

CONCLUSION OF HEALTH CHECKUP

ECU Number : 8449	MR Number : 23225758	Patient Name : MANOJ KUMAR PRUSTY
Age : 30	Sex : Male	Height : 169
Weight : 89.8	Ideal Weight : 67	BMI : 31.44
Date : 13/01/2024		

*Dyslipidemia
Fatty Liver*

*Ao
Fibrosis
Lifestyle Modification*


Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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ECU Number : 8449 MR Number : 23225758 Patient Name: MANOJ KUMAR PRUSTY
Age : 30 Sex : Male Height : 169
Weight : 89.8 Ideal Weight : 67 BMI : 31.44
Date : 13/01/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : FATHER : HTN , IHD - STENT SURGERY DONE

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 140/90

Pulse : 100

Others : SPO2 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :





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ECU Number : 8449
Age : 30
Weight : 89.8
Date : 13/01/2024

MR Number : 23225758
Sex : Male
Ideal Weight : 67

Patient Name: MANOJ KUMAR PRUSTY
Height : 169
BMI : 31.44

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

NA

NA

Vision With Glasses

6/6 N.5

6/6 N.5

Final Correction

NA

NA

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Mr. MANOJ KUMAR PRUSTY**
Gender / Age : Male / 30 Years 6 Months 6 Days
MR No / Bill No. : **23225758 / 242072339**
Consultant : Dr. Manish Mittal
Location : **OPD**

Type : OPD
Request No. : **191200**
Request Date : 13/01/2024 11:21 AM
Collection Date : 13/01/2024 11:28 AM
Approval Date : 13/01/2024 03:18 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	14.4	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.97	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	45.8	%	40 - 50
Mean Corpuscular Volume (MCV)	92.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.0	pg	27 - 32
MCH Concentration (MCHC)	31.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.4	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.93	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	60	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	10	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.15	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.82	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.71	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.21	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.4	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	337	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done		
ESR	8	mm/1 hr	0 - 10

Test Results are dependent on number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and to re-verify the results before firm opinion is made. Requester's attention is drawn to this.

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Test Results are dependent on number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and doctor's reference. Signature before any firm opinion is made. Recheck/ repeat may be requested.

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Approval Date : 13/01/2024 03:15 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocont
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and both re-verification, re-verification, before any firm opinion is made. Recheck/ retest may be requested.

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	93	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	101	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from AD and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and/or refer to laboratory before any firm opinion is made. Recollect / retest if necessary.

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Approval Date : 13/01/2024 03:29 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides <i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i> < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	136	mg/dL	1 - 150
Total Cholesterol <i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.)</i> <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	220	mg/dL	1 - 200
HDL Cholesterol <i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600)</i> < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) <i>(Non- HDL Cholesterol)</i> < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	176	mg/dL	1 - 130
LDL Cholesterol <i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600)</i> < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	139	mg/dL	1 - 100
VLDL Cholesterol (calculated)	27.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.16		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	5		3.5 - 5

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path), DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and health, religious, occupational, dietary any firm opinion is made. Requested / repeat may be necessary.

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.98	mg/dL	0 - 1
Bilirubin - Direct	0.24	mg/dL	0 - 0.3
Bilirubin - Indirect	0.74	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	21	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	26	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	99	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	17	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.58	gm/dL	6.4 - 8.2
Albumin	4.58	gm/dL	3.4 - 5
Globulin	3	gm/dL	3 - 3.2
A : G Ratio	1.53		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on number of vessels & technical limitations. Hence, it is advised to correlate with clinical findings and other relevant investigations before any opinion is given. Recipient's consent is required.

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Patient Name : **MR. MANOJKUMAR PRUSTY**
Gender / Age : Male / 30 Years 6 Months 6 Days
MR No / Bill No. : **23225758 / 242072339**
Consultant : Dr. Manish Mittal
Location : **OPD**

Type : **DEPARTMENT OF LABORATORY MEDICINE**
Request No. : **191200**
Request Date : 13/01/2024 11:21 AM
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Approval Date : 13/01/2024 03:32 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	23	mg/dL	10 - 45
BUN	10.75	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	1.02	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	7.3	mg/dL	3.4 - 7.2

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on accuracy of variables & reagent calibrations. Hence, it is advised to correlate with clinical findings and/or re-investigation, before any firm opinion is made. Recheck/ retest may be resorted.

