

## LABORATORY REPORT

<b>Name</b>	: MR KUNDAN KUMAR	<b>Age</b>	: 39 Yr(s) Sex :Male
<b>Registration No</b>	: MH011023291	<b>Lab No</b>	: 202305003297
<b>Patient Episode</b>	: H18000000595	<b>Collection Date</b>	: 27 May 2023 12:57
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 29 May 2023 12:08
<b>Receiving Date</b>	: 27 May 2023 12:57		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

## LABORATORY REPORT

Name : MR KUNDAN KUMAR Age : 39 Yr(s) Sex : Male  
Registration No : MH011023291 Lab No : 202305003297  
Patient Episode : H1800000595 Collection Date : 27 May 2023 10:17  
Referred By : HEALTH CHECK MGD Reporting Date : 29 May 2023 12:31  
Receiving Date : 27 May 2023 12:57

### BLOOD BANK


TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

#### Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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-----END OF REPORT-----

  
Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

Name : MR KUNDAN KUMAR Age : 39 Yr(s) Sex : Male  
Registration No : MH011023291 Lab No : 202305003299  
Patient Episode : H18000000595 Collection Date : 27 May 2023 14:06  
Referred By : HEALTH CHECK MGD Reporting Date : 29 May 2023 11:54  
Receiving Date : 27 May 2023 14:06

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PF), 2 HOURS	127.0	mg/dl	[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to Fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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-----END OF REPORT-----

  
Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

**Name** : MR KUNDAN KUMAR      **Age** : 39 Yr(s) Sex :Male  
**Registration No** : MH011023291      **Lab No** : 32230509626  
**Patient Episode** : O03001079548      **Collection Date** : 27 May 2023 19:35  
**Referred By** : MANIPAL HOSPITALS GHAZIABAD      **Reporting Date** : 28 May 2023 06:52  
**Receiving Date** : 27 May 2023 19:51

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.10	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.31	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.330	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.817	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

## LABORATORY REPORT

Name : MR KUNDAN KUMAR Age : 39 Yr(s) Sex : Male  
Registration No : MH011023291 Lab No : 32230509626  
Patient Episode : O03001079548 Collection Date : 27 May 2023 19:35  
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 28 May 2023 06:52  
Receiving Date : 27 May 2023 19:51

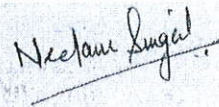
### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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-----END OF REPORT-----



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## RADIOLOGY REPORT

NAME	MR Kundan KUMAR	STUDY DATE	27/05/2023 12:58PM
AGE / SEX	39 y / M	HOSPITAL NO.	MH011023291
ACCESSION NO.	R5593181	MODALITY	US
REPORTED ON	27/05/2023 1:05PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 145 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 86 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 96 x 52 mm. It shows two concretions measuring 2.6 mm and 3.5 mm at upper and mid calyx respectively.

Left Kidney: measures 92 x 56 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 34 x 32 x 31 mm with volume 18 cc. Prostatic parenchymal calcification is seen. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

- Diffuse grade I fatty infiltration in liver.
- Right renal concretions.

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST**

\*\*\*\*\*End Of Report\*\*\*\*\*

## RADIOLOGY REPORT

NAME	MR Kundan KUMAR	STUDY DATE	27/05/2023 10:45AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH011023291
ACCESSION NO.	R5593180	MODALITY	CR
REPORTED ON	27/05/2023 10:49AM	REFERRED BY	HEALTH CHECK MGD

## X-RAY CHEST PA VIEW

## FINDINGS

LUNGS: Normal  
TRACHEA: Normal  
CARINA: Normal  
RIGHT AND LEFT MAIN BRONCHI: Normal  
PLEURA: Normal  
HEART: Normal  
RIGHT HEART BORDER: Normal  
LEFT HEART BORDER: Normal  
PULMONARY BAY: Normal  
PULMONARY HILA: Normal  
AORTA: Normal  
THORACIC SPINE: Normal  
OTHER VISUALIZED BONES: Normal  
VISUALIZED SOFT TISSUES: Normal  
DIAPHRAGM: Normal  
VISUALIZED ABDOMEN: Normal  
VISUALIZED NECK: Normal

## IMPRESSION

**No significant abnormality seen.**

*Please correlate clinically*



Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)  
CONSULTANT RADIOLOGIST

## RADIOLOGY REPORT

NAME	MR Kundan KUMAR	STUDY DATE	27/05/2023 10:45AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH011023291
ACCESSION NO.	R5593180	MODALITY	CR
REPORTED ON	27/05/2023 10:49AM	REFERRED BY	HEALTH CHECK MGD

\*\*\*\*\*End Of Report\*\*\*\*\*



## LABORATORY REPORT

Name	: MR KUNDAN KUMAR	Age	: 39 Yr(s) Sex : Male
Registration No	: MH011023291	Lab No	: 202305003297
Patient Episode	: H18000000595	Collection Date	: 27 May 2023 10:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 12:46
Receiving Date	: 27 May 2023 12:57		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.80	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.2	g/dl	[12.0-16.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.6	%	[40.0-50.0]
MCV (DERIVED)	86.7	fL	[83.0-101.0]
MCH (CALCULATED)	29.6	pg	[27.0-32.0]
MCHC (CALCULATED)	34.1	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>14.2 #</b>	%	<b>[11.6-14.0]</b>
Platelet count	160	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	13.2		
WBC COUNT (TC) (IMPEDENCE)	7.00	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[17.0-45.0]
Monocytes	4.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	%	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>12.0 #</b>	mm/1sthour	[0.0-

## LABORATORY REPORT

Name	: MR KUNDAN KUMAR	Age	: 39 Yr(s) Sex :Male
Registration No	: MH011023291	Lab No	: 202305003297
Patient Episode	: H18000000595	Collection Date	: 27 May 2023 10:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 12:42
Receiving Date	: 27 May 2023 12:57		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk ) 5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	108	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	188	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	130	mg/dl	[<150] Borderline high:151-199 High: 200 - 499
HDL- CHOLESTEROL	56.0	mg/dl	Very high:>500 [35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	106.0	mg/dl	[<120.0]
Near/			
Borderline High:130-159			
High Risk:160-189			

Above optimal-100-129

<b>LABORATORY REPORT</b>		Age	: 39 Yr(s) Sex : Male
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Registration No	: MH011023291	Collection Date	: 27 May 2023 10:17
Patient Episode	: H18000000595	Reporting Date	: 27 May 2023 11:31
Referred By	: HEALTH CHECK MGD		
Receiving Date	: 27 May 2023 12:57		

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

## KIDNEY PROFILE

Specimen: Serum

UREA	18.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	134.10 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	3.93	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.9	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	107.7	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

## LABORATORY REPORT

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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis - Icterus / Lipemia.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.66	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.53	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.53	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.43		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	32.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	54.80	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	91.0	IU/L	[32.0-91.0]

kundan kumar

ID:

