



| | | | |
|--------------|-------------------|----------------|-------------------------------|
| Patient Name | MR. ROHIT RAJ | Requested By | MEDIWHEEL |
| MRN | BER/2024/OPD21958 | Procedure Date | 04.05.2024 |
| Age/Sex | 42Y/MALE | Hospital | BERLIN DIAGNOSTICS & DAY CARE |

USG WHOLE ABDOMEN

Liver : The liver is normal in size (13.8 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 9.6 cm

Left Kidney measures 10.9 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is empty.

Prostate : The prostate is normal in size, measures (8.8 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

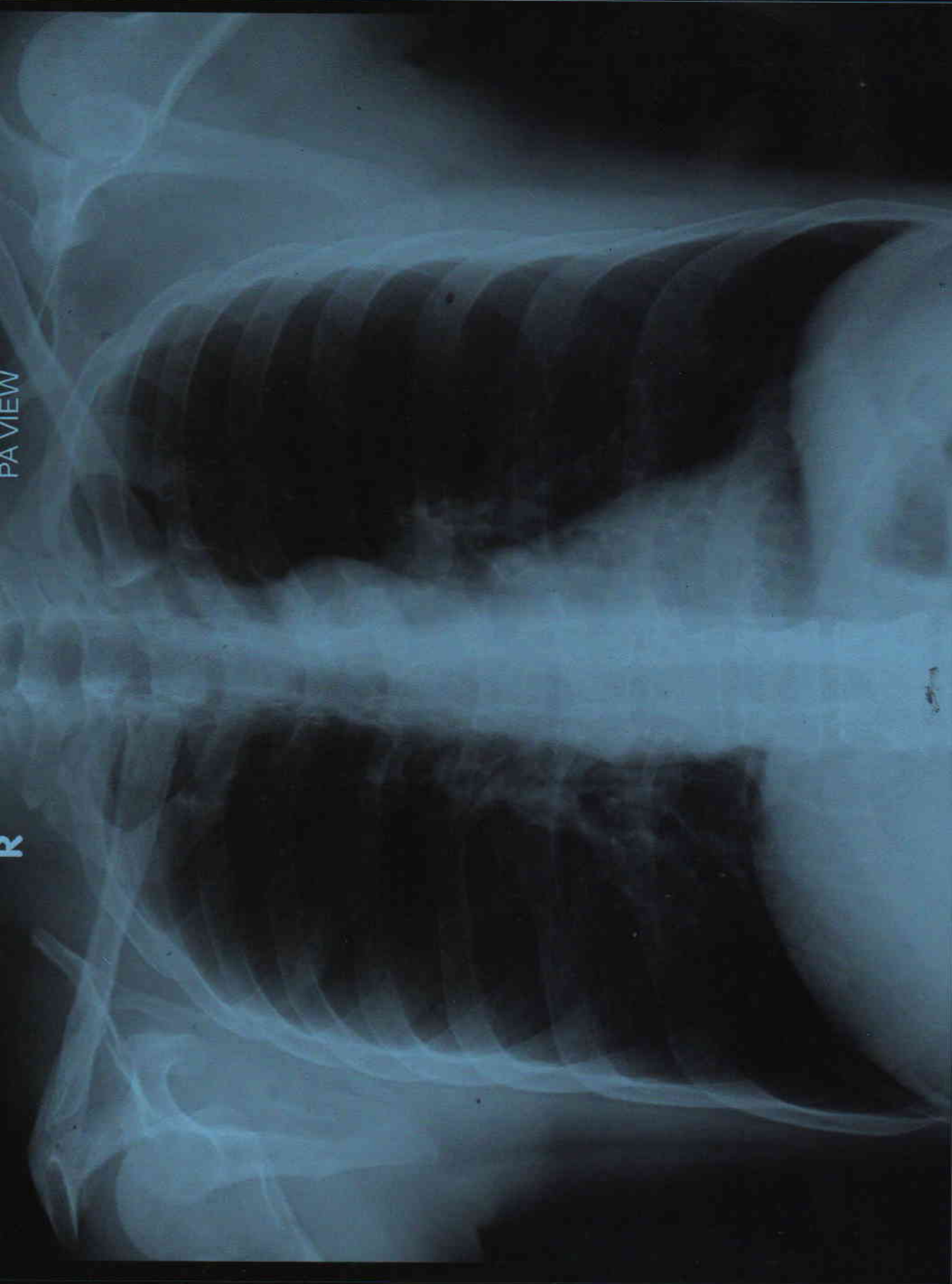
IMPRESSION : Normal study.

Please correlate clinically.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

PA VIEW

R



ROHIT RAJ AGE 42Y/M MEDIWHEEL BER/202421958 CHEST PA VIEW 04/05/2024
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



| | | | |
|--------------|---------------|---------------|----------------|
| Patient Name | Mr. ROHIT RAJ | Patient ID | BER/ 202421958 |
| Age/Gender | 42 Years / M | Study Date | 04-May-2024 |
| Referred By | MEDIWHEEL | Reported Date | 04-May-2024 |

X – RAY CHEST PA VIEW

FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.

Bony thorax under vision appears normal.

IMPRESSION :- NORMAL STUDY.

Dr. Sunny Shivlani
MD Radiology REG-33548

Date Reported: 04-May-2024

RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
10:57:09am

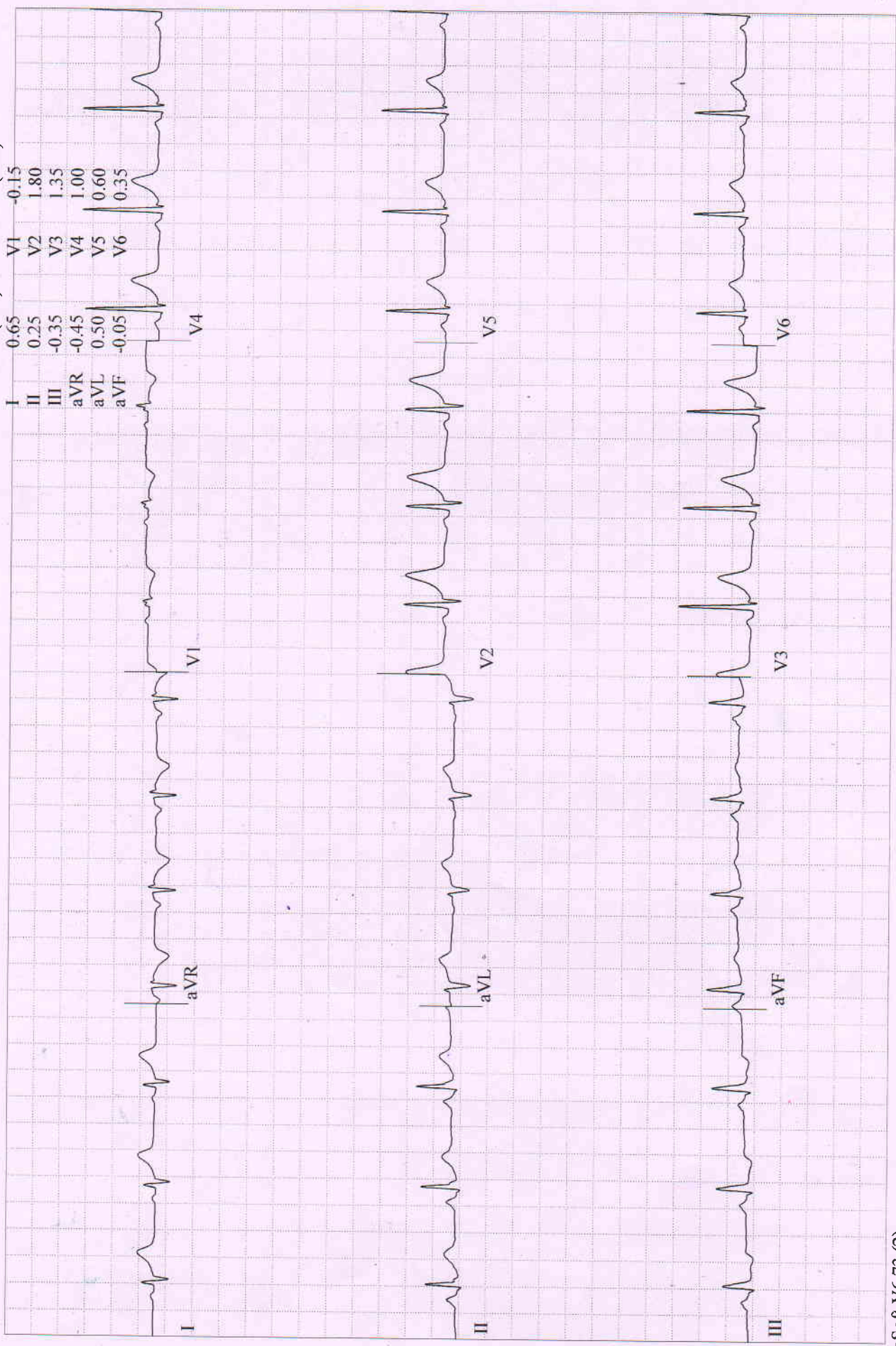
12-Lead Report
PRETEST
SUPINE
00:26

78 bpm
110/80 mmHg

BRUCE
0.0 km/h
0.0 %

BERLIN DIAGNOSTICS AND DAY CARE
Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.65 | V1 | -0.15 |
| II | 0.25 | V2 | 1.80 |
| III | -0.35 | V3 | 1.35 |
| aVR | -0.45 | V4 | 1.00 |
| aVL | 0.50 | V5 | 0.60 |
| aVF | -0.05 | V6 | 0.35 |



RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
10:57:28am

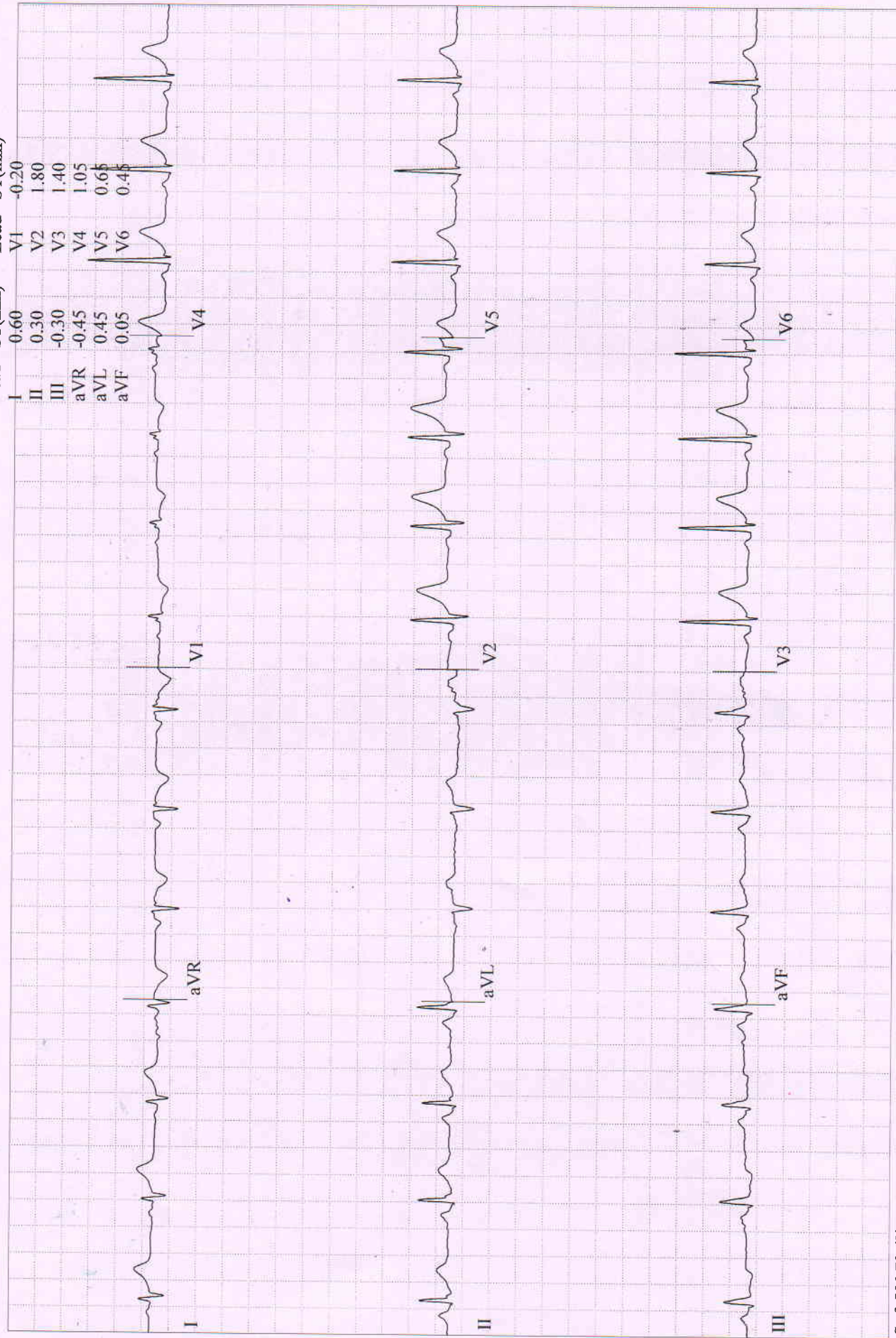
12-Lead Report
PRETEST
STANDING
00:45

80 bpm
110/80 mmHg

BERLIN DIAGNOSTICS AND DAY CARE
Measured at 60ms Post J (10mm/mV)
Auto Points

BRUCE
0.0 km/h
0.0 %

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.60 | V1 | -0.20 |
| II | 0.30 | V2 | 1.80 |
| III | -0.30 | V3 | 1.40 |
| aVR | -0.45 | V4 | 1.05 |
| aVL | 0.45 | V5 | 0.65 |
| aVF | 0.05 | V6 | 0.45 |



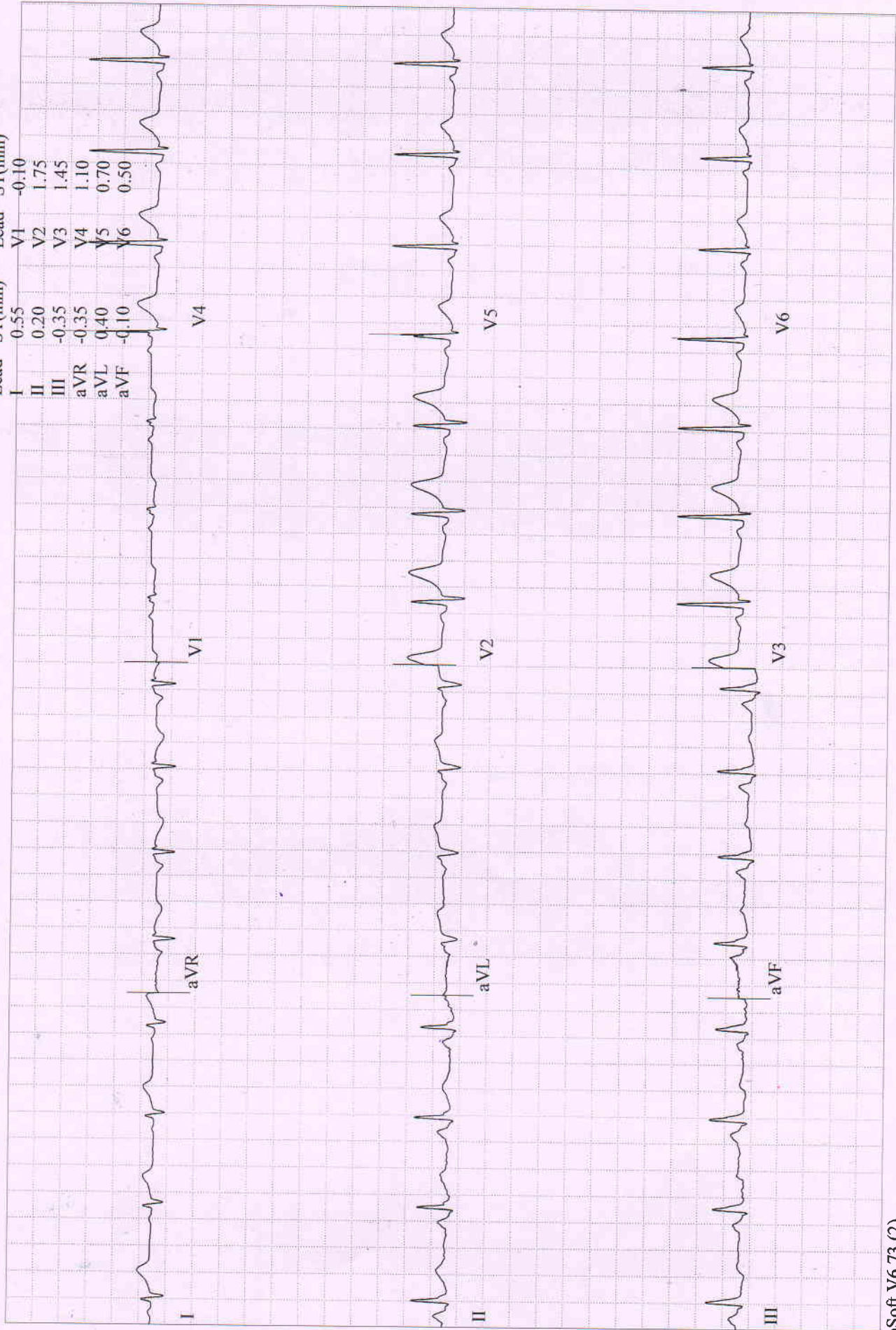
BRUCE
 0.0 km/h
 0.0 %

12-Lead Report
 PRETEST
 HYPERV.
 01:22

85 bpm
 110/80 mmHg

RAJ, MR. ROHIT
 Patient ID 202421958
 04.05.2024
 10:58:05am

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.55 | V1 | -0.10 |
| II | 0.20 | V2 | 1.75 |
| III | -0.35 | V3 | 1.45 |
| aVR | -0.35 | V4 | 1.10 |
| aVL | 0.40 | V5 | 0.70 |
| aVF | -0.10 | V6 | 0.50 |



