

Name	: Mr. SANDEEP KUMAR	Age	: 37 Years
Lab No.	: 462656422	Gender	: Male
Ref By	: IPSC HOSPITAL	Reported	: 10/2/2024 5:43:41PM
Collected	: 10/2/2024 9:04:00AM	Report Status	: Final
A/c Status	: P	Processed at	: DWARKA -2
Collected at	: IPSC : PAIN & SPINE HOSPITAL PLOT NO-453, POCKET-1, SECTOR-19, DWARKA NEW DELHI, New Delhi, South West 110075 DEL ,IND New Delhi		: Plot No. 60, Sector 12 B, Dwarka-New Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM (Spectrophotometry)			
Cholesterol Total	132	mg/dL	<200.00
Triglycerides	64	mg/dL	<150.00
HDL Cholesterol	34	mg/dL	>40.00
LDL Cholesterol, Direct	94	mg/dL	<100.00
VLDL Cholesterol	13	mg/dL	<30.00
Non-HDL Cholesterol	98	mg/dL	<130.00

Note

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

ASCVD Risk Stratification & Treatment goals in Indian population

1. Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations
2. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease
3. ASCVD risk category helps clinician to decide when to consider therapy and what should be the treatment goal

Treatment Goals as per Lipid Association of India 2020



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
ASCVD RISK CATEGORY@	CONSIDER THERAPY		TREATMENT GOAL
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL) NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme (A)	>=50	>=80	<50 (Indispensable) <30 (Optional)
Extreme (B)	>=30	>=60	<30
Very High	>=50	>=80	<50
High	>=70	>=100	<70
Moderate	>=100	>=130	<100
Low	>=130*	>=160*	<100

* In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

@To know your risk category click on bit.ly link sent on your registered mobile number, answer the questionnaire, the ASCVD risk report can be downloaded from website

LIVER PANEL 1; LFT,SERUM (Reflectance Photometry)			
AST (SGOT)	27.7	U/L	<50
ALT (SGPT)	28.9	U/L	<50
AST:ALT Ratio	0.96		<1.00
GGTP	13.5	U/L	<55
Alkaline Phosphatase (ALP)	198.60	U/L	30 - 120
Bilirubin Total	1.81	mg/dL	0.30 - 1.20
Bilirubin Direct	0.31	mg/dL	<0.20
Bilirubin Indirect	1.50	mg/dL	<1.10
Total Protein	8.00	g/dL	6.40 - 8.30
Albumin	4.62	g/dL	3.50 - 5.20



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
A : G Ratio	1.37		0.90 - 2.00

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 PANEL; KFT,SERUM

(Spectrophotometry, Indirect ISE)

Creatinine	0.80	mg/dL	0.67 - 1.17
GFR Estimated	117	mL/min/1.73m2	>59
GFR Category	G1		
Urea	18.20	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	8.50	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	11		
Uric Acid	8.60	mg/dL	3.50 - 7.20
Total Protein	8.00	g/dL	6.40 - 8.30
Albumin	4.62	g/dL	3.50 - 5.20
A : G Ratio	1.37		0.90 - 2.00
Calcium, Total	9.71	mg/dL	8.80 - 10.60
Phosphorus	3.36	mg/dL	2.40 - 4.40



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Sodium	141.00	mEq/L	136.00 - 146.00
Potassium	4.30	mEq/L	3.50 - 5.10
Chloride	102.10	mEq/L	101.00 - 109.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP Certified)			
HbA1c	5.4	%	4 - 5.6
Estimated average glucose (eAG)	108	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (ECLIA)			
PSA, TOTAL	0.245	ng/mL	<1.40

Note

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. 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.

Recommended Testing Intervals

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

Post Surgery	Frequency of testing
1st year	Every 3 months
2nd year	Every 4 months
3rd year onwards	Every 6 months



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
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Clinical Use

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

Increased Levels

- Prostate cancer
- Benign Prostatic Hyperplasia
- Prostatitis
- Genitourinary infections

THYROID PROFILE, FREE, SERUM (ECLIA)

Free Triiodothyronine (T3, Free)	3.41	pg/mL	2.50 - 4.30
Free Thyroxine (T4, Free)	1.25	ng/dL	0.93 - 1.70
TSH, Ultrasensitive	4.140	µIU/mL	0.27 - 4.20

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.
2. TSH Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
STOOL EXAMINATION, ROUTINE; STOOL, R/E (Light microscopy)			
Colour	Yellow Brown		Brown
Form and Consistency	Semi Formed		Semi Solid
Mucus	Absent		Absent
Visible Blood	Absent		Absent
Reaction	Acidic		Alkaline
Charcot-Leyden Crystals	None Seen		None Seen
Pus Cells	1-2	/hpf	0 - 5
RBC	None Seen	/hpf	None Seen
Macrophages	None Seen		None Seen
Trophozoites	None Seen		None Seen
Cysts	None Seen		None Seen
Helminthic Ova	None Seen		None Seen
Larva	None Seen		None Seen
Other Observations	None Seen		None Seen



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip test, Chemical, Light microscopy)			
Physical			
Colour	Yellow		Pale yellow
Specific Gravity	1.030		1.001 - 1.030
pH	5.5		5.0 - 8.0
Chemical			
Proteins	Trace		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Positive		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	8-10 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	3-5 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen
Result Rechecked, Please Correlate Clinically.			



