

Name : MR MUKUL PANDEY Age : 33 Yr(s) Sex : Male
 Registration No : MH011329635 Lab No : 32230910068
 Patient Episode : R03000054607 Collection Date : 23 Sep 2023 20:42
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 24 Sep 2023 08:14
 Receiving Date : 23 Sep 2023 21:13

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

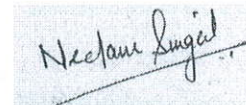
T3 - Triiodothyronine (ECLIA)	1.67	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	6.82	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	1.300	µIU/mL	[0.340-4.250]

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>

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





LABORATORY REPORT

Name : MR MUKUL PANDEY Age : 33 Yr(s) Sex : Male
Registration No : MH011329635 Lab No : 202309005104
Patient Episode : H18000001203 Collection Date : 23 Sep 2023 10:38
Referred By : HEALTH CHECK MGD Reporting Date : 24 Sep 2023 08:57
Receiving Date : 23 Sep 2023 11:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.4	%	[0.0-5.6]
Estimated Average Glucose (eAG)	108	mg/dl	

As per American Diabetes Association (ADA)
HbA1c in %
Non diabetic adults ≥ 18 years < 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes ≥ 6.5

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 glycemic control.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood
Blood Group & Rh typing B Rh(D) Positive

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

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR MUKUL PANDEY
Registration No : MH011329635
Patient Episode : H18000001203
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Sep 2023 11:53

Age : 33 Yr(s) Sex :Male
Lab No : 202309005104
Collection Date : 23 Sep 2023 10:38
Reporting Date : 23 Sep 2023 15:05

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.98	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.0	%	[40.0-50.0]
MCV (DERIVED)	84.3	fL	[83.0-101.0]
MCH (CALCULATED)	27.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	271	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.0		
WBC COUNT (TC) (IMPEDEANCE)	7.19	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	10.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.



LABORATORY REPORT

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Registration No : MH011329635
Patient Episode : H18000001203
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Sep 2023 11:53

Age : 33 Yr(s) Sex :Male
Lab No : 202309005104
Collection Date : 23 Sep 2023 11:53
Reporting Date : 23 Sep 2023 17:18

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



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Receiving Date : 23 Sep 2023 11:53

Age : 33 Yr(s) Sex :Male
Lab No : 202309005104
Collection Date : 23 Sep 2023 10:38
Reporting Date : 23 Sep 2023 15:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	139	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	67	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	38.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	88.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



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Lab No : 202309005104
Collection Date : 23 Sep 2023 10:38
Reporting Date : 23 Sep 2023 15:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	21.1	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	9.9	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.81	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	6.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	137.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.27	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	103.8	mmol/L	[101.0-111.0]
eGFR (calculated)	116.8	ml/min/1.73sq.m	[>60.0]
<p>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. 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.</p>			



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Lab No : 202309005104
Collection Date : 23 Sep 2023 10:38
Reporting Date : 23 Sep 2023 15:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.68 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.34 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.34 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.50	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.88		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	61.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	140.10 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	111.0 #	IU/L	[32.0-91.0]
GGT	41.0	U/L	[7.0-50.0]



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BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR MUKUL PANDEY
Registration No : MH011329635
Patient Episode : H18000001203
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Sep 2023 10:38

Age : 33 Yr(s) Sex : Male
Lab No : 202309005105
Collection Date : 23 Sep 2023 10:38
Reporting Date : 23 Sep 2023 15:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	93.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR MUKUL PANDEY
Registration No : MH011329635
Patient Episode : H18000001203
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Sep 2023 15:21

Age : 33 Yr(s) Sex :Male
Lab No : 202309005106
Collection Date : 23 Sep 2023 15:21
Reporting Date : 23 Sep 2023 17:15

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS	90.0	mg/dl	[80.0-140.0]
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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

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

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Mukul PANDEY	STUDY DATE	23/09/2023 11:27AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH011329635
ACCESSION NO.	R6145938	MODALITY	CR
REPORTED ON	23/09/2023 11:29AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
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:

Prominent bronchovascular markings in bilateral lung fields.

