CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex,Near K.V.M Public School Heera Nagar,Haldwani
Ph: 7705023379,-
CIN : U85110DL2003PLC308206

Patient Name	: Mr.HIMANSHU PKG10000238	Registered On	: 15/May/2022 09:31:37
Age/Gender	: 27 Y 1 M 7 D /M	Collected	: 15/May/2022 09:45:30
UHID/MR NO	: CHL2.0000105287	Received	: 15/May/2022 10:49:57
Visit ID	: CHL20045442223	Reported	: 16/May/2022 12:23:14
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
HAEMOGRAM ** , *Blood*				
Haemoglobin	14.70	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	**2.00**	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	2.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	46.00	cc %	40-54	

GBP

General Blood Picture (G.B.P. / P.B.S.)

- RBCs are Normocytic and normochromic.
- Leucocytes are adequate in numbers and reveal normal distribution.
- **Platelets are reduced in number and normal in morphology.**
- Smears are Negative for Malarial and Microfilarial Parasite.
- There are no blasts (precursor cells).

COMMENT: THROMBOCYTOPENIA.

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DEPARTMENT OF HAEMATOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Platelet count				
Platelet Count	**1.18**	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	**61.70**	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**15.70**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.79	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
M.C.V.	95.60	fl	80-100	CALCULATED PARAMETER
M.C.H.	30.70	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,096.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	192.00	/cu mm	40-440	

Dr Vinod Ojha
MD Pathologist

CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING ** , *Plasma*

Glucose Fasting	95.08	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

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DEPARTMENT OF BIOCHEMISTRY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) ** *Sample:Serum*	8.12	mg/dL	7.0-23.0	CALCULATED
Creatinine ** *Sample:Serum*	1.22	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** *Sample:Serum*	81.00	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** *Sample:Serum*	5.54	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) ** , *Serum*

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DEPARTMENT OF BIOCHEMISTRY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	25.37	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	15.23	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.34	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.92	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.72	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.54		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	73.72	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	**1.78**	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	**0.75**	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	**1.03**	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , *Serum*				
Cholesterol (Total)	194.27	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.01	mg/dl	10-33	CALCULATED
Triglycerides	130.03	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr Vinod Ojha
MD Pathologist

Patient Name	: Mr.HIMANSHU PKG10000238	Registered On	: 15/May/2022 09:31:37
Age/Gender	: 27 Y 1 M 7 D /M	Collected	: 15/May/2022 10:07:59
UHID/MR NO	: CHL2.0000105287	Received	: 15/May/2022 11:05:56
Visit ID	: CHL20045442223	Reported	: 16/May/2022 16:43:19
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE ** , *Urine*				
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

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Patient Name	: Mr.HIMANSHU PKG10000238	Registered On	: 15/May/2022 09:31:37
Age/Gender	: 27 Y 1 M 7 D /M	Collected	: 16/May/2022 18:50:13
UHID/MR NO	: CHL2.0000105287	Received	: 16/May/2022 19:34:07
Visit ID	: CHL20045442223	Reported	: 17/May/2022 15:42:35
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
STOOL R/M ** , *Stool*				
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Fungal element	ABSENT			
Others	ABSENT			

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

Patient Name	: Mr.HIMANSHU PKG10000238	Registered On	: 15/May/2022 09:31:37
Age/Gender	: 27 Y 1 M 7 D /M	Collected	: 15/May/2022 10:07:58
UHID/MR NO	: CHL2.0000105287	Received	: 15/May/2022 11:05:56
Visit ID	: CHL20045442223	Reported	: 16/May/2022 16:43:19
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DEPARTMENT OF CLINICAL PATHOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, FASTING STAGE ** , *Urine*				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

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DEPARTMENT OF IMMUNOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** *Sample:Serum*	0.700	ng/mL	< 1.3	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , *Serum*

T3, Total (tri-iodothyronine)	142.50	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.20	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimester	
0.5-4.6	µIU/mL	Second Trimester	
0.8-5.2	µIU/mL	Third Trimester	
0.5-8.9	µIU/mL	Adults	55-87 Years
0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)	
1-39	µIU/mL	Child	0-4 Days
1.7-9.1	µIU/mL	Child	2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

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DEPARTMENT OF IMMUNOLOGY

BANK OF BARODA HEALTH CHECK UP MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr Vinod Ojha
MD Pathologist

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UHID/MR NO	: CHL2.0000105287	Received	: N/A
Visit ID	: CHL20045442223	Reported	: 16/May/2022 12:47:51
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DEPARTMENT OF X-RAY

BANK OF BARODA HEALTH CHECK UP MALE

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Dr.Mohit Tayal (Md Radiodiagnosis)
(PDCC Interventional Radiology)
Formerly at : AIIMS RISHIKESH,
SMIH DEHRADUN,
STH HALDWANI

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DEPARTMENT OF ULTRASOUND

BANK OF BARODA HEALTH CHECK UP MALE

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (~ 15.1cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- **Right kidney:-**
  - Right kidney is normal in size, measuring ~9x4 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

- **Left kidney:-**
  - Left kidney is normal in size, measuring ~10.2x4.4 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

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DEPARTMENT OF ULTRASOUND

BANK OF BARODA HEALTH CHECK UP MALE

SPLEEN

- The spleen is normal in size (~8.8 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in size, texture with smooth outline, (volume ~12.7 cc).

FINAL IMPRESSION:-

NO SIGNIFICANT SONOLOGICAL ABNORMALITY SEEN

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI

Result/s to Follow:
2D ECHO, ECG / EKG, GLUCOSE PP, SUGAR, PP STAGE

Dr. Rohit Rakholia (MBBS MD Radiodiagnosis