

11236606

MR VEER SINGH

8/19/2023 1:26:11 PM

50 Years

Male

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. Baseline wander in lead(s) V5

PR 151  
QRSD 82  
QT 350  
QTc 402

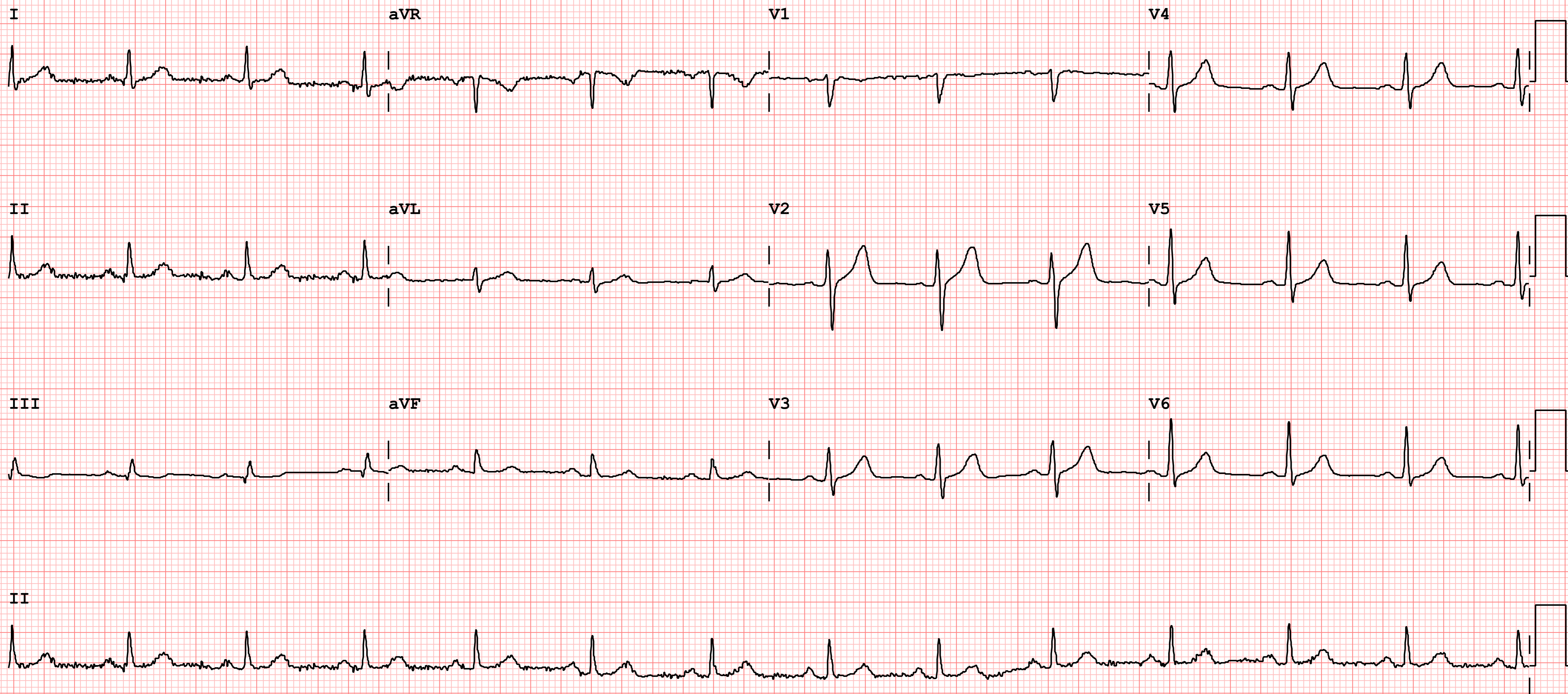
--AXIS--

P 56  
QRS 50  
T 28

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?

# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR VEER SINGH YADAV **Age** : 50 Yr(s) Sex :Male  
**Registration No** : MH011236606 **Lab No** : 31230800786  
**Patient Episode** : H03000055713 **Collection Date** : 19 Aug 2023 11:06  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 19 Aug 2023 15:33  
**Receiving Date** : 19 Aug 2023 13:35

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing A Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE  
Cell Panel II NEGATIVE  
Cell Panel III NEGATIVE  
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 3

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



**Dr Himanshu Lamba**

# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR VEER SINGH YADAV **Age** : 50 Yr(s) Sex :Male  
**Registration No** : MH011236606 **Lab No** : 32230807167  
**Patient Episode** : H03000055713 **Collection Date** : 19 Aug 2023 11:05  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 19 Aug 2023 17:01  
**Receiving Date** : 19 Aug 2023 11:45

### BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.5 %  
As per American Diabetes Association (ADA) 2010 [4.0-6.5]  
HbA1c in %  
Non diabetic adults : < 5.6 %  
Prediabetes (At Risk ) : 5.7 % - 6.4 %  
Diabetic Range : > 6.5 %  
Methodology High-Performance Liquid Chromatography (HPLC)  
Estimated Average Glucose (eAG) 111 mg/dl

#### Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

#### Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V., Michael Snyder.L. (2021). Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. Nader Rifai, Andrea Rita Horvath, Carl T. Wittwer.

(2018) Teitz Text book

of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

Page 2 of 3

# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR VEER SINGH YADAV **Age** : 50 Yr(s) Sex :Male  
**Registration No** : MH011236606 **Lab No** : 32230807167  
**Patient Episode** : H03000055713 **Collection Date** : 19 Aug 2023 11:05  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 19 Aug 2023 13:38  
**Receiving Date** : 19 Aug 2023 11:37

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.518	ng/mL	[<3.500]

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.

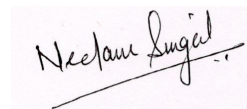
Caution : Serum markers are not specific for malignancy, and values may vary by method.

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

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.

Page 3 of 3

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



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



NAME	MR Veer SINGH YADAV	STUDY DATE	19/08/2023 12:05PM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011236606
ACCESSION NO.	R5977505	MODALITY	US
REPORTED ON	19/08/2023 2:32PM	REFERRED BY	Health Check MHD

## USG WHOLE ABDOMEN

Results:

Liver is normal in size (~14.3 cm) and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.

Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (~10.1 cm) and echopattern.

Both kidneys are normal in position, size (RK ~8.7 x 4.2 cm and LK ~9.7 x 4.9 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate appears normal in size and echotexture. It measures approx. 23.3 cc in volume.

No significant free fluid is detected.

## IMPRESSION:

- **No significant abnormality detected.**

Please correlate clinically.

**Dr. Nipun Gumber MBBS, MD DMC No.90272**

**ASSOCIATE CONSULTANT**

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



NABH Accredited Hospital  
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital  
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services  
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services  
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital  
IND18.6278/05/12/2018-04/12/2019

[www.manipalhospitals.com](http://www.manipalhospitals.com) E [info@manipalhospitals.com](mailto:info@manipalhospitals.com) P +91 11 4967 4967

Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

# Human Care Medical Charitable Trust



Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM PAN NO: AAAAH3917L

NAME	MR Veer SINGH YADAV	STUDY DATE	19/08/2023 11:32AM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011236606
ACCESSION NO.	R5977506	MODALITY	CR
REPORTED ON	19/08/2023 11:21AM	REFERRED BY	Health Check MHD

## X-RAY CHEST - PA VIEW

### Results:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.

Dr. Roly Srivastava MBBS, DNB DMC No.45626

CONSULTANT RADIOLOGIST

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



NABH Accredited Hospital  
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital  
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services  
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services  
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital  
IND18.6278/05/12/2018- 04/12/2019

[www.manipalhospitals.com](http://www.manipalhospitals.com) E [info@manipalhospitals.com](mailto:info@manipalhospitals.com) P +91 11 4967 4967

Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited