



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2522	MR Number	: 21040817	Patient Name	: VIKAS JAIN
Age	: 30	Sex	: Male	Height	: 183
Weight	: 89	Ideal Weight	: 77	BMI	: 26.58
Date	: 25/03/2023				

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.



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964



ECU Number : 2522 MR Number : 21040817 Patient Name : VIKAS JAIN
Age : 30 Sex : Male Height : 183
Weight : 89 Ideal Weight : 77 BMI : 26.58
Date : 25/03/2023

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

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : MOTHER AND FATHER: HYPERTENSION

Habits : NO HABITS
Gen.Exam. : G.C.GOOD
B.P : 120/84 mm Hg
Pulse : 70/MIN REG
Others : SPO2-98%
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



ECU Number : 2522
Age : 30
Weight : 89
Date : 25/03/2023

MR Number : 21040817
Sex : Male
Ideal Weight : 77

Patient Name: VIKAS JAIN
Height : 183
BMI : 26.58

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	6/6 N.5	6/6 N.5
Vision With Glasses	NA	NA
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





Patient Name : Mr. VIKAS JAIN
 Gender / Age : Male / 31 Years 2 Months 24 Days
 MR No / Bill No. : 21040817 / 231074850
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 115245
 Request Date : 25/03/2023 08:57 AM
 Collection Date : 25/03/2023 08:57 AM
 Approval Date : 25/03/2023 01:12 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	16.5	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.20	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	46.4	%	40 - 50
Mean Corpuscular Volume (MCV)	89.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	31.7	pg	27 - 32
MCH Concentration (MCHC)	35.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	11.9	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.1	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	9.55	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	59	%	40 - 80
Lymphocytes	35	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.61	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	3.26	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.14	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.46	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.08	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	289	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done.		
ESR	1	mm/1 hr	0 - 10

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



Patient Name	: Mr. VIKAS JAIN	Type	: OPD
Gender / Age	: Male / 31 Years 2 Months 24 Days	Request No.	: 115245
MR No / Bill No.	: 21040817 / 231074850	Request Date	: 25/03/2023 08:57 AM
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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. 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 Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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GENERAL HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. VIKAS JAIN
Gender / Age : Male / 31 Years 2 Months 24 Days
MR No / Bill No. : 21040817 / 231074850
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 115245
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Approval Date : 25/03/2023 02:48 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
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 Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	95	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	4.9	%	
estimated Average Glucose (e AG) *	93.93	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 ADA 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)

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	156	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High</i>			
Total Cholesterol	178	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High</i>			
HDL Cholesterol	40	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>< 40 Low</i>			
<i>> 60 High</i>			
Non HDL Cholesterol (calculated)	138	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High</i>			
LDL Cholesterol	131	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High</i>			
VLDL Cholesterol (calculated)	31.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.27		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.45		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	14	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.88	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (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)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.2	mg/dL	3.4 - 7.2

--- End of Report ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	1.20	mg/dL	0 - 1
Bilirubin - Direct	0.20	mg/dL	0 - 0.3
Bilirubin - Indirect	1	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	21	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	37	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	120	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	29	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.38	gm/dL	6.4 - 8.2
Albumin	4.13	gm/dL	3.4 - 5
Globulin	3.25	gm/dL	3 - 3.2
A : G Ratio	1.27		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Thyroid Hormone Study

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

Triiodothyronine (T3)	1.23	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

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 : 0.8 - 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)	7.43	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

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)	7.03	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

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))

--- End of Report ---

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21040817 Report Date : 25/03/2023
Request No. : 190058314 25/03/2023 8.57 AM
Patient Name : Mr. VIKAS JAIN
Gender / Age : Male / 31 Years 2 Months 24 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

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.
Note is made of tenting of left dome of diaphragm seen

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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21040817 Report Date : 25/03/2023
Request No. : 190058342 25/03/2023 8.57 AM
Patient Name : Mr. VIKAS JAIN
Gender / Age : Male / 31 Years 2 Months 24 Days

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

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

Gall bladder is well distended and **Few GB calculi largest measure in 7-8mm** . Common bile duct measures 4 mm in diameter.

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

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

Prostate appears normal in size and volume is ~ 17 cc.
Prostate measures 28mm x36 mm x30 mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

**Fatty liver .
Few GB calculi .**

Kindly correlate clinically

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

Hasani

Dr.Prerna C Hasani, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037


Patient No. : 21040817 Report Date : 25/03/2023
Request No. : 190058378 25/03/2023 8.57 AM
Patient Name : Mr. VIKAS JAIN
Gender / Age : Male / 31 Years 2 Months 24 Days

Echo Color Doppler

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	TRILEAFLET, NORMAL
TRICUSPID VALVE	:	NORMAL, NO TR,
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. MULTIPLE VPC'S NOTED DURING STUDY
2. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
3. NO REGIONAL WALL MOTION ABNORMALITY AT REST
4. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
5. NORMAL VALVES, 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: Vikas Jain
Patient ID: 2140817

25.03.2023 09:14:29
Standard 12-Lead

Date of birth: 02.01.1992
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:

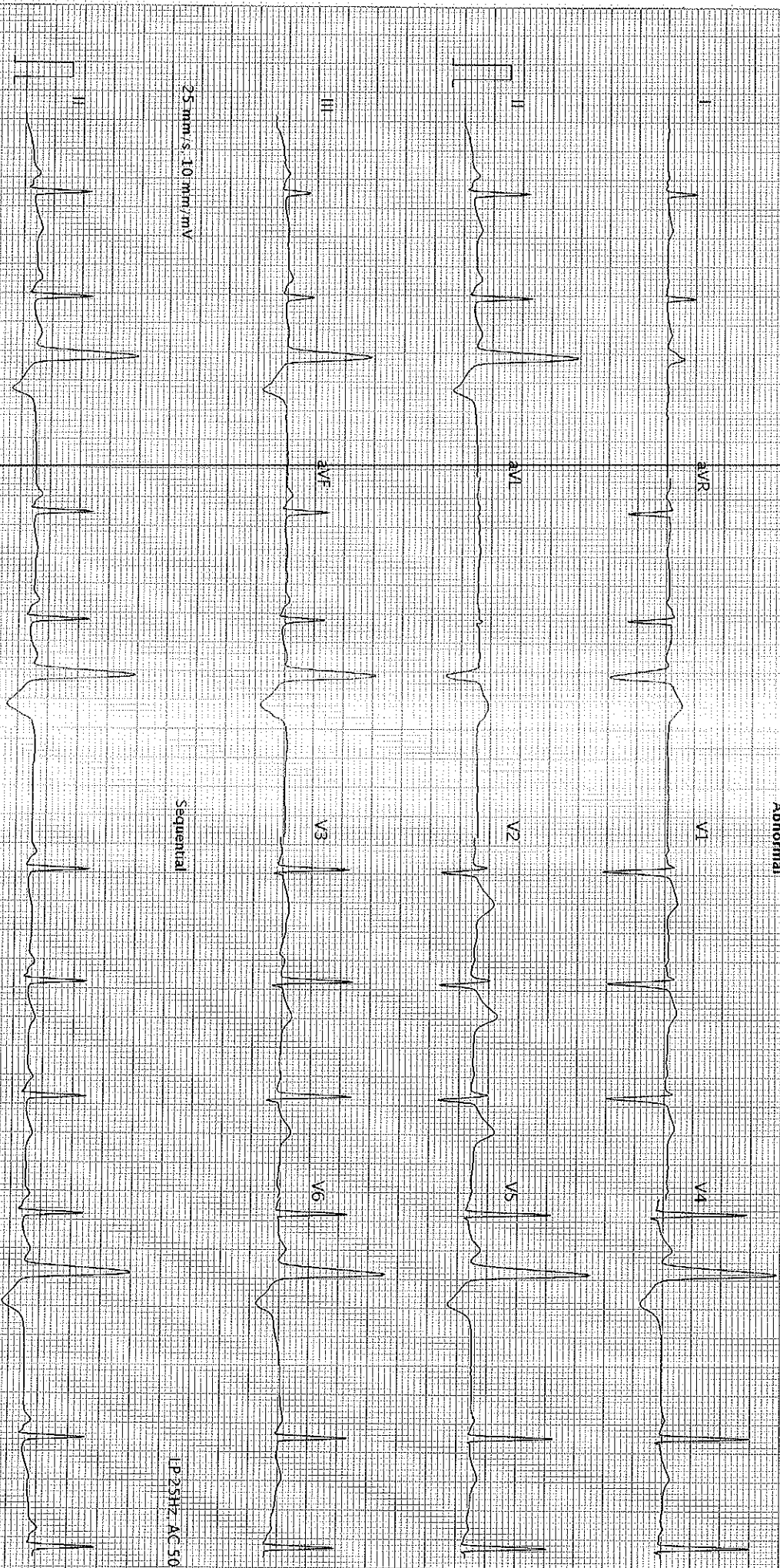
HR: 78 bpm
F axis: 69°
QRS axis: 50°
T axis: 49°
RR: P
PR: 107 ms
QRS: 138 ms
QT: 385 ms
QTcB: 440 ms

Ventricular premature complexes)
Sinus arrhythmia
Normal electrical axis
Abnormal ECG
Unconfirmed report

Indication:
Remark:

Abnormal

Handwritten signature: *Vikas Jain*



25 mm/s, 10 mm/mV
AI 102621270 (1080911030)

Printed on 25.03.2023 09:14:42

LP 25Hz AC 50Hz
Page 1 of 1
Part No. 2.157048M C6 0123 QSC