

Borderline w/o

Crv: HF (D)

CF- 60

Chol- 245, UOE- 155

HbMC- 7.0

D-10

Imp: no significant medical comorbidities noted clinically except mild dyslipidemia & fatty liver - II. He is 10/9 Hypertensive under medication.

- ADP
- Regular Exercise ✓
  - low salt diet ✓
  - anti anti hypertensive drugs ✓
  - a before
  - low fat diet

20 20 Ursocol 300 mg  
Monday 10 mg  
180  
1mm  
one

Mr. Ashay Kumar 4014  
08/01/22

Dental work

- Gum - healthy
- Teeth - intact
- cavity - absent
- Rt b - absent
- Left b - absent
- Numbness

Imp - normal dental encumbrances  
chronically



Mr. Ashay Lalerg 401 M 08/01/22

ENT Examination

ENT: Ears - clear

TM - intact

Drum - absent

Nose: Turbinate - (R)

Septum - intact (R)  
no D/S

Smell - absent

Mouth:

PPW - (R) healthy

Tongue - (R)

P.T.D

oral cavity - (A)

Imp:

(A) GNT Enzymes

oral cavity



PATIENT NAME : MR.ABHAY LAKRA  
UHID NO. : 31382  
AGE / SEX : 40 Y Male  
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/34  
SAMPLE RECEIVED ON / AT : 08/01/2022 10:14AM  
SAMPLE REPORTED ON / AT : 08/01/2022 04:37PM

**COMPLETE BLOOD COUNT(CBC)**

**RBC**

Haemoglobin (HB)	13.1	gm%	12 - 17mg/dl
Haematocrit (HCT)	40.2	%	40 - 55
RBC Count	5.77	millions/cumm	4.5 - 6
MCV	<b>69.7</b>	fL	78 - 92
MCH	<b>22.7</b>	pg	27 - 32
MCHC	32.6	g/dl	32 - 36
RDW-CV	15.4	%	11 - 16

**WBC.**

Total Leucocyte Count (TLC) 5700 4000 -11000

**Differential Leucocyte Count (DLC)**

Neutrophils	56	%	40 - 75
Lymphocytes	37	%	20 - 40
Monocytes	05	%	0 - 8
Eosinophils	02	%	1 - 7%
Basophils	00	%	0 - 1

**PLATELETS**

PLT Count	1.26	lakhs/cmm	1.0 - 4.0
MPV	10.8	fl	8 - 11

**Advice**

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used fo medico-legal purposes. These reported results are for the information of referring clinical only.

Test Done By MEDONIC M-SERIES Fully Automatic.



Test Done By  
Senior Technologist  
SATYANARAYAN SINGH

Report Checked By  
Technician



Pathologist  
Dr. D. Prashant  
M.D. (Pathologist)

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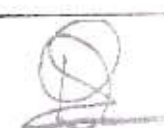
**BIO CHEMISTRY**

TEST	RESULT	UNIT	REF. RANGE
<b>BSPP</b>	120		<140 mg/dl
Urine SUGAR(PP)	ABSENT		ABSENT
<b>GGT(GAMMA GT)</b>			
GGT(GAMMA GT)	59.1	U/L	<55
<b>LFT(Liver Function Test )</b>			
Bilirubin - Total	1.08	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.36	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.72	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	6.77	g/dl	6.4 - 8.3 g/dl
Albumin	4.87	g/dl	3.5 - 5.2 g/dl
Globulin	1.90	g/dl	2.3 - 3.6
A/G Ratio	2.56		1.10 - 2.20
Alkaline Phosphatase	43	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 53-128 >60 Yrs 56 - 119
SGOT (AST)	50	U/L	upto 35 U/L
SGPT (ALT)	84	U/L	upto 45 U/L

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SATYANARAYAN SINGH

  
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### Lipid Profile

Total Cholesterol	224	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >= 240
Triglycerides	141	mg/dl	Normal:<161 High 161- 199 Hypertriglyceridemic: 200 - 499 Very High : > 499
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
HDL Cholesterol	40	mg/dl	35.3 - 79.5
LDL Cholesterol	155.80	mg/dl	60 - 165
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	28.20	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	5.60		0 - 5.1
LDLC/HDLC Ratio	3.90		2.5 - 3.5

Correlates with Lipid Profile:

1. Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages although water is permitted. No alcohol should be taken 24 before sample collection.
2. Drugs: Cholesterol and Triglyceride lowering agents. Please repeat with fresh sample if clinically indicated

*The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"*


### KFT(KIDNEY FUNCTION TEST)

Urea	28	mg/dL	15 - 45
Serum Creatinine	1.06	mg/dl	0.70 - 1.40 mg/dL
Uric Acid	7.4	mg/dL	3.5 - 7.2

*Test Done By MICRO LAB 300 Fully Automatic.*

  
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**CLINICAL PATHOLOGY**

TEST	RESULT	UNIT	REF. RANGE
<b>URINE SUGAR(F)</b>			
Urine Sugar (Fasting)	ABSENT		ABSENT



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HAEMATOLOGY			
TEST	RESULT	UNIT	REF. RANGE
<b>HbA1c (Glycosalated Haemoglobin)</b>			
HbA1C-Glycosalated Haemoglobin	7.01	%	4 to 6% Non-diabetic 6 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control Above 10% poor Control
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<i>The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"</i>			
ESR	08	mm at 1hr	up to 15 mm (1 hr)
<b>Blood Group</b>			
ABO Group	AB Rh Negative		
SLIDE METHOD.			
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<i>Machine Footer</i>			

  
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**PATHOLOGY**

TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	105		<110 mg/dl



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THYROID HORMONES			
TEST	RESULT	UNIT	REF. RANGE
<b>THYROID HORMONES</b>			
T3 ( Triiodothyronine )	1.30	ng/ml	0.5 - 2.0
Remarks: 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.			
T4 (Thyroxine)	8.6	µg/dl	4.4 - 10.8
Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.			
TSH	1.93	µIU/ml	0.39- 6.16 µIU/ml
Remarks: 1. 4.51 to 15 µIU/ml - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH. 2. TSH values may be transiently altered because of non thyroidal illness like severe infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc. 3. Drugs that decreases TSH values e.g. L-dopa, Glucocorticoids Drugs that increases TSH values e.g. Iodine, Lithium, Amiodarone.			
METHOD - ELISA ACCUBIND			



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TUMOR MARKERS			
TEST	RESULT	UNIT	REF. RANGE
<b>PSA (Total)</b>	0.68	ng/mL	> 4.00
<i>The instrument for ichroma test calculate the test result automatically and displays PSA concentration of the test sample in terms of ng/mL</i>			
<i>Test done by ichroma</i>			



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ROUTINE URINE ANALYSIS TEST			
TEST	RESULT	UNIT	REF. RANGE
<b>Urine Routine ANALYSIS TEST</b>			
<b><u>General Examination</u></b>			
Volume	20	ml	10 - 50
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
pH	5.0		5.5 - 8.0
<b><u>Chemical Examination</u></b>			
Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Absent	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.015		
<b><u>Microscopic Examination</u></b>			
Pus cells	0-1	/hpf	<5
RBC (Urine)	Nil	/hpf	Nil
Epithelial cell	1-2		0-4
Casts	Absent		Absent
Crystals	Absent		Absent
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Dr. D. Prashant  
M.D. (Pathologist)

