

GE Healthcare REF 10197231S 13.01.2024 10:05:24

Location: CC LOT D785
 Room:
 Order Number:
 Indica:
 Medicat:
 Medication 2:
 Medication 3:

86 bpm
 -- / -- mmHg

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

mr. Manish Kumar
 Ht: 171 cm
 wd: 99 kg

QRS: 74 ms
 QT / QTcBaz: 346 / 414 ms
 PR: 130 ms
 P: 44 ms
 RR / PP: 694 / 697 ms
 P / QRS / T: -4 / 31 / -43 degrees

GE MAC2000 1.1 12SL™ v241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed 4x2.5x3_25_R1 1/1

Patient Name : Mr. Manish Kumar Verma

Age : 40 Y M

UHID : SKAN.0000132262

OP Visit No : SKANOPV160345

Reported on : 13-01-2024 10:49

Printed on : 13-01-2024 10:50

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on: 13-01-2024 10:49

---End of the Report---



Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology

*Please correlate clinically
Kindly Note*

- ❖ Ultrasound is not the modality of choice to rule out solid tumour lesions.
- ❖ Please inform us for any typing mistakes and send the report for correction within 7 days.
- ❖ The scope of Radiological diagnosis is based on the interpretation of various studies produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

Patient Name : Mr. Manish Kumar Verma

Age : 40 Y M

UHID : SKAN.0000132262

OP Visit No : SKANOPV160345

Reported on : 13-01-2024 11:43

Printed on : 13-01-2024 11:44

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- Normal in size, shape and mild fatty liver. No focal lesions. Intra hepatic biliary radicles not dilated.

Portal vein is normal in course and caliber.

Bladder- Normal in distension and wall thickness. No sizeable calculus or mass lesion.

CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenicity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenicity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum -obscured by bowel gas

Bilateral Kidney -Normal in size, shape, position and echogenicity. Corticomedullary differentiation preserved.

Pelvicalyceal system not dilated.No mass lesion. Bilateral ureter not dilated. **Tiny left renal concretion (2.5mm)**

Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Prostate - is normal in size, shape and outline.

No evidence of ascites.

IMPRESSION:

Mild fatty liver

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation

if applicable.) It is only a professional opinion. Not valid for medico legal purpose.

Printed on:13-01-2024 11:43

---End of the Report---


Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology



Patient Name :- MR MANISH KUMAR VERMA	Date :- 13 January 2024
Referred By :- MHC	Age/Sex: 40Y/MALE
IPD/OPD:- OPD	UHID NO-132262

HEART STATION ECHO REPORT

PROCEDURES:	M-MODE/2D/DOPPLER/COLOR/CONTRAST	B.S.A. M ²
MEASUREMENTS:		NORMAL
Aortic root diameter	2.4	2.0-3.7 cm < 2.2 cm
Aortic valve opening	1.8	1.5-2.6 cm
Right ventricular dimension	2.5	0.7-2.6 cm < 1.4 cm / M ²
Right atrial dimension	2.3	0.3-2.9 cm
Left atrial dimension	4.2	1.9-4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	4.3	3.7-5.6 cm < 3.2 cm / M ²
Left ventricular ES dimension	2.9	2.2-4.0 cm
Interventricular septal thickness	ED 1.5 ES 2.1	0.6-1.2 cm
Left vent PW thickness	ED 1.2 ES 1.6	0.5-1.0 cm

INDICES OF LEFT VENTRICLE FUNCTION

LV Ejection Fraction 60% 60-62%

DOPPLER

MV	90	Cm/sec	MR	Nil
AoV	111	Cm/sec	AI	Nil
TV	85	Cm/sec	TR	Nil
PV	72	Cm/sec	PI	Nil

FINAL DIAGNOSIS:

- **Concentric LVH**
 - Normal cardiac chamber dimensions.
 - No regional wall motion abnormality.
 - LVEF 60%
 - Normal valves and flows.
 - No evidence of pericardial effusion.
 - No evidence of RHD/ASD/VSD/PDA.
 - No LA/LV, Clot/Vegetation.
- (Kindly correlate clinically and further investigation)

Please correlate clinically

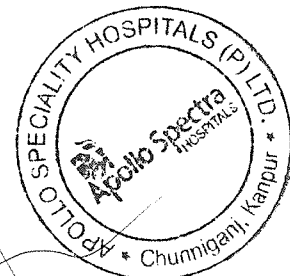
Kindly Note

❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.

❖ Please Intimate us for any typing mistakes and send the report for correction with 7 days.

❖ The science of Radiological diagnosis is based on the interpretation of shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigations are required to enable the clinician to reach the final diagnosis.