27-May-2023 11:29:53

Manipal Hospitals, Ghaziabad

39years

Normal sinus rhythm

Caucasian

Normal ECG

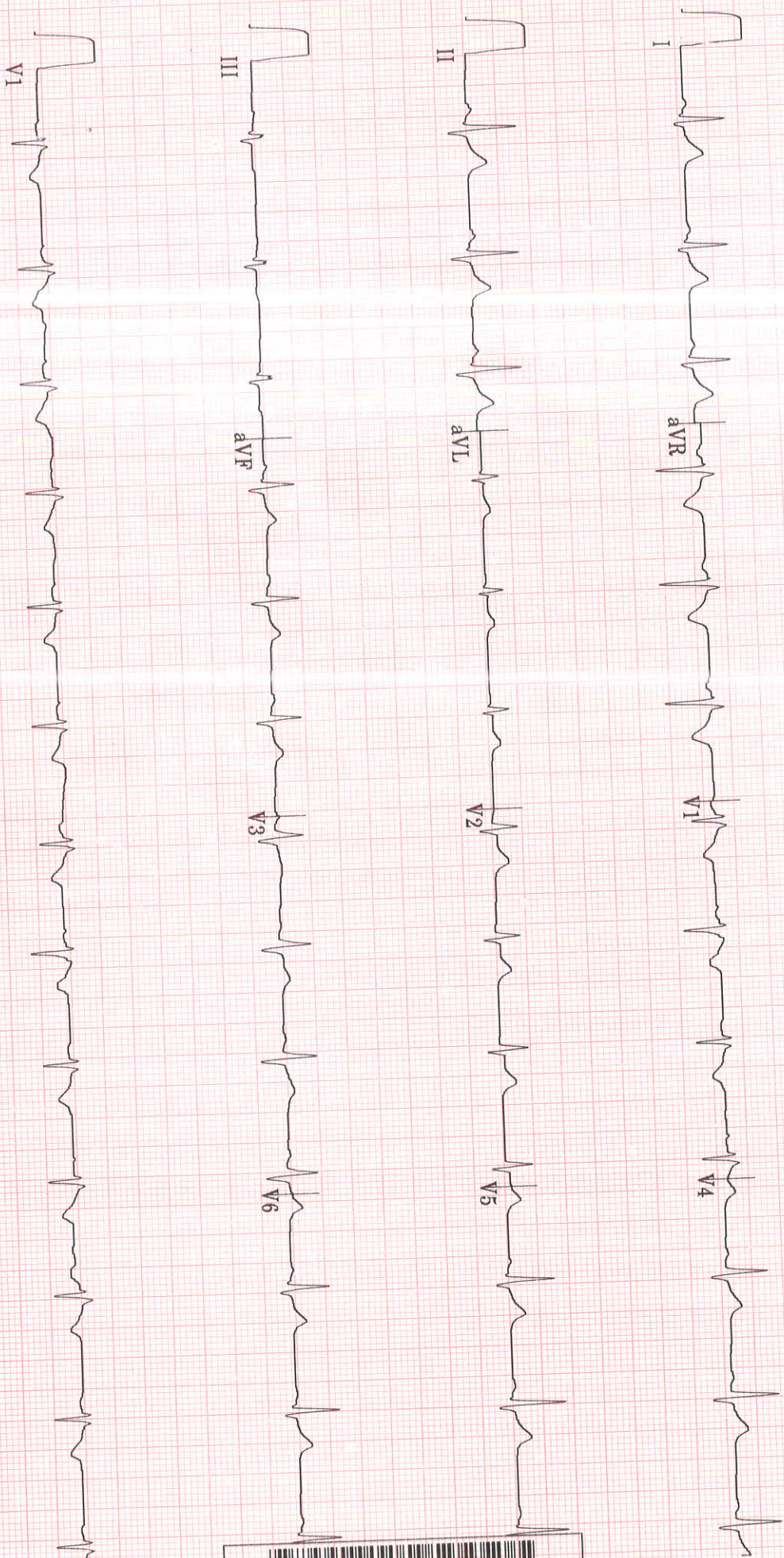
Vent. rate	78 bpm
PR interval	130 ms
QRS duration	88 ms
QT/QTc	354/403 ms
P-R-T axes	45 33 32

Technician:  
Test ind:

Referred by:

Unconfirmed

*(Handwritten signature)*



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239



## TMT INVESTIGATION REPORT

Patient Name : Kundan KUMAR	Location : Ghaziabad
Age/Sex : 39Year(s)/male	Visit No : V0000000001-GHZZ
MRN No : 1102391	Order Date : 27/05/2023
Ref. Doctor : HCP	Report Date : 27/05/2023

**Protocol** : Bruce **MPHR** : 181BPM  
**Duration of exercise** : 6min 4sec **85% of MPHR** : 153BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 156BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 86%  
Peak BP : 136/84mmHg **METS** : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	71	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	134	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	155	136/84	Nil	No ST changes seen	Nil
STAGE 3	0:4	156	136/84	Nil	No ST changes seen	Nil
RECOVERY	3:04	102	124/84	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD  
Cardiology Registrar

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Page 1 of 2

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