ID: I

MR. ABHAY LAKRA  
Male 40 Years

08-01-2022 10:07:40 AM

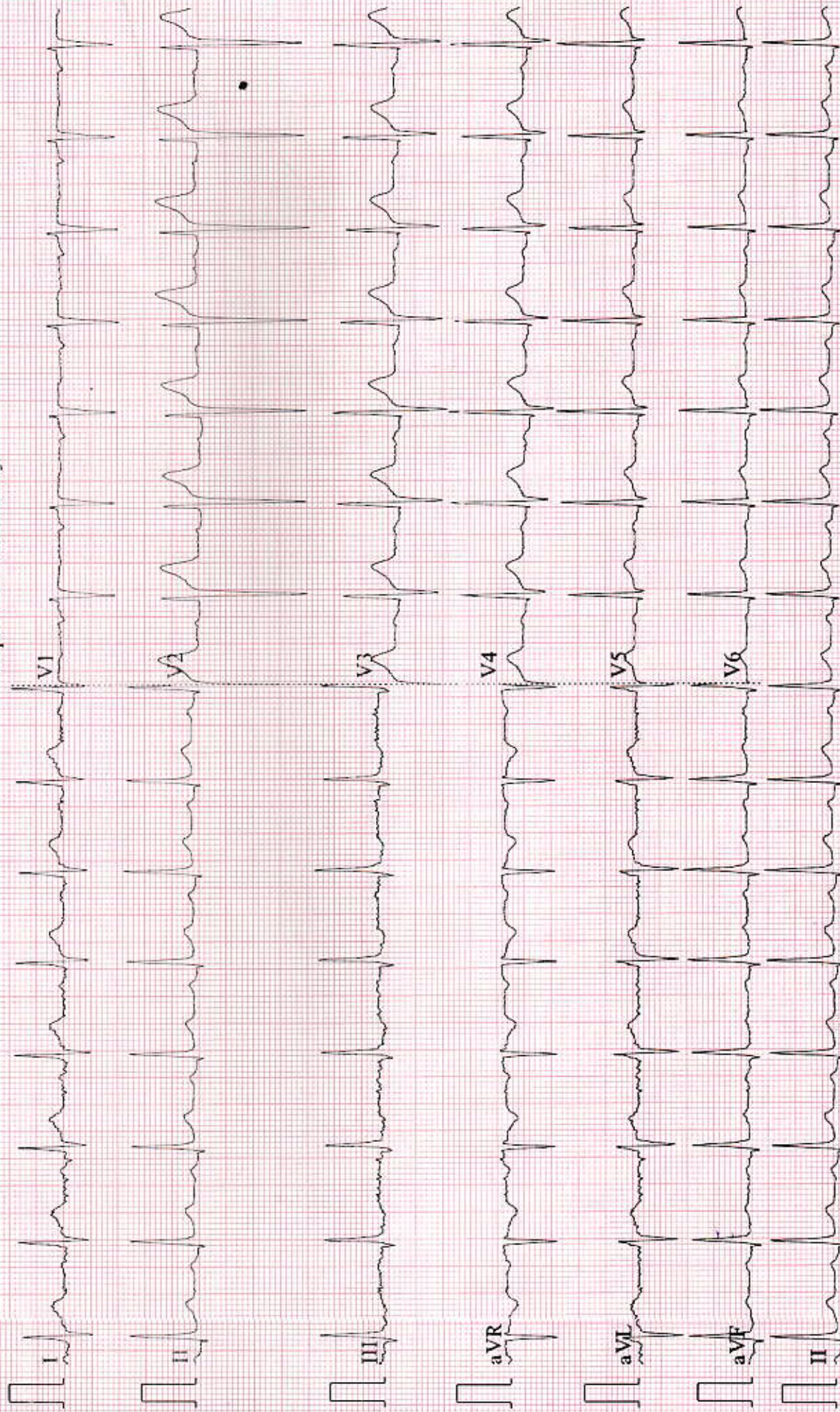
CARDIART

Diagnosis Information:

Sinus Rhyt  
\*\*\*Normal ECG\*\*\*

HR	: 88	bpm
P	: 107	ms
PR	: 178	ms
QRS	: 93	ms
QT/QTc	: 343/415	ms
P/QRS/T	: 52/69/13	°
RV5/SV1	: 1.335/1.066	mV

Report Confirmed by:





**EYE EXAMINATION**

NAME: - *Mr. Abhay Lakson*  
 AGE/SEX *38YM*

DATE: - *08/01/21*

**1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)**

EXTRENAL, EXAMINATION				
<i>NAD</i>				
SQUINT				
<i>NAD</i>				
NYSTAGMUS				
<i>NAD</i>				
COLOUR VISION				
<i>NORMAL</i>				
FUDUS				
<i>WNL</i>				
INDIVIDUAL COLOUR IDENTIFICATION				
<i>NORMAL</i>				
DISTANT VISION				
<i>&lt; 6/6</i>				
<i>&lt; 6/6</i>				
NEAR VISION				
<i>NIG</i>				
NIGHT BLINDNESS				
<i>NAD</i>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT	<i>—————</i>			

REMARK :-

*(Signature)*  
 (SIGN.)






**EYE EXAMINATION**

NAME:- Mr. Abhay Lakshya  
 AGE/SEX 38YM

DATE:- 08/01/21

**1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)**

EXTRENAL, EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUDUS				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION				
NEAR VISION				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT	—————			
REMARK :-				
 (SIGN.)				

**PATIENT'S NAME: ABHAY LAKRA 40YR M**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: USG ABD BOB 31382**

**STUDY TIME: 08-01-22**  
**REPORT TIME: 08/01/22 3:52 PM**  
**PRINT TIME: 08/01/22 3:57 PM**

**STUDY: USG OF THE ABDOMEN**

**INDICATION:** Routine health check up, otherwise no complaint.

**COMPARISON:** None.

**OBSERVATIONS:**

Liver is enlarged measuring 165 mm in craniocaudal extent. Miderate diffuse increase in parenchymal echogenicity is noted. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 120 mm in size. No focal lesion is seen.

Pancreas appears normal in size and echopattern. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable.

Right kidney measures 108 x 50 mm in size. Left kidney measures 108 x 48 mm in size. Both kidneys are normal in size, shape, position and echogeneity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is well distended. Wall thickness appears normal.

Prostate is normal in size measuring 37 x 29 x 34 mm in size, 19 mL in volume, and normal in shape and echotexture.

No free fluid is seen. No significant lymphadenopathy is seen.

**CONCLUSION:**

***Mild Hepatomegaly with Grade 2 Fatty Liver Changes.***

**DR NEERAJ GAUTAM**  
**DNB RADIODIAGNOSIS**  
**CONSULTANT RADIOLOGIST**







PATIENT'S NAME: ABHAY LAKRA 40YR M  
REFERRED BY: DR A SIDDIQUI  
MRD NO: XR CHEST 31382 DI 34 OPD

STUDY TIME: 08-01-22  
REPORT TIME: 08/01/22 12:40 PM  
PRINT TIME: 08/01/22 4:25 PM

**STUDY: XRAY OF THE CHEST PA VIEW**

**INDICATION:** Routine Health check up. No complaints otherwise.

**COMPARISON:** None.

**OBSERVATIONS & CONCLUSION:**

NO ACUTE BONY PATHOLOGY IS SEEN.  
NO PULMONARY INFILTRATE, COLLASPE OR CONSOLIDATION, EFFUSION, OR  
PNEUMOTHORAX IS SEEN.  
TRACHEA IS IN MIDLINE.  
NO CARDIOMEGALY IS SEEN.  
THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

DR NEERAJ GAUTAM  
DNB RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST



NAME MR. ABHAY LAKRA

AGE 40Y/M

REF BY: DR. A SIDDIQUI

DATE: 08/01/2022

## ECHOCARDIOGRAPHY

### M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	34.4 mm	20-37 mm
LA	33.5 mm	19-40 mm
IVS (d)	11 mm	6-11 mm
LVID (d)	45.9 mm	35-50 mm
LVPW (d)	11.5 mm	6-11 mm
LVID (S)	28.5 mm	23-39 mm
EF	60%	

### 2 D ECHO & CFI

CHAMBERS	-	NORMAL.
VALVES	-	NORMAL.
SEPTAE	-	IVS / IAS Intact
RWMA	-	NO RWMA PRESENT AT REST.
EF	-	60%

CLOT / VEGETATION/ PERICARDIAL EFFUSION – NILL.

<u>VALVE</u> <u>(mmHg)</u>	<u>REGURGITATION</u>	<u>GRADIENT</u>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

**PULSE WAVE DOPPLER**

- Mitral Valve inflow shows E Wave < A Wave.

**IMPRESSION.**

- NO RWMA PRESENT AT REST. **DRA-I.**
  - NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
  - GLOBAL LVEF 60%. **BORDERLINE LVH.**
  - NO AS/MS/TR/NO AR/NO MR.
- NO INTRACARDIAC CLOT, VEGETATION.

**Dr.ANIS SIDDIQUI (MD,PGCCDM)**