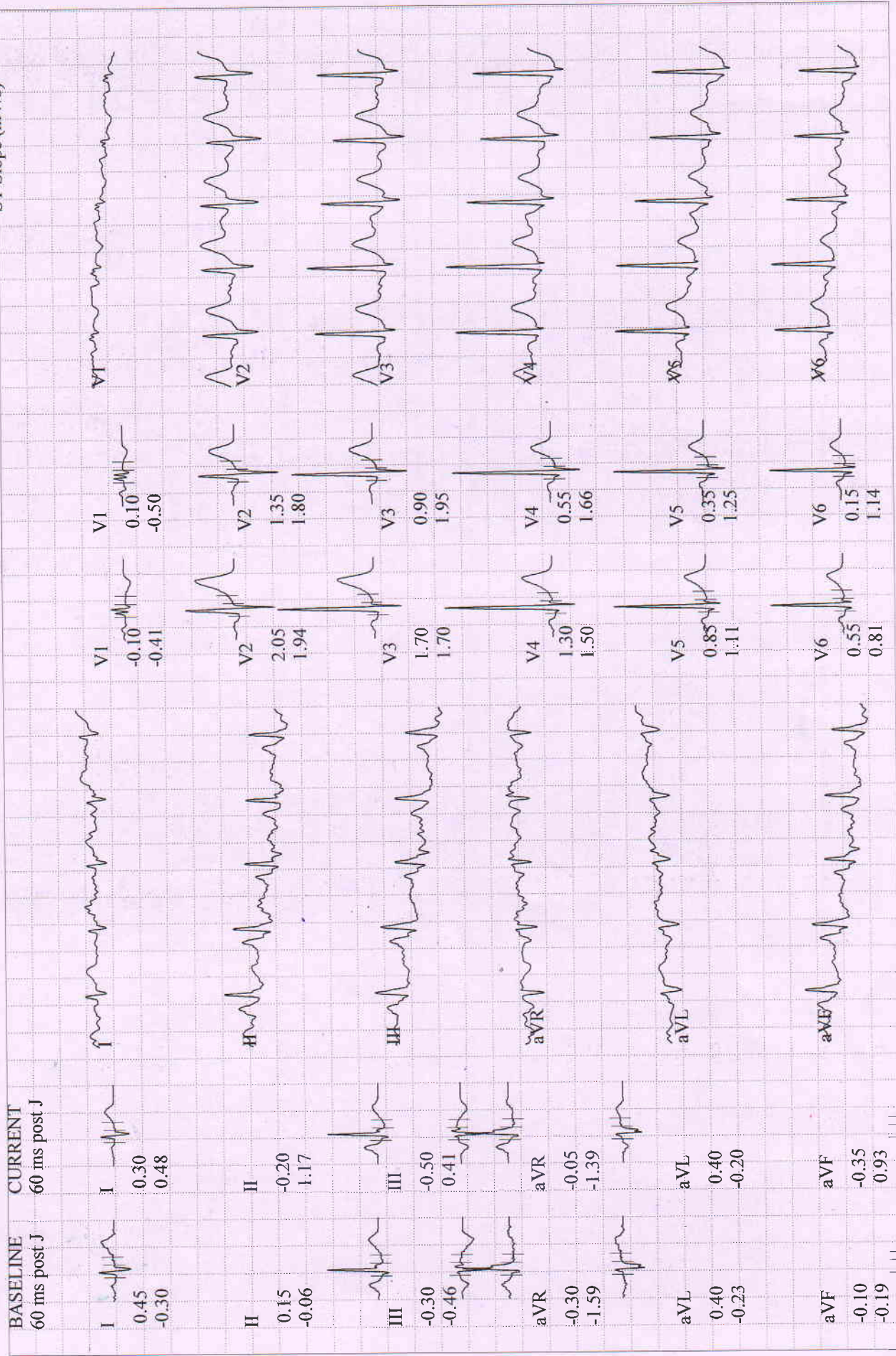
RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
11:01:33am

BRUCE
2.7 km/h
10.0 %

123 bpm
120/86 mmHg

EXERCISE
STAGE 1
02:50

Lead
ST Level (mm)
ST Slope (mV/s)