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

33years
 Male
 Caucasian

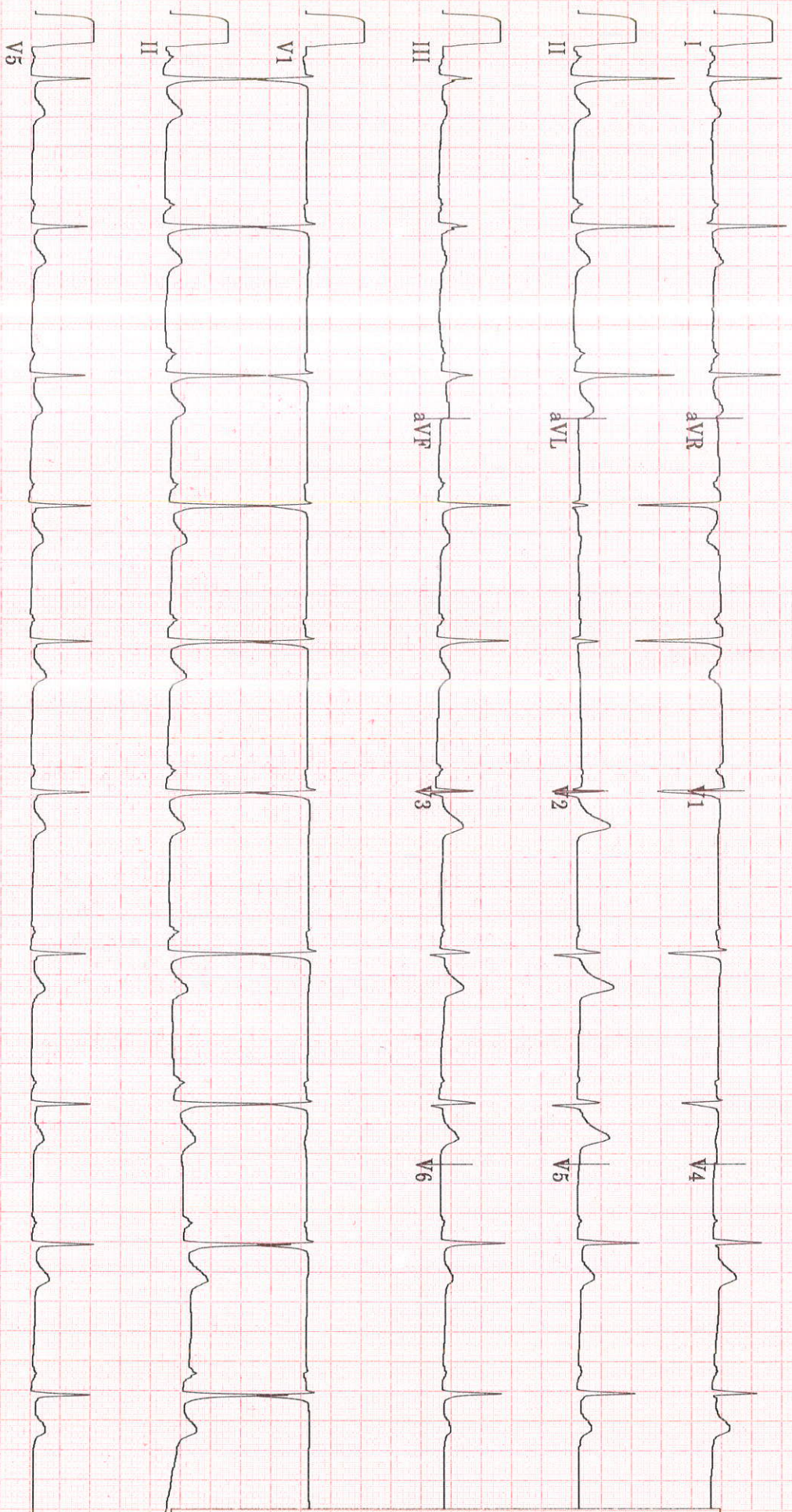
Vent. rate 61 bpm
 PR interval 160 ms
 QRS duration 80 ms
 QT/QTc 368/370 ms
 P-R-T axes 53 50 55

Normal sinus rhythm with sinus arrhythmia
 Nonspecific ST abnormality
 Abnormal ECG

Technician:
 Test ind:

Referred by:

Unconfirmed



20 Hz
 25.0 mm/s
 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ v239





TMT INVESTIGATION REPORT

Patient Name	MUKUL PANDEY	Location	: Ghaziabad
Age/Sex	: 33Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011329635	Order Date	: 23/09/2023
Ref. Doctor	: HCP	Report Date	: 23/09/2023

Protocol	: Bruce	MPHR	: 187BPM
Duration of exercise	: 6min 12sec	85% of MPHR	: 158BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 159BPM
Blood Pressure (mmHg)	: Baseline BP : 152/98mmHg Peak BP : 164/98mmHg	% Target HR	: 85%
		METS	: 7.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	84	152/98	Nil	No ST changes seen	Nil
STAGE 1	3:00	131	160/98	Nil	No ST changes seen	Nil
STAGE 2	3:00	156	164/98	Nil	No ST changes seen	Nil
STAGE 3	0:12	159	164/98	Nil	No ST changes seen	Nil
RECOVERY	3:03	84	154/98	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.

IMPRESSION:

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

Dr. Bhupendra SinghMD, 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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