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
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Dr. Arohi Gupta
MBBS, MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

- Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com





10.02.24

MR. SANDEEP KUMAR
37 years old / M

H/O abdominal
Tuberculosis
Treatment taken
for 9 months
in 2015

for Health
check up

No complaints

No H/O any other chronic
illness

CVD
RS / NAD
P/A

ERMⁿ -

No H/O any surgical
procedure

HT - 172cm

WT - 113kg

BP - 118/81 mmHg

PR - 99/min

CHEST (I/E) -

Abdomen

HIP - 122

VISION Near vision for

(R) EYE 6/6 6/6

(L) EYE 6/6 6/6

Color - (N)

Fit on physical
Examination
Dr. Shah Nawaz Yousof Par
MD Physician, DIP
Pain Specialist
DMC No: 55970



Radiology No.	: 8940/OPDPB23DL	Date	: 10-Feb-2024
Patient Name	: Mr. SANDEEP KUMAR	Age/Sex	: 37Y Male
Guardian Name	:	UHID No.	: 8557/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7349380636

X-RAY CHEST

Indication:- Routine check up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK AFFIRMMENT



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ASCVD RISK CATEGORY [®]	CONSIDER THERAPY		TREATMENT GOAL
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL) NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme (A)	>=50	>=80	<50 (Indispensable) <30 (Optional)
Extreme (B)	>=30	>=60	<30
Very High	>=50	>=80	<50
High	>=70	>=100	<70
Moderate	>=100	>=130	<100
Low	>=130*	>=160*	<100

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KIDNEY PANEL; KFT, SERUM (Spectrophotometry, Indirect ISE)

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Urea Nitrogen Blood	8.50	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	11		
Uric Acid	8.60	mg/dL	3.50 - 7.20
Total Protein	8.00	g/dL	6.40 - 8.30
Albumin	4.62	g/dL	3.50 - 5.20
A : G Ratio	1.37		0.90 - 2.00
Calcium, Total	9.71	mg/dL	8.80 - 10.60
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1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1



Name	: Mr. SANDEEP KUMAR	Age	: 37 Years
Lab No.	: 462656422	Gender	: Male
Ref By	: IPSC HOSPITAL	Reported	: 10/2/2024 5:43:41PM
Collected	: 10/2/2024 9:04:00AM	Report Status	: Final
A/c Status	: P	Processed at	: DWARKA -2
Collected at	: IPSC : PAIN & SPINE HOSPITAL PLOT NO-453, POCKET-1, SECTOR-19, DWARKA NEW DELHI, New Delhi, South West110075DEL ,IND New Delhi		: Plot No. 60, Sector 12 B, Dwarka-New Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP Certified)			
HbA1c	5.4	%	4 - 5.6
Estimated average glucose (eAG)	108	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (≥ 18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥ 18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



Name : Mr. SANDEEP KUMAR
 Lab No. : 462656422
 Ref By : IPSC HOSPITAL
 Collected : 10/2/2024 9:04:00AM
 A/c Status : P

Age : 37 Years
 Gender : Male
 Reported : 10/2/2024 5:43:41PM
 Report Status : Final

Collected at : IPSC : PAIN & SPINE HOSPITAL
 PLOT NO-453, POCKET-1, SECTOR-19,
 DWARKA NEW DELHI, New Delhi, South
 West110075DEL ,IND
 New Delhi

Processed at : DWARKA -2
 Plot No. 60, Sector 12 B, Dwarka-New
 Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (ECLIA)			
PSA, TOTAL	0.245	ng/mL	<1.40

Note

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. 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.

Recommended Testing Intervals

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

Post Surgery	Frequency of testing
1st year	Every 3 months
2nd year	Every 4 months
3rd year onwards	Every 6 months



Name : Mr. SANDEEP KUMAR
 Lab No. : 462656422 Age : 37 Years
 Ref By : IPSC HOSPITAL Gender : Male
 Collected : 10/2/2024 9:04:00AM Reported : 10/2/2024 5:43:41PM
 A/c Status : P Report Status : Final
 Collected at : IPSC : PAIN & SPINE HOSPITAL Processed at : DWARKA -2
 PLOT NO-453, POCKET-1, SECTOR-19, Plot No. 60, Sector 12 B, Dwarka-New
 DWARKA NEW DELHI, New Delhi, South Delhi-110075
 West110075DEL ,IND
 New Delhi

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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Clinical Use

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

Increased Levels

- Prostate cancer
- Benign Prostatic Hyperplasia
- Prostatitis
- Genitourinary infections

THYROID PROFILE, FREE, SERUM (ECLIA)			
Free Triiodothyronine (T3, Free)	3.41	pg/mL	2.50 - 4.30
Free Thyroxine (T4, Free)	1.25	ng/dL	0.93 - 1.70
TSH, Ultrasensitive	4.140	μIU/mL	0.27 - 4.20

- Note
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.
 2. TSH Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Name : Mr. SANDEEP KUMAR
 Lab No. : 462656422
 Ref By : IPSC HOSPITAL
 Collected : 10/2/2024 9:04:00AM
 A/c Status : P
 Collected at : IPSC : PAIN & SPINE HOSPITAL
 PLOT NO-453, POCKET-1, SECTOR-19, DWARKA
 NEW DELHI, New Delhi, South West 110075DEL
 ,IND
 New Delhi

Age : 37 Years
 Gender : Male
 Reported : 10/2/2024 5:43:41PM
 Report Status : Final
 Processed at : DWARKA -2
 Plot No. 60, Sector 12 B, Dwarka-New
 Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
STOOL EXAMINATION, ROUTINE; STOOL, R/E (Light microscopy)			
Colour	Yellow Brown		Brown
Form and Consistency	Semi Formed		Semi Solid
Mucus	Absent		Absent
Visible Blood	Absent		Absent
Reaction	Acidic		Alkaline
Charcot-Leyden Crystals	None Seen		None Seen
Pus Cells	1-2	/hpf	0 - 5
RBC	None Seen	/hpf	None Seen
Macrophages	None Seen		None Seen
Trophozoites	None Seen		None Seen
Cysts	None Seen		None Seen
Helminthic Ova	None Seen		None Seen
Larva	None Seen		None Seen
Other Observations	None Seen		None Seen



Name	: Mr. SANDEEP KUMAR	Age	: 37 Years
Lab No.	: 462656422	Gender	: Male
Ref By	: IPSC HOSPITAL	Reported	: 10/2/2024 5:43:41PM
Collected	: 10/2/2024 9:04:00AM	Report Status	: Final
A/c Status	: P	Processed at	: DWARKA -2
Collected at	: IPSC: PAIN & SPINE HOSPITAL PLOT NO-453, POCKET-1, SECTOR-19, DWARKA NEW DELHI, New Delhi, South West 110075DEL IND New Delhi		: Plot No. 60, Sector 12 B, Dwarka-New Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip test, Chemical, Light microscopy)			
Physical			
Colour	Yellow		Pale yellow
Specific Gravity	1.030		1.001 - 1.030
pH	5.5		5.0 - 8.0
Chemical			
Proteins	Trace		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Positive		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	8-10 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	3-5 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen
Result Rechecked, Please Correlate Clinically.			