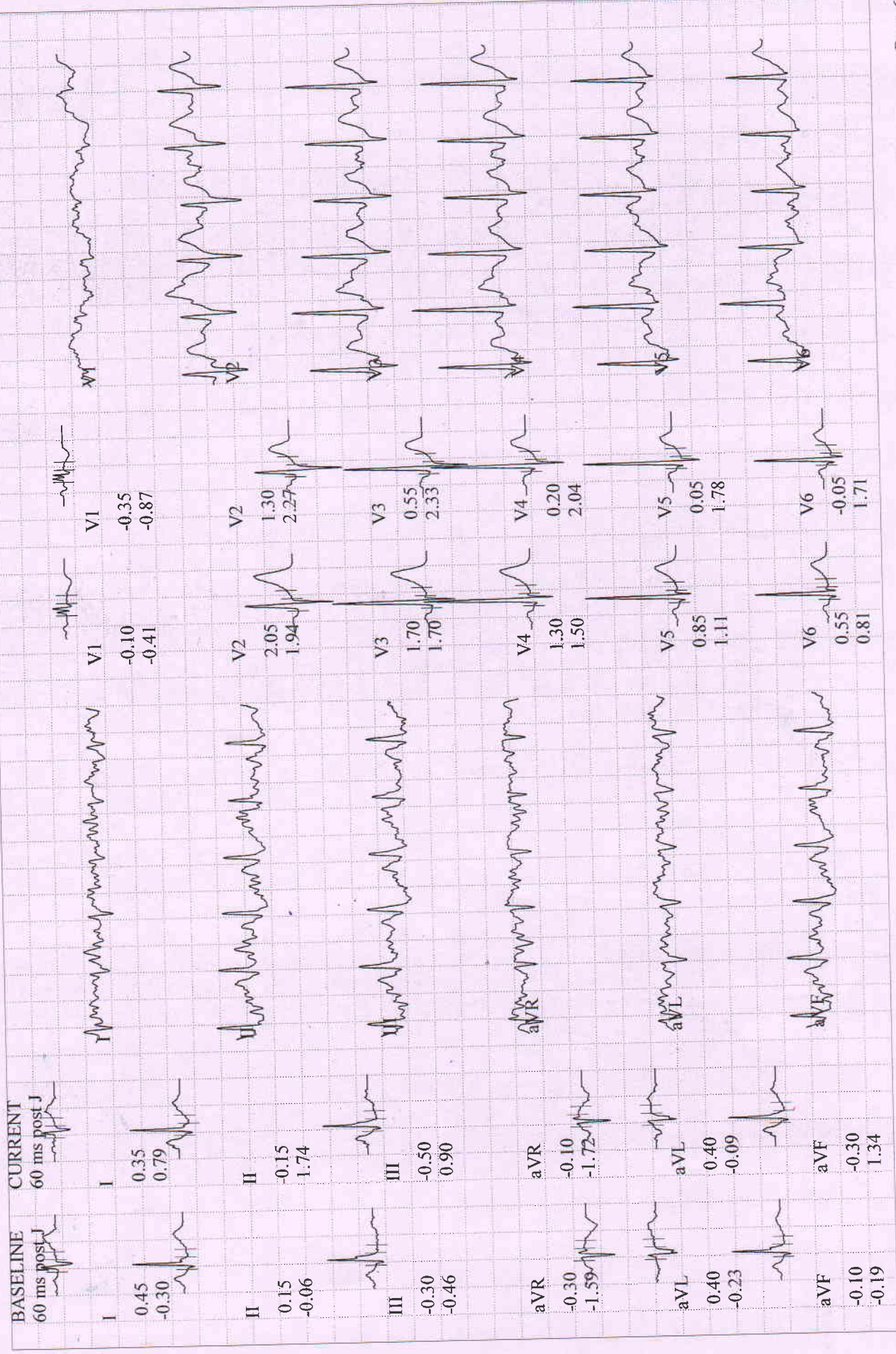
RAJ, MR. ROHIT
Patient ID 202421958
04-05-2024
11:04:33am

BRUCE
4.0 km/h
12.0 %

142 bpm
130/94 mmHg

EXERCISE
STAGE 2
05:50

Lead
ST Level (mm)
ST Slope (mV/s)



12-Lead Report (PEAK EXERCISE)

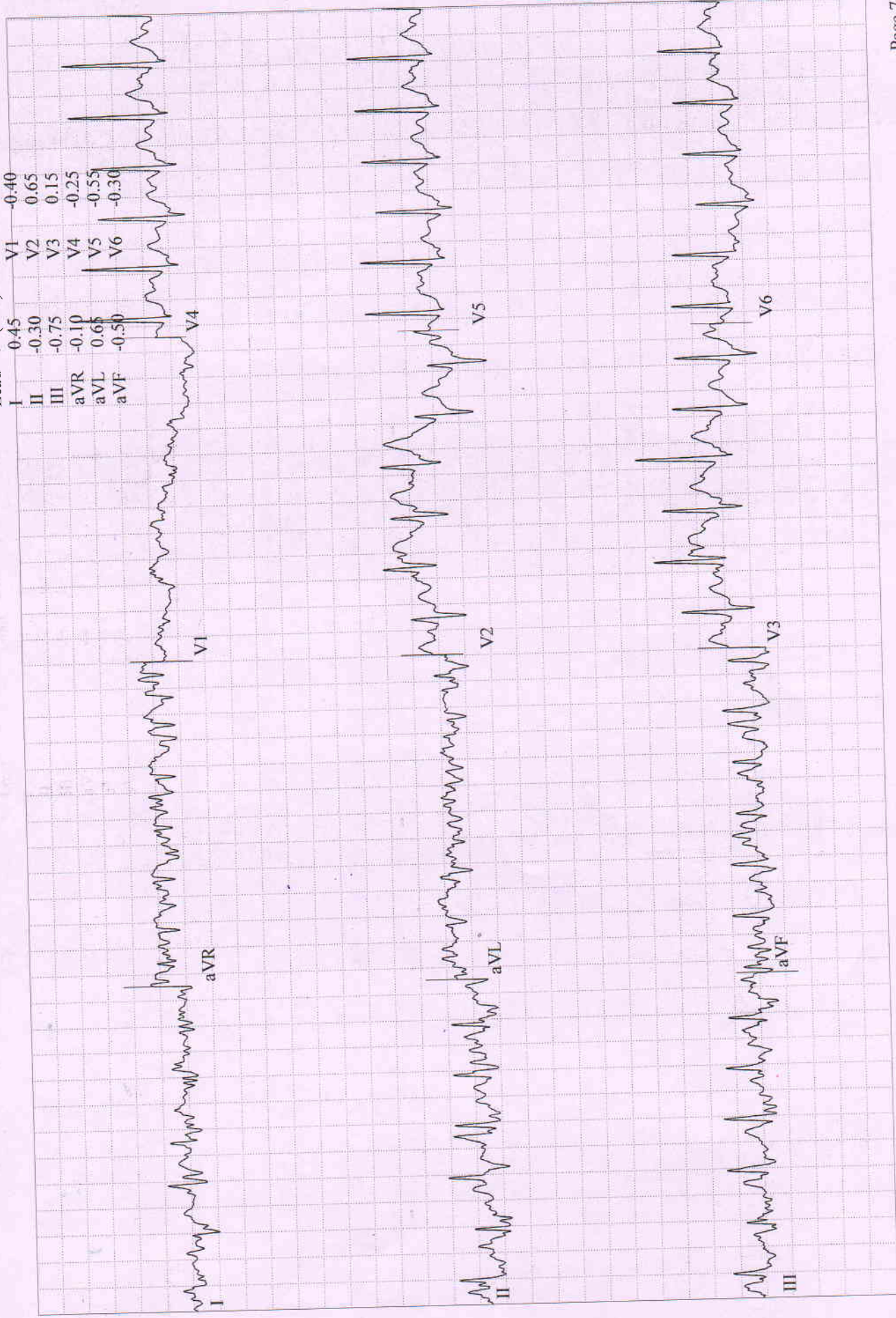
RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
11:05:21am

