



CIMS



City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF PATHOLOGY

UHID	CIMS-12682	Visit Type/No	OP/EPD-17652/EPD-17652
Name	Mr Sanajy Kumar Jha	Order No	OR-35158
Age/Gender	40 Y/Male	Order Date/Time	23-05-2024
Accession Number	OPAC-3892	Collection Date/Time	23-05-2024 09:11 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	23-05-2024 01:24 PM
Ordering Doctor	Dr Self	Report Date/Time	23-05-2024 01:25 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Haematology

Service Name	Result	Unit	Reference Range	Method
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BLOOD GROUP (ABO)

BLOOD GROUP (ABO)- "O"
 RH TYPING POSITIVE
 The upper agglutination test for grouping has some limitations.

CBC (Complete Blood Count), Blood

Hemoglobin (Hb)	12.6 L	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	9370	/cumm	4000-11000	Impedance

DH FERENTIAL LEUCOCYTE COUNT

Neutrophils	57	%	40-80	
Lymphocytes	35	%	20-45	
Monocytes	06	%	4-10	
Eosinophils	02	%	1-6	
Basophils	00	%	0-1	
RBC Count	4.80	millions/cumm	4.5-5.5	
PCV / Hct (Hematocrit)	37.9 L	%	40-45	Calculated
MCV	79.0	fl	76-96	
MCH	26.3 L	pg	27-32	
MCHC	33.1	g/dL	30-35	
Platelet Count	2.41	lakh/cumm	1.5-4.5	Impedance
RDW	14.4	%	1-15	
ESR (Erythrocyte Sedimentation Rate), Blood	40 H	mm 1st Hr.	0-10	Wintrobe



-----End of the Report-----



Dr Amrish Kumar
Pathology
MD (Pathology)

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Ordering Doctor	Dr Self	Report Date/Time	23-05-2024 01:28 PM
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Clinical Biochemistry

Service Name	Result	Method
HbA1c		
GLYCOSYLATED HAEMOGLOBIN (HbA1c)		
Method- Immunofluorescence Assay		
Glycosylated Hemoglobin (HbA1c)	5.60 %	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	114.02 mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations.



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Treating Doctor	Dr Self	Acknowledge Date/Time	23-05-2024 02:08 PM
Ordering Doctor	Dr Self	Report Date/Time	23-05-2024 02:09 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	117.0	mg/dL	80-150	GOD/POD





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Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), Plasma	87.8	mg/dL	60-110	GOD/POD
KFT (Kidney Profile) -I, Serum				
Urea, Blood	46.5	mg/dl.	15-50	Urease-uv
Creatinine, Serum	1.14	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	21.70	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	19.03		10-20	Calculated
Sodium, Serum	137.8	mmol/L	135-150	ISE
Potassium, Serum	3.56	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.84	mg/dL	8.7-11.0	ISE
Chloride, Serum	97.2	mmol/L	94-110	ISE
Uric acid, Serum	7.88 H	mg/dL	3.4-7.0	Uricase
Magnesium, Serum	1.72	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.46	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	105.9	U/L	53-165	IFCC
Albumin, Serum	3.87	g/dL	3.5-5.4	BCG
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	0.83	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.27	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.56	mg%	0.0-0.75	Calculated
SGOT/AST	31.4	U/L	0-40	IFCC
SGPT/ALT	56.2 H	U/L	0-48	IFCC
AST/ALT Ratio	0.56		0-1	Calculated
Gamma GT, Serum	40.0	U/L	10-45	IFCC
Alkaline phosphatase, Serum	105.9	U/L	53-165	IFCC
Total Protein, serum	6.67	gm/dl	6.0-8.4	Biuret
Albumin, Serum	3.87	g/dl.	3.5-5.4	BCG
Globulin	2.80	g/dL	2.3-3.6	Calculated
A/G Ratio	1.38		1.0-2.3	Calculated



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Clinical Biochemistry

Service Name	Result	Method
URINE SUGAR (FASTING), Urine	Absent	






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Pathology

Service Name	Result	Method
URINE SUGAR (PP), Urine	Absent	



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Clinical Biochemistry

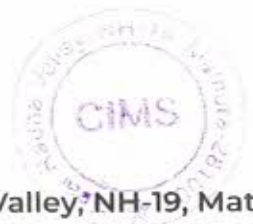
Service Name	Result	Unit	Reference Range	Method
Lipid Profile, Serum				
Cholesterol, serum	164.0	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	124.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl	
HDL Cholesterol	50.2	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	89.00	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	24.80	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.77		0.0-3.5	

Interpretation :

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. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.