Name	: Mr. SANDEEP KUMAR	Age	: 37 Years
Lab No.	: 462656422	Gender	: Male
Ref By	: IPSC HOSPITAL	Reported	: 10/2/2024 5:43:41PM
Collected	: 10/2/2024 9:04:00AM	Report Status	: Final
A/c Status	: P	Processed at	: DWARKA -2
Collected at	: IPSC : PAIN & SPINE HOSPITAL PLOT NO-453, POCKET-1, SECTOR-19, DWARKA NEW DELHI, New Delhi, South West 110075DEL .IND New Delhi		: Plot No. 60, Sector 12 B, Dwarka-New Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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DMC NO 6909B

Dr. Anshu Gupta
MBBS, MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com



Name	: Mr. SANDEEP KUMAR	Age	: 37 Years
Lab No.	: 462656437	Gender	: Male
Ref By	: IPSC HOSPITAL	Reported	: 10/2/2024 5:59:10PM
Collected	: 10/2/2024 12:53:00PM	Report Status	: Final
A/c Status	: P	Processed at	: DWARKA -2
Collected at	: IPSC : PAIN & SPINE HOSPITAL PLOT NO-453, POCKET-1, SECTOR-19, DWARKA NEW DELHI, New Delhi, South West 110075DEL IND New Delhi		: Plot No. 60, Sector 12 B, Dwarka-New Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	81.40	mg/dL	70.00 - 140.00

DMC NO 69098

Dr. Ansh Gupta
MBBS, MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

End of report



IMPORTANT INSTRUCTIONS

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(W) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com



Name : Mr. SANDEEP KUMAR
Lab No. : 462656449
Ref By : IPSC HOSPITAL
Collected : 10/2/2024 1:46:00PM
A/c Status : P
Collected at : IPSC : PAIN & SPINE HOSPITAL
PLOT NO-453, POCKET-1, SECTOR-19, DWARKA
NEW DELHI, New Delhi, South West 110075DEL
,IND
New Delhi

Age : 37 Years
Gender : Male
Reported : 10/2/2024 6:58:39PM
Report Status : Final
Processed at : DWARKA -2
Plot No. 60, Sector 12 B, Dwarka-New
Delhi-110075

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary photometry)	18	mm/hr	0 - 15

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.


DMC NO 69098

Dr. Archi Gupta
MBBS, MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

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•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

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Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com




ID: 16
mr sandeep kumar
Male 37Years
Req. No. :