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Dr. Mohd Shahid, MD
Consultant Cardiologist

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.

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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. Manish Kumar Verma	Age / Gender : 40Y/Male
UHID/MR No. : SKAN.0000132262	OP Visit No : SKANOPV160345
Sample Collected on : 13-01-2024 09:49	Reported on : 13-01-2024 14:50
LRN# : LAB13298010	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 74635	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	15.3	13 - 17	g/dL
RBC Count Method: Electrical Impedance	5.34	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	45.2	40 - 50	%
MCV Method: Calculated	84.6	83 - 101	fl
MCH Method: Calculated	28.7	27 - 32	pg
MCHC Method: Calculated	33.8	31.5 - 34.5	g/dl
RDW	13.8	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.45	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	12100	4000 - 11000	cells/cumm



Results are to be correlated clinically

NOTE : All pathological test have technical limitations with technical and interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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 Pathology excelhospitals@gmail.com
 Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	63	40 - 80	%
Lymphocytes	33	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	12	0 - 14	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
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BLOOD GROUP ABO AND RH FACTOR

ABO Method: Microplate Hemagglutination	B
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE

End of the report



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DEPARTMENT OF LABORATORY SERVICES

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LRN# : LAB13298010
Ref Doctor : SELF
Emp/Auth/TPA ID : 74635
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 40Y/Male
OP Visit No : SKANOPV160345
Reported on : 13-01-2024 15:08
Specimen : Blood(EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : is High .DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : PBS Shows mild Leukocytosis.
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

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MD

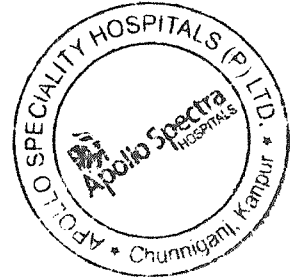
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Email : excelhospitals@gmail.com
❖ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. Manish Kumar Verma	Age / Gender : 40Y/Male
UHID/MR No. : SKAN.0000132262	OP Visit No : SKANOPV160345
Sample Collected on : 13-01-2024 09:49	Reported on : 13-01-2024 15:23
LRN# : LAB13298010	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
CHOLESTEROL Method: CHOD-End Point POD (Enzymatic)	162	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
HDL Method: Direct Measure PEG	51	<40 - Low ≥60 - High	mg/dL
LDL Method: Calculation Friedewald's Formula	92.2	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
TRIGLYCERIDES Method: Enzymatic GPO/POD/End Point	94	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : ≥ 500 Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	mg/dl
VLDL Method: Calculated	18.8	10-40	mg/dL
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA	1.0	0.7 - 1.3	mg/dl



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DEPARTMENT OF LABORATORY SERVICES

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Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: Jaffe's Kinetic			
URIC ACID - SERUM	5.5	3.5 - 7.2	mg/dl
Method: Modified Uricase			
UREA - SERUM/PLASMA	25	Male: 19 - 43	mg/dl
Method: Urease with indicator dye			
CALCIUM	9.29	8.5 - 10.1	mg/dl
Method: O-Cresolphthalein complexone			
BUN	11.66	9-20	mg/dl
Method: Urease with indicator dye			
PHOSPOHORUS	5.96*	2.5 - 4.5	mg/dl
Method: Phosphomolybdate -UV			
ELECTROLYTES (Na)	135	135 - 145	meq/L
Method: ISE-Direct			
ELECTROLYTES (K)	4.2	3.5 - 5.1	meq/L
Method: ISE-Direct			
GLUCOSE, FASTING			
FASTING SUGAR	83	70 - 110	mg/dl
Method: GOD-PAP			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	105	70 - 140	mg/dl
Method: Glucose Oxidase-Peroxidase			
LIVER FUNCTION TEST (LFT)			



Results are to be correlated clinically

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BILIRUBIN TOTAL	0.83	0.2 - 1.3	mg/dL
Method: Azobilirubin/dyphylline			
BILIRUBIN (DIRECT)	0.45	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
Method: Dual Wavelength Spectrophotometric			
BILIRUBIN UNCONJUGATED(INDIRECT)	0.38	0.0 - 1.1	mg/dL
Method: Dual Wavelength Spectrophotometric			
ALBUMIN	4.6	3.0 - 5.0	g/dL
Method: Bromocresol Green dye binding			
PROTEIN TOTAL	7.5	6.0 - 8.2	g/dL
Method: Biuret Reaction			
AST (SGOT)	26	14 - 36	U/L
Method: Kinetic (Leuco dye) with P 5 P			
GLOBULINN	2.9	2.8 - 4.5	g/dL
Method: Calculation			
ALT(SGPT)	54*	9 - 52	U/L
GAMMA GLUTAMYL TRANFERASE (GGT)			
GAMMA GT	41	< 55	U/L
Method: Kinetic Photometric			