-----End of the Report-----



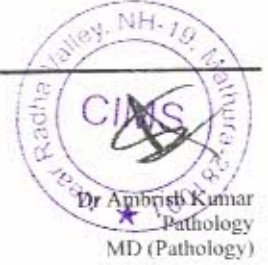
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CIMS
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Pathology

Service Name	Result	Unit	Reference Range	Method
PSA (Prostate Specific Antigen) Total, Blood	1.59	ng/mL	0.27-2.19	

Note

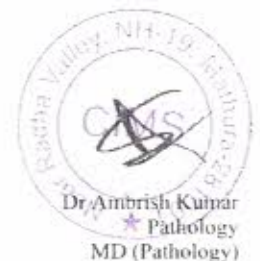
1. This is recommended test for detection of prostate cancer along with digital rectal examination(DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding.
4. Immediate 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. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

Clinical Use

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer






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Pathology

Service Name	Result	Unit	Reference Range	Method
Thyroid Profile -T3, T4, TSH, Blood				
Triiodothyronine (T3)	1.69	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	91.4	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	1.91	uIU/mL	0.3-4.5	CLIA

Interpretation **:Note:**

- 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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood



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Pathology

Service Name	Result	Unit	Reference Range	Method
URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine				
Physical Examination				
COLOUR	Straw Color			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.020		1.001-1.03	Strip
PH URINE	7.0		5-8	Strip
DEPOSIT	Absent			Manual
BIOCHEMICAL EXAMINATION				
ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
MICROSCOPIC EXAMINATION				
PUS CELLS	0-1	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



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DEPARTMENT OF RADIOLOGY

NAME: SANJAY KUMAR	AGE : 40 YRS.	SEX : M
REF. BY: DR. CIMS	UHID: 12682	DATE: 23-May-24

ULTRASOUND SCAN OF ABDOMEN

FINDINGS:

Liver is normal in size (14.2 cm). **Echotexture is slightly echogenic.** No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated. Portal vein is normal in caliber.

Gall bladder wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

Spleen is normal in size (11.6 cm). Echotexture is normal. No focal Lesion is seen.

Right kidney is normally sited and is of normal size (RT ~ 9.6 x 4.4 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

Left kidney is normally sited and is of normal size (LT ~ 9.8 x 4.8 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen.

Left kidney shows a calculus measuring ~ 3.1 mm in the lower calyx.

Urinary bladder is normal in distension and wall is not thickened. No calculi seen.

Prostate is normal in size and normal in echotexture.

No free fluid seen in peritoneal cavity.