EXERCISE
STAGE 3
06:33
BRUCE
5.4 km/h
14.0 %

153 bpm
140/100 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.45 | V1 | -0.40 |
| II | -0.30 | V2 | 0.65 |
| III | -0.75 | V3 | 0.15 |
| aVR | -0.10 | V4 | -0.25 |
| aVL | 0.65 | V5 | -0.55 |
| aVF | -0.50 | V6 | -0.30 |



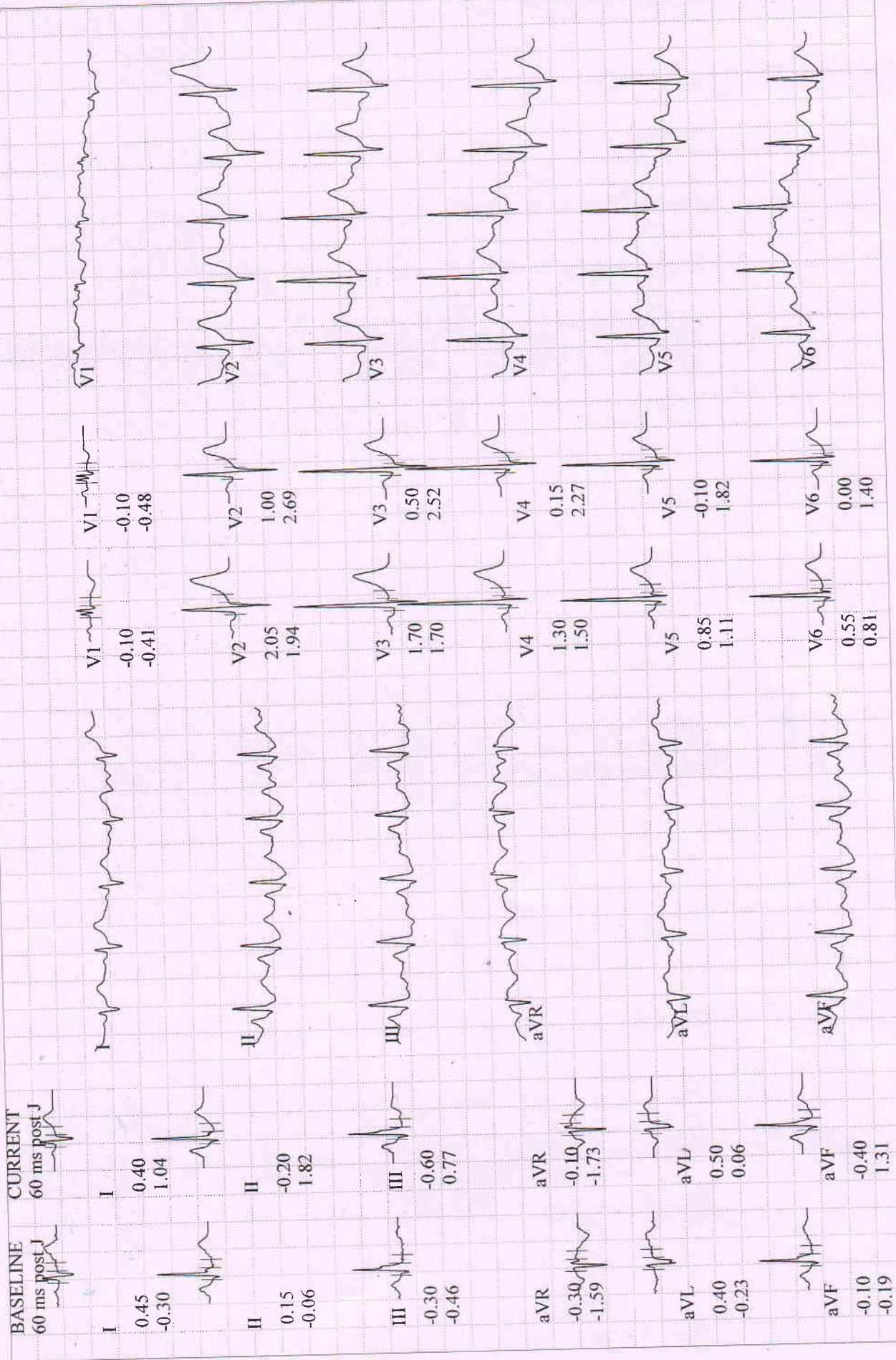
RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
11:06:05am