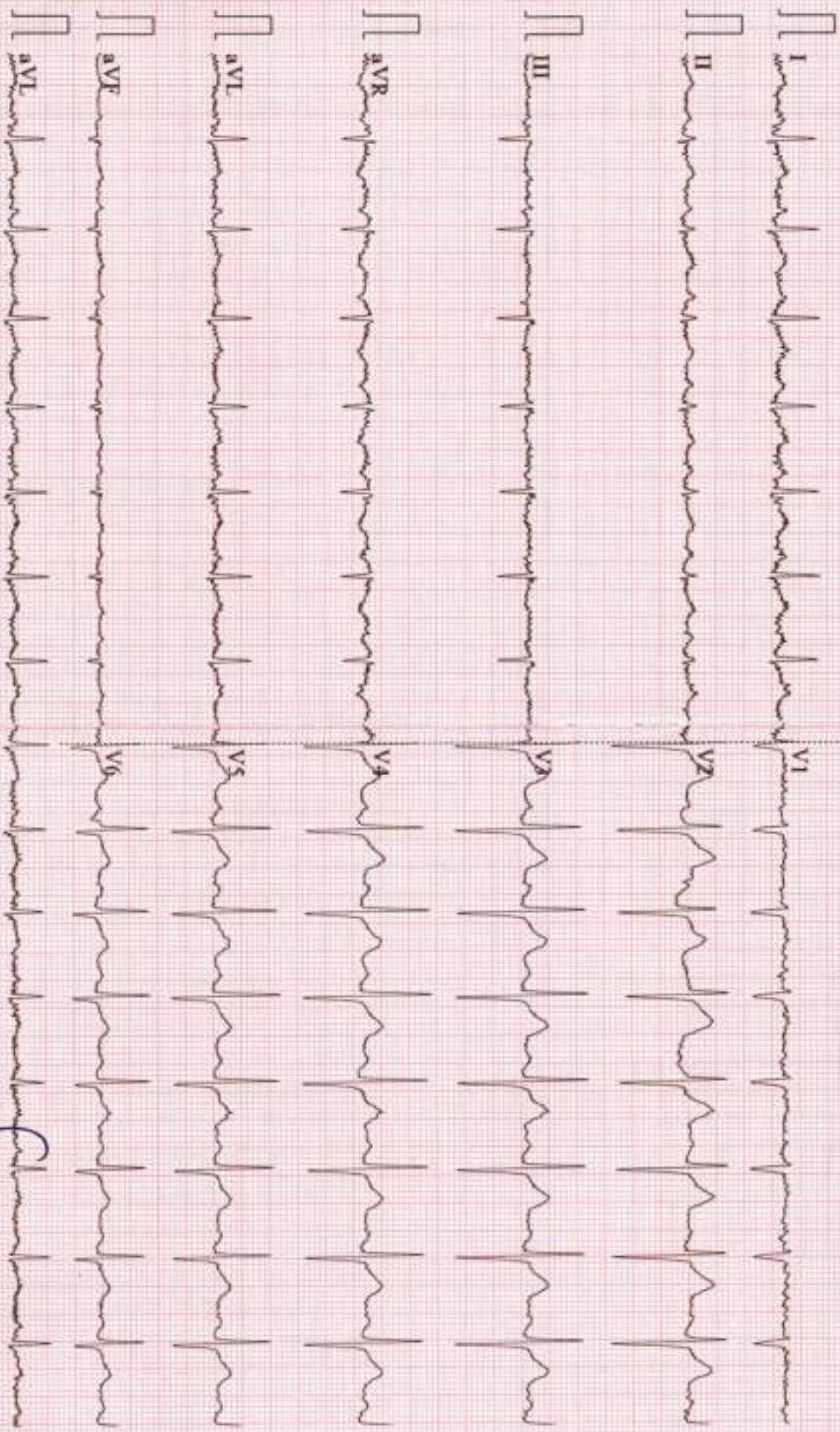
10-02-2024 09:12:52 AM

HR : 95 bpm
P : 118 ms
PR : 166 ms
QRS : 90 ms
QT/QTcBz : 360/453 ms
P/QRS/T : 23/-3/26 °
RV5/SV1 : 0.99/4.0/5.45 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:


Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 33201



IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
I.D. 67024
Age 37/M
Date 10-02-2024

RATE 160bpm
B.P. 150/80

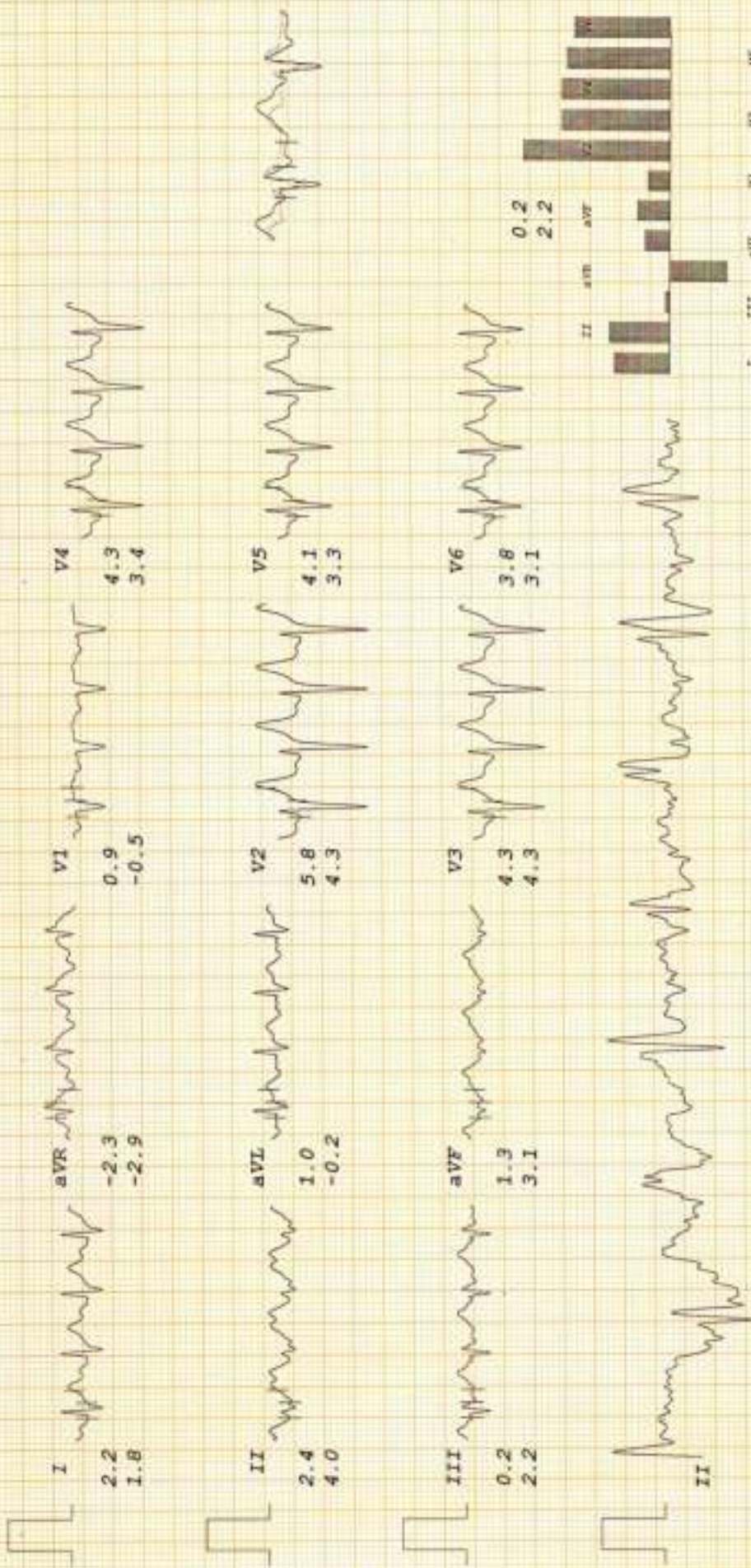
Bruce
Stage 3
TOTAL TIME 7:45
PHASE TIME 1:45

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



Transport Department National Capital Territory of Delhi
Licence to drive vehicles throughout India

	LICENCE NO.	: P08102004337756	N
	NAME	: SANDEEP KUMAR	
	Son of	: SH M NARAYAN	
	ADDRESS	: C 92 SOUTH MOUTH BAGH NEW DELHI 110021	
	DT. OF BIRTH	: 22/06/1965	
	VEHICLE CLASS	: MCYL 15/10/2004 LMV(NT) 15/10/2004	

(Holder's Signature) 

DT. OF ISSUE : 15/10/2004
VALIDITY : 14/10/2024
VEH. CARR NO : NA

 
Dir. Of Licenses (in Authority's Name)

Sandeep



Dr. Harshita Surange
MBBS, DMRD/RADIOLOGIST
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402

Left kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal. No calculus, mass or hydronephrotic changes seen. **Left kidney measures-11x50mm**. Renal artery pulsation appear normal.