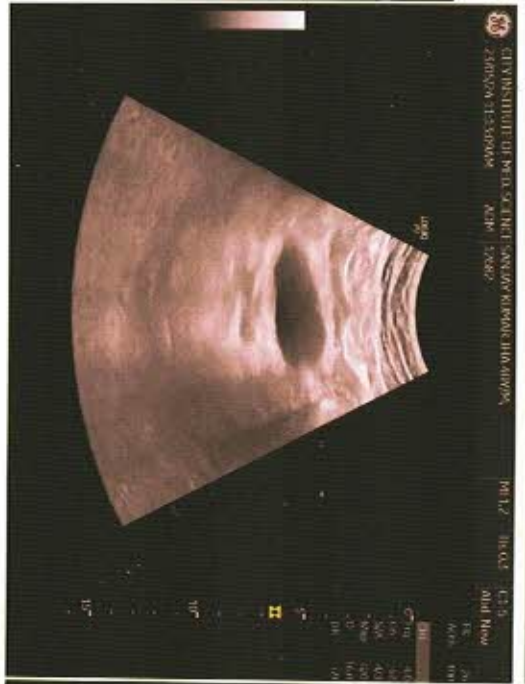
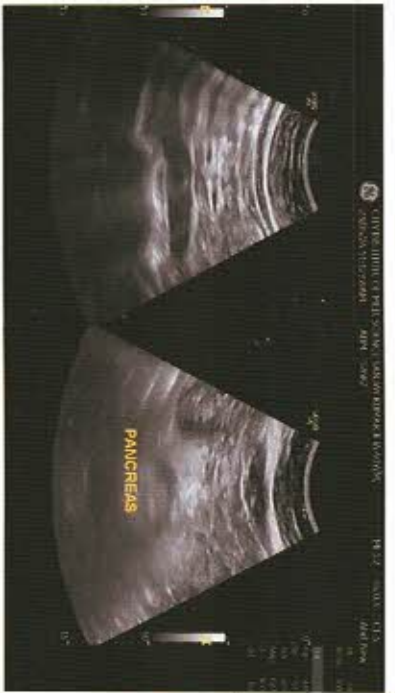
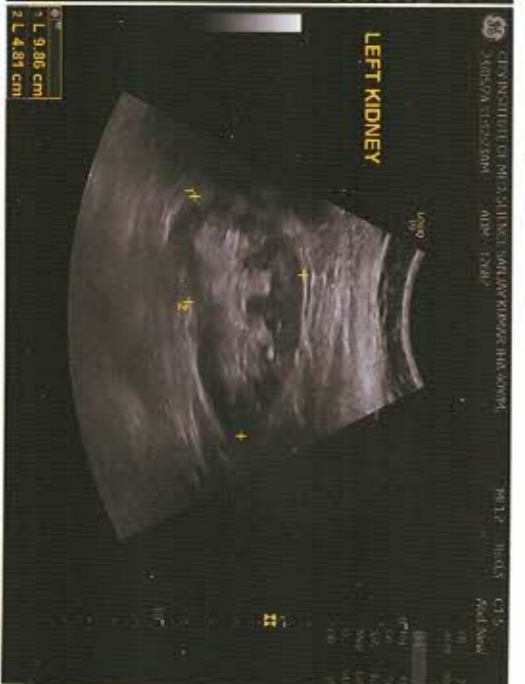
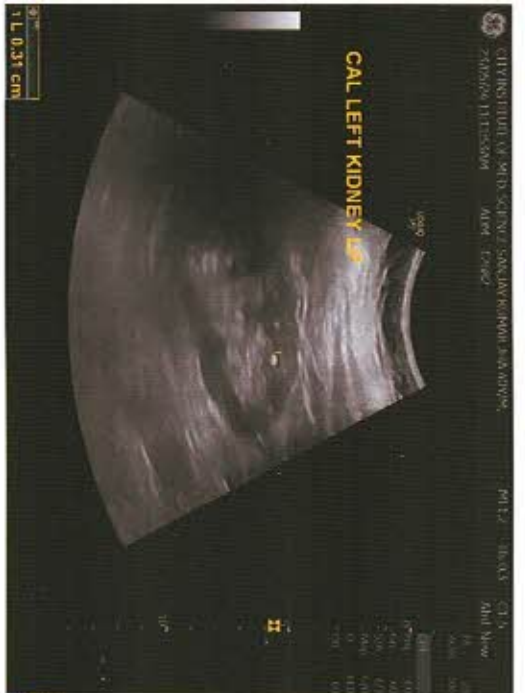
IMPRESSION-

- LEFT RENAL CALCULUS. NO HYDRONEPHROSIS.
- GRADE I FATTY CHANGES IN LIVER.

PLEASE CORRELATE CLINICALLY & F/E.



DR. ABHAY KUMAR
M.B.B.S., D.N.B (RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST



CIMS
Signature
Date

40 Years

sanjay kumar jha
Male

23-May-24 9:07:47 AM

CIMS

Rate	61	· Sinus rhythm.....	normal P axis, V-rate 50- 99
PR	169	· Abnormal R-wave progression, late transition.....	QRS area<0 in V5/V6
QRSD	94	· Left ventricular hypertrophy.....	multiple voltage criteria
QT	415	· Borderline T abnormalities, inferior leads.....	T flat/neg, II III aVF
QTc	418		