BRUCE
0.0 km/h
0.0 %

Comparative Medians Report
RECOVERY
#1
00:50

131 bpm
136/96 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



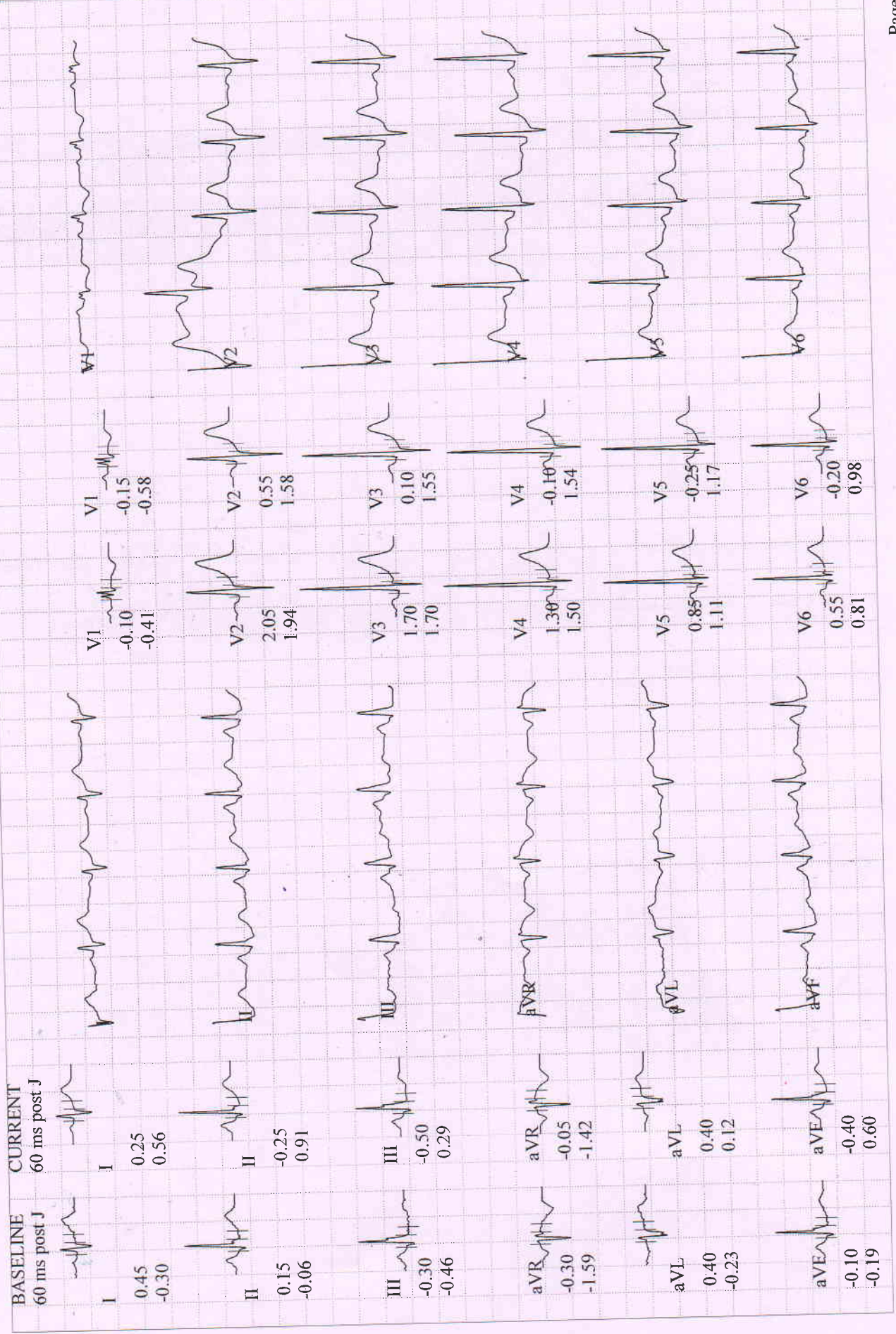
RAJ, MR. ROHIT
Patient ID 202421958
04.05.2024
11:07:11am

103 bpm
130/90 mmHg

Comparative Medians Report
RECOVERY
#1
01:55

BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



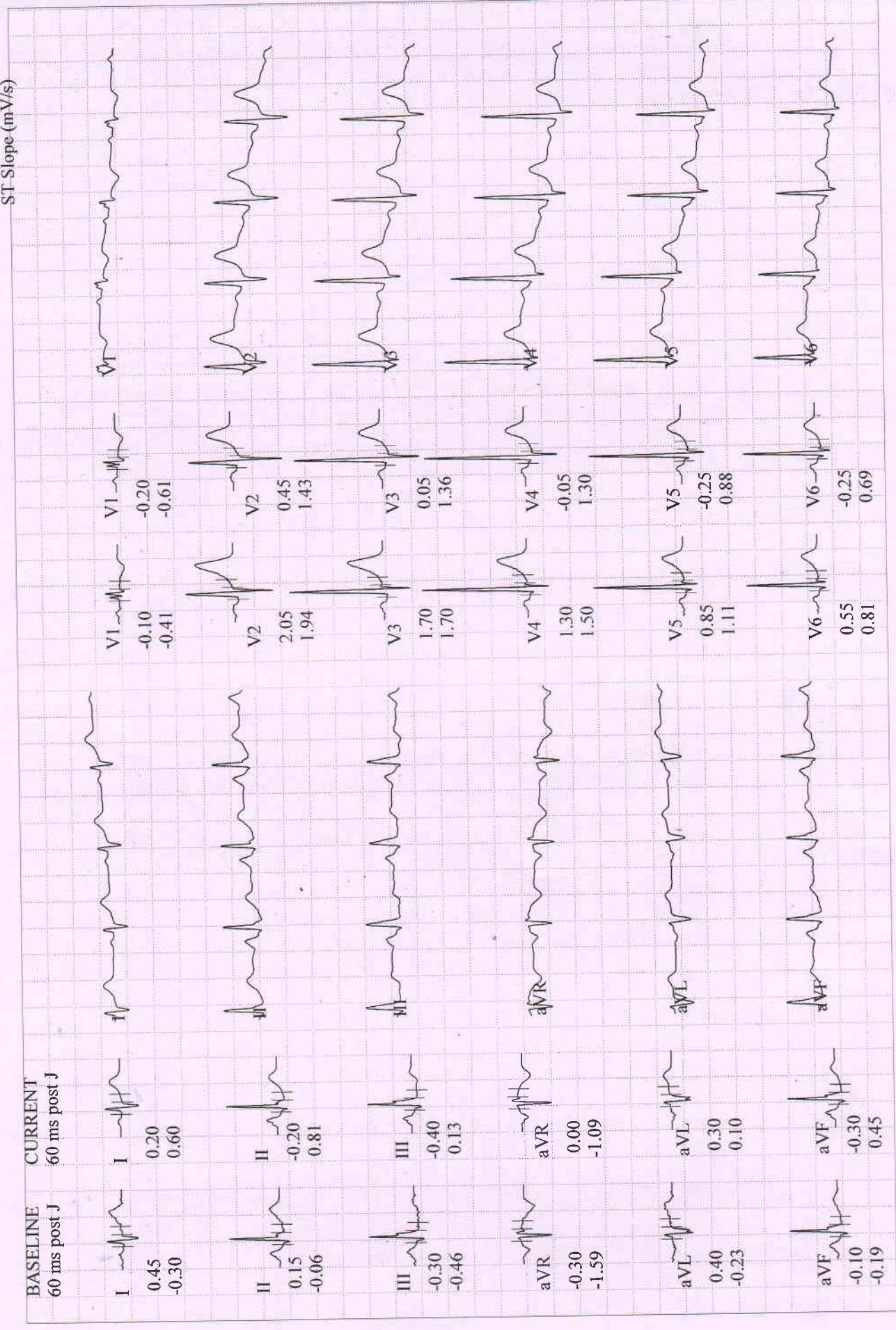
RAJ, MR. ROHIT
 Patient ID 202421958
 04.05.2024
 11:07:55am