Right kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal. No calculus, mass or hydronephrotic changes seen. **Right kidney measures-99x51mm**. Renal artery pulsation appear normal.

Pancreas is of normal size and contour with normal echotexture.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

The liver is normal in size (13cm in RML) contour however is increased in echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

ULTRASOUND OF WHOLE ABDOMAN

Radiology No.	: 8940/OPDP823DL	Date	: 10-Feb-2024
Patient Name	: Mr. SANDEEP KUMAR	Age/Sex	: 37Y Male
Guardian Name	: Dr. .	UHID No.	: 8557/UHID23DL
Referred By	: Dr. .	Mobile No.	: 7349380636



Dr. Harshita Surange
 MBBS, DMRD (RADIOLOGISTS)
 DIPLOMA IN MSK, UCAM (Spain)
 Reg. No. MCI/16522, DMC/18402

Impressions: Fatty live grade I

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.
 No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.
 Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.
 Prostate is of normal size for age with regular contours and normal echo-texture.
 It measures 26x32x40 mm which is equal to 17cc gms.

Radiology No.	: 8940/OPPB23DL
Patient Name	: Mr. SANDEEP KUMAR
Guardian Name	: Dr. .
Referred By	: Dr. .
Date	: 10-Feb-2024
Age/Sex	: 37Y Male
UHID No.	: 8557/UHID23DL
Mobile No.	: 7349380636

"A Unit of Surange Healthcare North India Pvt. Ltd"



Pain and Spine HOSPITAL



IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

SANDEEP KUMAR

TREADMILL TEST REPORT

ID : 67024
 DATE : 10-02-2024
 AGE/SEX : 37 / M
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY : Checkup/physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	S.P. mmHg	RPP K100	ST LEVEL (MM)			METS
								II	VI	V5	
SUPINE					92	120 / 80	110	0.8	0.2	1.3	
STANDING					111	120 / 80	133	1	0.4	2	
HYPERTENT					110	120 / 80	132	0.8	0.4	1.6	
Stage 1	2:55	0:10	2.7	10	135	130 / 80	175	1.3	0.5	2.6	4.67
Stage 2	5:55	2:55	4	12	144	140 / 80	201	1.7	0.5	3.7	7.04
Stage 3	7:45	1:45	5.4	14	160	150 / 80	240	2.4	0.9	4.1	8.79
PK-EXERCISE	8:0	2:0	5.4	14	160	150 / 80	240	2.1	1.1	4.2	9.03
RECOVERY	9:10	0:55			139	150 / 80	208	2.4	0.6	4.8	
RECOVERY	9:10	0:55			139	150 / 80	208	2.4	0.6	4.8	
RECOVERY	10:10	1:55			131	140 / 80	183	1.6	0.7	2.7	
RECOVERY	10:10	1:55			131	140 / 80	183	1.6	0.7	2.7	
RECOVERY	11:10	2:55			129	130 / 80	167	0.9	0.4	2.2	
RECOVERY	11:10	2:55			129	130 / 80	167	0.9	0.4	2.2	
RECOVERY	12:10	3:55			105	120 / 80	126	1	0.2	1.4	
RECOVERY	12:10	3:55			105	120 / 80	126	1	0.2	1.4	

RESULTS

EXERCISE DURATION : 8:0
 MAX HEART RATE : 160 bpm 87 % of target heart rate 183 bpm
 MAX BLOOD PRESSURE : 150 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,
 ARRHYTHMIA :
 H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS

Negative for Provocable myocardial ischemia,

Technician :

[Signature]

Dr. ANIL SAHOO
 MD, PGDCC
 Regn. No. 33201

IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR

I.D. 67024

Age 37/M

Date 10-02-2024

RATE 111bpm

B.P. 120/80

PRETEST

STANDING

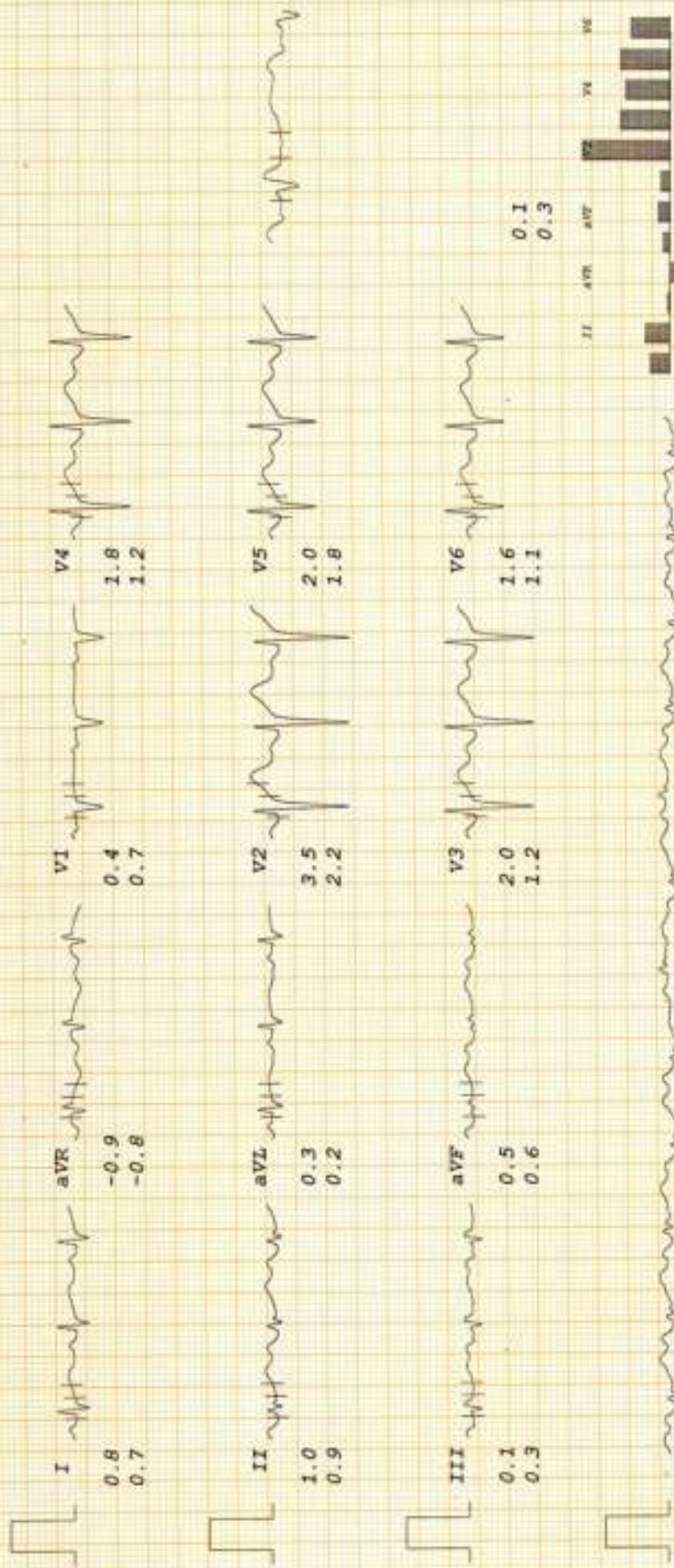
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2 *