--AXIS--
P 19
QRS -13
T -13

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

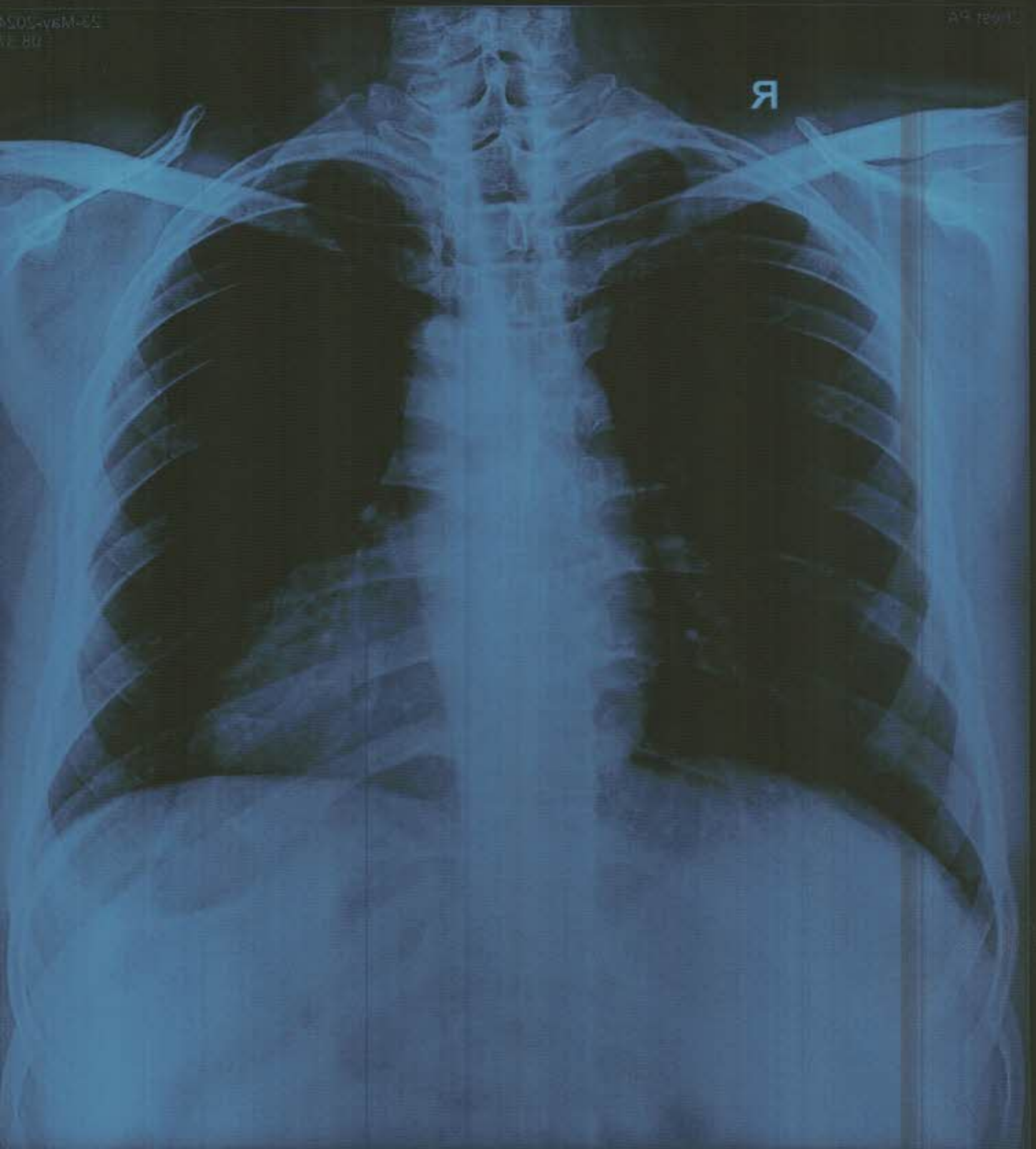
100B CL?

P?



24-MAY-2025
08:17:00

Chest PA



R

12882 sanjay kumar jha M 40 years

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THE INSTITUTE OF MEDICAL SCIENCES, N.H.19 MATHURA



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City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF CARDIOLOGY

Name : MR.SANJAY KUMAR JHA Age/Sex : 40Yrs/ Male
Date : 23/05/2024 ID No. : CIMS-12682
Done By : DR. ARPIT AGARWAL

ECHOCARDIOGRAPHY

- ❖ All Cardiac chamber normal size.
- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ **Trace MR.**
- ❖ **Trace TR.**
- ❖ RVSP=RAP+15 mmHg
- ❖ Normal AFV
- ❖ Intact IAS/IVS.
- ❖ No clot/vegetation/pericardial effusion.
- ❖ IVC non-dilated & collapsing > 50% during inspiration.

CLINICAL IMPRESSION:

- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ **Trace MR.**
- ❖ **Trace TR.**
- ❖ No PHT, PASP = 20 mmHg.



Dr. ARPIT AGARWAL

MBBS, MD, DM (CARDIOLOGY)

Consultant Intervention Cardiologist

Ex. Fortis Escort Heart Institute, Delhi

NOTE: Normal Echocardiography report does not rule out CAD.

This report is not valid for Medical use at Radha Valley, NH-19, Mathura

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