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Patient Name : Mr. MANOJKUMAR PRUSTY

Gender / Age : Male / 30 Years 6 Months 6 Days

MR No / Bill No. : 23225758 / 242072339

Consultant : Dr. Manish Mittal

Location : OPD

Type **DEPARTMENT OF LABORATORY MEDICINE** : OPD

Request No. : **191200**

Request Date : **13/01/2024 11:21 AM**

Collection Date : **13/01/2024 11:28 AM**

Approval Date : **13/01/2024 03:32 PM**

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.42	ng/ml	
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(Done by CLIA based method on automated immunoassay Vitros 5600.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4

1-11 months : 0.1 - 2.45

1-5 years : 0.1 - 2.7

6-10 years : 0.9 - 2.4

11-15 years : 0.8 - 2.1

16-20 years : 0.8 - 2.1

Adults (20 - 50 years) : 0.7 - 2.0

Adults (> 50 years) : 0.4 - 1.8

Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

Thyroxine (T4)	9.98	mcg/dL	
----------------	------	--------	--

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6

1 - 2 weeks : 9.8 - 16.6

1 - 4 months : 7.2 - 14.4

4 - 12 months : 7.8 - 16.5

1-5 years : 7.3 - 15.0

5 - 10 years : 6.4 - 13.3

10 - 20 years : 5.6 - 11.7

Adults / male : 4.6 - 10.5

Adults / female : 5.5 - 11.0

Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

Thyroid Stimulating Hormone (US-TSH)	1.35	microIU/ml	
--------------------------------------	------	------------	--

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39

2-20 weeks : 1.7 - 9.1

5 months - 20 years : 0.7 - 6.4

Adults (21 - 54 years) : 0.4 - 4.2

Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5

2nd trimester : 0.5 - 4.6

3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

Test Results are dependent on number of variables & potential limitations. Review it & advised to correlate with clinical findings and/or other related test results before any firm opinion is made. Recheck test may be requested.

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.



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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23225758 Report Date : 13/01/2024
 Request No. : 190097423 13/01/2024 11.21 AM
 Patient Name : Mr. MANOJ KUMAR PRUSTY
 Gender / Age : Male / 30 Years 6 Months 6 Days

X-Ray Chest AP

Both lung fields are clear.
 Both costophrenic sinuses appear clear.
 Heart size is normal.
 Hilar shadows show no obvious abnormality.
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.
 Consultant Radiologist





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- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23225758 Report Date : 13/01/2024
 Request No. : 190097429 13/01/2024 11.21 AM
 Patient Name : Mr. MANOJ KUMAR PRUSTY
 Gender / Age : Male / 30 Years 6 Months 6 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 3-4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.
 Spleen is normal size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Grade I fatty liver.**
- Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Harsh Sanjay Vyas, D N
 B
 Consultant Radiologist**



Patient No. : 23225758 Report Date : 13/01/2024
Request No. : 190097419 13/01/2024 11.21 AM
Patient Name : Mr. MANOJ KUMAR PRUSTY
Gender / Age : Male / 30 Years 6 Months 6 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : NO LV diastolic dysfunction,
NO AR, MR, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM
Consultant Cardiologist

Name: Manojkumar Prusty
Patient ID: Ecu/23225758

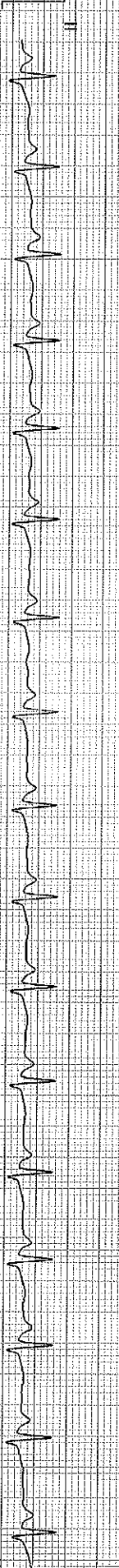
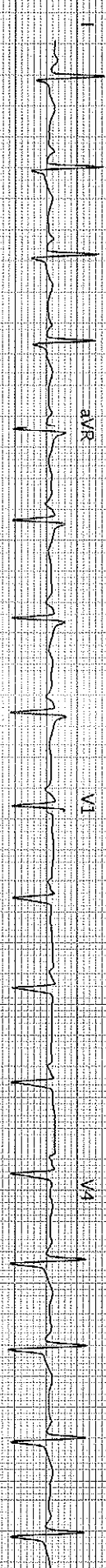
13.01.2024 12:11:34
Standard 12-Lead

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Age: 030Y
Gender: Male
Ref. phys.:
Paramaker: Unknown
Remark:

HR 102 bpm
RR 588 ms
PR 126 ms
P axis 57°
QRS axis 12°
T axis 0°
QTcB 42.4 ms

Unconfirmed report



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT-102-C2-12-0 (1080:011030)

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SCHILLER

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