III



II

IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
 I.D. 67024
 Age 37/M
 Date 10-02-2024

RATE 144bpm
 B.P. 140/80

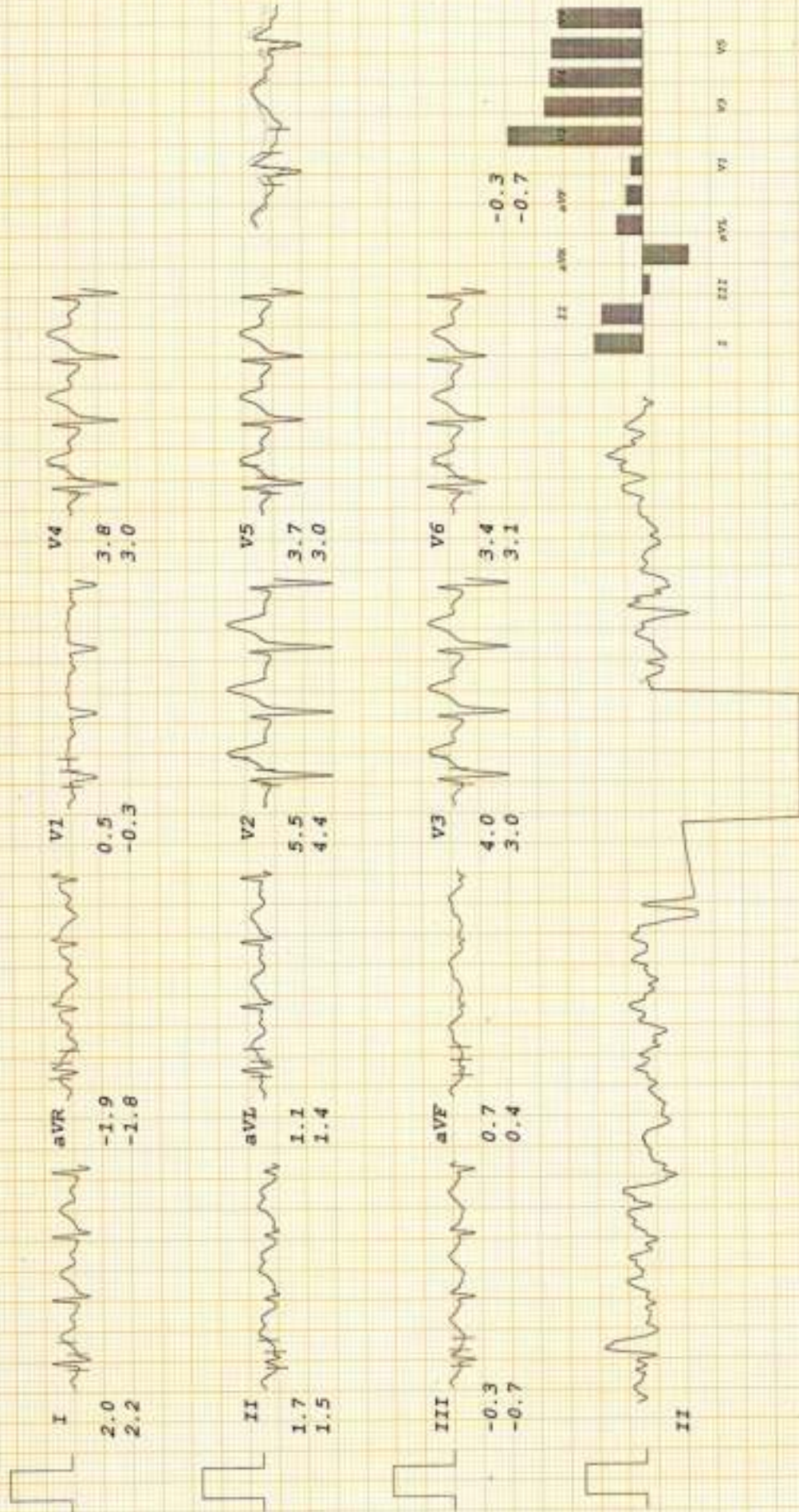
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
 I.D. 67024
 Age 37/M
 Date 10-02-2024