End of the report

Results are to be correlated clinically



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DEPARTMENT OF LABORATORY SERVICES

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UHID/MR No. : SKAN.0000132262	OP Visit No : SKANOPV160345
Sample Collected on : 13-01-2024 09:49	Reported on : 13-01-2024 15:12
LRN# : LAB13298010	Specimen : Blood(bio/EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	5.3	<=5.6: Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	105.41		mg/dL

End of the report



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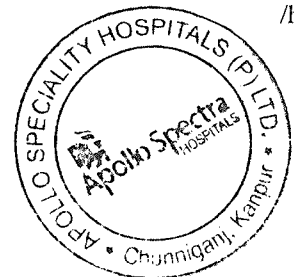

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Nil	2-3	/hpf



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DEPARTMENT OF LABORATORY SERVICES

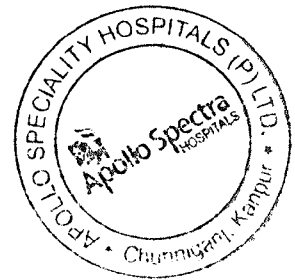
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RBC	Nil	0 - 2	/hpf
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Crystals:	Calcium Oxalates
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Casts:	Nil	/hpf
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End of the report

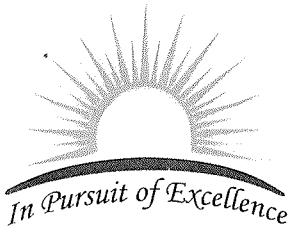


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SONI DIAGNOSTICS

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Patient Name : MR. MANISH KUMAR VERMMA

Age / Gender : 40 years / Male

Patient ID : 43512

Source : Excel Hospital

Referral : SELF

Collection Time : 13/01/2024, 01:05 p.m.

Reporting Time : 13/01/2024, 04:06 p.m.

Sample ID :



240130007

Test Description	Value(s)	Reference Range	Unit(s)
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T3,T4,TSH

SAMPLE TYPE : SERUM

T3 1.28 0.79 - 1.58 ng/mL
Method : CLIA

T4 10.3 5.2-12.7 µg/dL
Method : CLIA

TSH 3.12 0.3-4.5 µIU/mL
Method : CLIA

Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

****END OF REPORT****

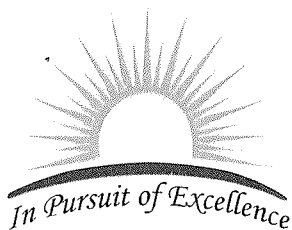
All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni

M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. MANISH KUMAR VERMMA

Age / Gender : 40 years / Male

Patient ID : 43512

Source : Excel Hospital

Referral : SELF

Collection Time : 13/01/2024, 01:05 p.m.

Reporting Time : 13/01/2024, 04:06 p.m.

Sample ID :



240130007

Test Description	Value(s)	Reference Range	Unit(s)
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PSA

Sample type : Serum

PSA	0.829	0 - 4	ng/mL
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Method : CLIA

Interpretation :

Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia or inflammatory condition of other adjacent genitourinary tissues. PSA has been demonstrated to be accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen therapy.

****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni
M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

भारत सरकार
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आधार
Aadhaar

मनीष कुमार वर्मा
Manish Kumar Verma
जन्म तिथि / DOB : 28/11/1983
पुरुष / Male

2760 3019 7132

मेरा आधार, मेरी पहचान

Issue Date: 13/02/2014

Bank of Baroda
Bank of Baroda

नाम
Name: **MANISH KUMAR VERMA**

कर्मचारी कूट सं.
E.C. No: **74635**

28/11/1983

पता & पंजीयन
Signature of Holder

Issuing Authority: CBI (B), P.O. No.

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मिलने पर निम्नलिखित को जीवित
सहायक महाप्रबंधक(सुरक्षा)
बैंक ऑफ बरोडा, बरोडा कॉर्पोरेट सेंटर
सी-26, G-Block, Bandra-Kurla Complex
मुंबई 400 051, भारत
फोन : 91 22 6698 5196 फैक्स : 91 22 2652 5747

If found, please return to:
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Bank of Baroda, Baroda Corporate Center
C-26, G-Block, Bandra-Kurla Complex
Mumbai 400 051, India
Phone: 91 22 6698 5196, Fax: 91 22 2652 5747

रक्त समूह : /Blood Group
दायाँ हिस्से में पहचान चिह्न - Cut mark on right leg