RATE 160bpm
 B.P. 150/80

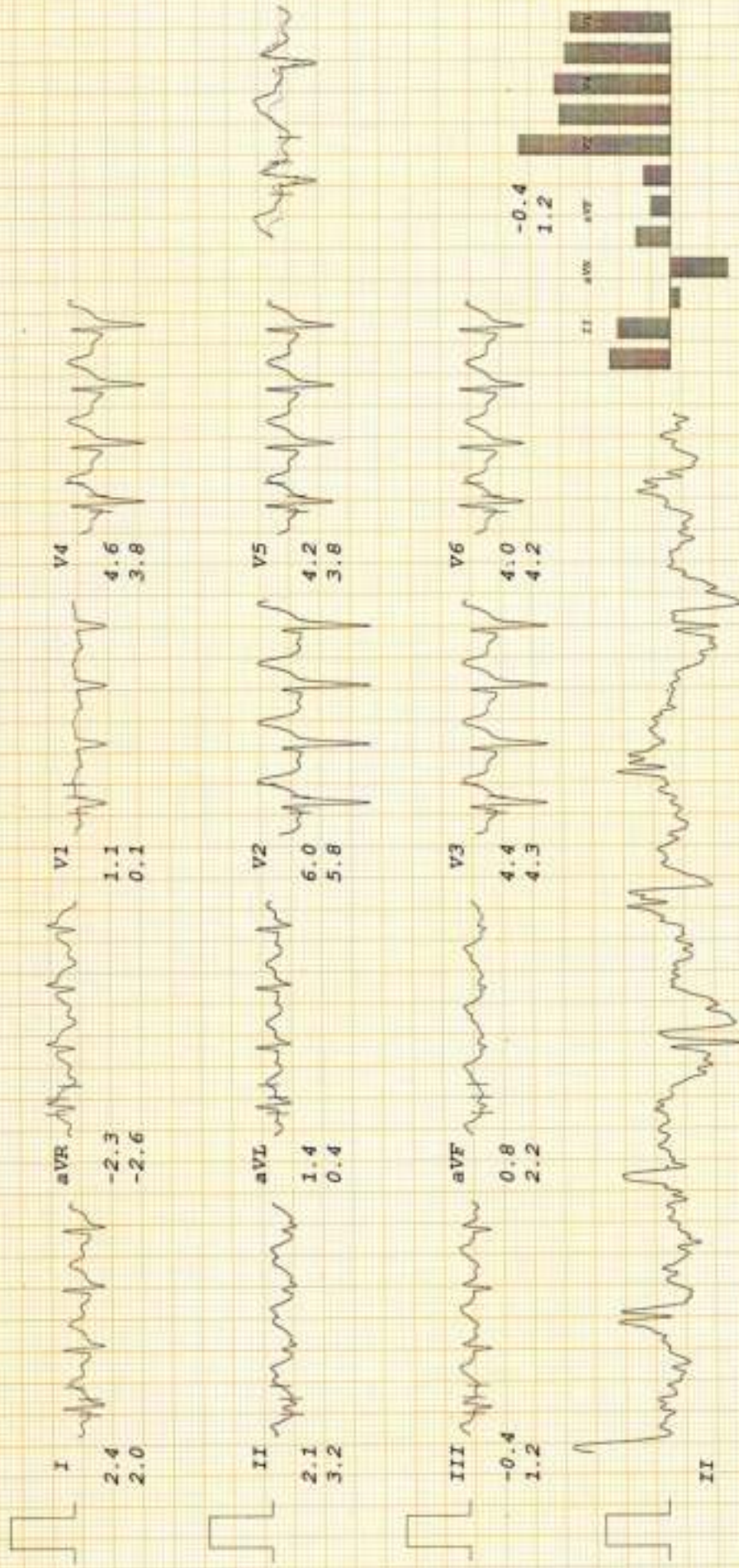
Bruce
 PK-EXERCISE
 TOTAL TIME 8:00
 PHASE TIME 2:00

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
 I.D. 67024
 Age 37/M
 Date 10-02-2024

RATE 105bpm
 B.P. 120/80

Bruce
 RECOVERY

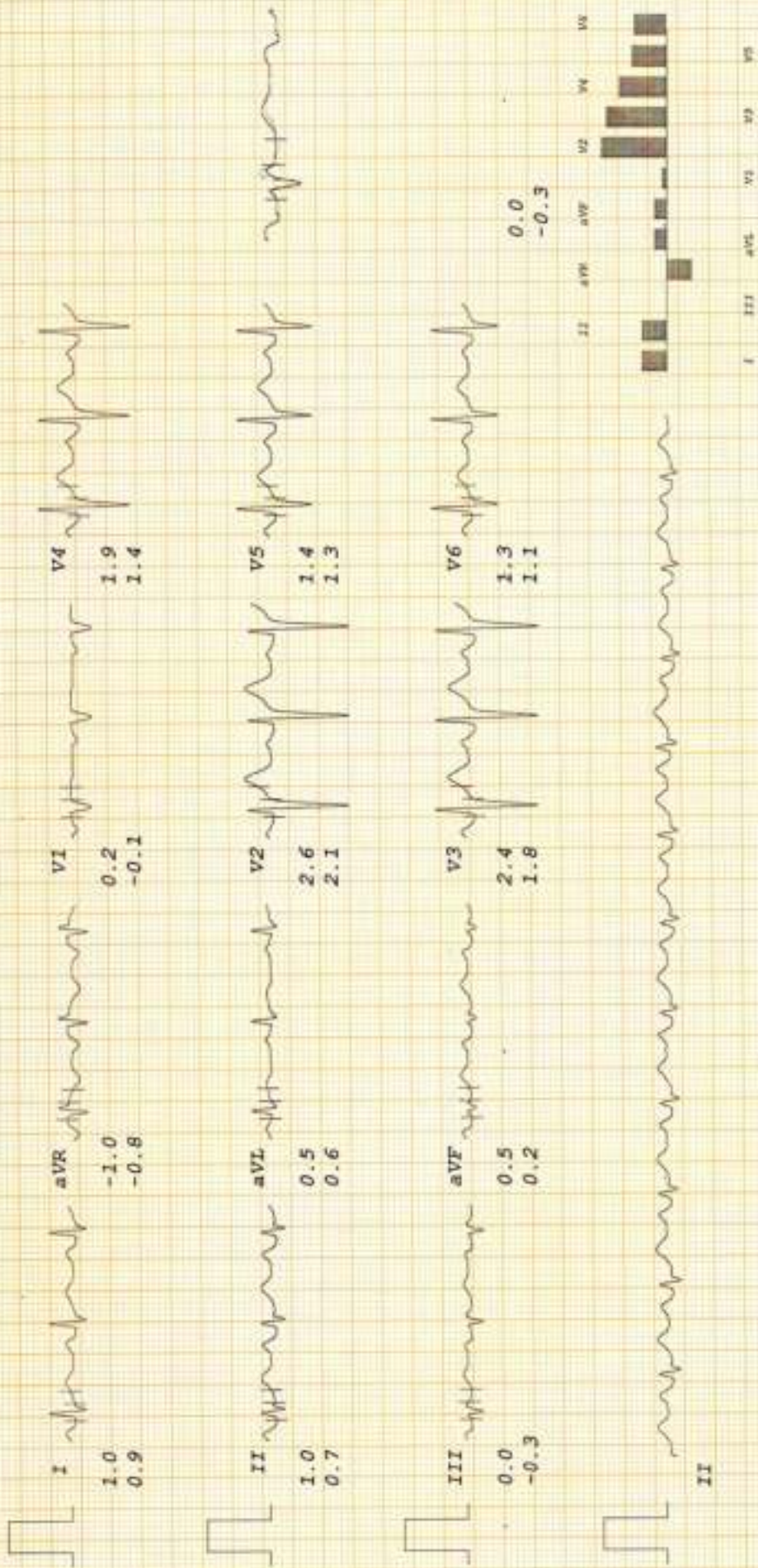
TOTAL TIME 12:10
 PHASE TIME 3:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
 I.D. 67024
 Age 37/M
 Date 10-02-2024

RATE 129bpm
 B.P. 130/80

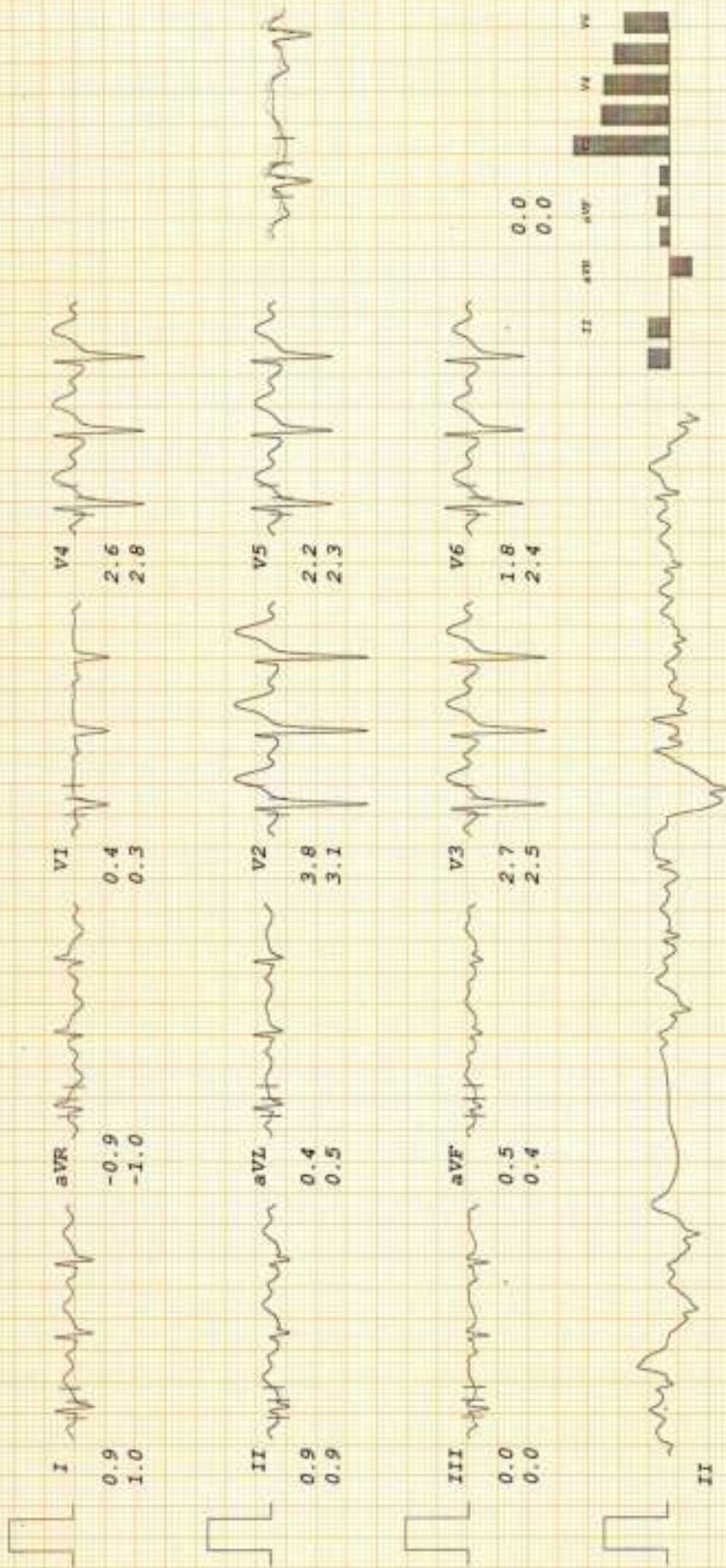
Bruce
 RECOVERY
 TOTAL TIME 11:10
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms Post-J

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SANDEEP KUMAR
I.D. 67024
Age 37/M
Date 10-02-2024

RATE 131bpm
B.P. 140/80

Bruce
RECOVERY
TOTAL TIME 10:10
PHASE TIME 1:55

ST @ 10mm/mV
50ms PostJ

LINKED MEDIAN

Mag. X 2

III