BRUCE
 0.0 km/h
 0.0 %

98 bpm
 120/86 mmHg

RECOVERY
 #1
 02:40

Lead
 ST Level (mm)
 ST Slope (mV/s)



RAJ, MR. ROHIT
 Patient ID 202421958
 04.05.2024
 10:56:38am

| BASELINE EXERCISE | MAX. ST EXERCISE | PEAK EXERCISE | TEST END RECOVERY | BASELINE EXERCISE | MAX. ST EXERCISE | PEAK EXERCISE | TEST END RECOVERY |
|--|--------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 0:01 90 bpm 110/80 mmHg | 5:30 139 bpm 130/94 mmHg | 6:33 153 bpm 140/100 mmHg | 2:28 98 bpm 120/86 mmHg | 0:01 90 bpm 110/80 mmHg | 5:30 139 bpm 130/94 mmHg | 6:33 153 bpm 140/100 mmHg | 2:28 98 bpm 120/86 mmHg |
| I 0.45 0.94 -0.30 mV/s | I 0.30 0.84 | I 0.30 0.84 | I 0.20 0.56 | V1 -0.10 -0.41 | V1 0.00 -0.51 | V1 -0.35 -0.44 | V1 -0.25 -0.68 |
| II 0.15 -0.06 | II -0.50 1.54 | II -0.45 1.34 | II -0.20 0.83 | V2 2.05 1.94 | V2 1.10 2.40 | V2 0.70 2.27 | V2 0.45 1.45 |
| III -0.30 -0.46 | III -1.00 0.39 | III -0.75 0.51 | III -0.40 0.04 | V3 1.70 1.70 | V3 0.55 2.50 | V3 0.10 2.85 | V3 0.05 1.28 |
| aVR -0.30 -1.59 | aVR 0.05 -1.84 | aVR -0.05 -1.55 | aVR 0.00 -1.18 | V4 1.30 1.50 | V4 0.00 2.19 | V4 -0.20 2.58 | V4 -0.10 1.20 |
| aVL 0.40 -0.23 | aVL 0.70 0.16 | aVL 0.55 0.00 | aVL 0.30 0.12 | V5 0.85 1.11 | V5 0.10 1.85 | V5 -0.60 1.95 | V5 -0.25 0.96 |
| aVF -0.10 -0.19 | aVF -0.75 1.08 | aVF -0.55 1.21 | aVF -0.35 0.55 | V6 0.55 0.81 | V6 -0.10 1.58 | V6 -0.35 1.63 | V6 -0.25 0.69 |

RAJ, MR. ROHIT
 Patient ID 202421958
 04.05.2024 Male 167 cm 70 kg
 10:56:38am 43yrs Asian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 06:32
 Max HR: 153 bpm 86% of max predicted 177 bpm HR at rest: 78
 Max BP: 140/100 mmHg BP at rest: 110/80 Max RPP: 20440 mmHg*bpm
 Maximum Workload: 8.60 METS
 Max. ST: -1.00 mm, 0.00 mV/s in III; EXERCISE STAGE 2 05:30
 ST/HR index: 0.83 μ V/bpm

Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: appropriate response. Chest Pain: none. Arrhythmias: none.

Conclusion: *(-ve) TMT ± insignificant ST-chg.*

- Normal Study

1-1-1
 DR. R.K. CHATURVEDI
 M.B.B.S, M.D (N.MED) 04/05/2024
 DIP. CARDIOLOGY

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (/min) | ST Level (III mm) | Comment |
|------------|------------|---------------|--------------|-----------|-----------------|----------|-----------|----------------|-----------|-------------------|---------|
| PRETEST | SUPINE | 00:36 | 0.00 | 0.00 | 1.0 | 81 | 110/80 | 8910 | 0 | -0.40 | |
| | STANDING | 00:27 | 0.00 | 0.00 | 1.0 | 83 | 110/80 | 9130 | 0 | -0.35 | |
| | HYPERV. | 00:26 | 0.00 | 0.00 | 1.0 | 89 | 110/80 | 9790 | 0 | -0.35 | |
| EXERCISE | WARM-UP | 00:40 | 1.60 | 0.00 | 1.4 | 90 | 110/80 | 9900 | 0 | -0.35 | |
| | STAGE 1 | 03:00 | 2.70 | 10.00 | 4.6 | 123 | 120/86 | 14760 | 0 | -0.55 | |
| | STAGE 2 | 03:00 | 4.00 | 12.00 | 7.0 | 144 | 130/94 | 18720 | 0 | -0.75 | |
| RECOVERY | STAGE 3 | 00:33 | 5.40 | 14.00 | 8.6 | 153 | 140/100 | 21420 | 0 | -0.75 | |
| | | 02:45 | 0.00 | 0.00 | 1.0 | 96 | 120/86 | 11520 | 0 | -0.40 | |

BERLIN
 DIAGNOSTICS & DAY CARE
R. K. CHATURVEDI
 MBBS, MD (N. Medicine)
 AIIMS, New Delhi,
 Fellowship from Houston University, USA
 Reg. No.-62434 (Bihar)

INV. No. QLSR-INV-E-01745/(2024-2025)(1731)
Patient Name **ROHIT RAJ**
Age/Gen 42 Years | Male
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (4)

Patient ID 1745
Invoice Generated 04/05/2024 11:55 AM
Sample Received 04/05/2024 11:55 AM
Report Generated 04/05/2024 04:39 PM



Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

GLUCOSE FASTING (FBS)

| | | | |
|--|----|-------|----------|
| Plasma Glucose(F) Method (GOD-POD Method) | 79 | mg/dL | 65 - 110 |
|--|----|-------|----------|

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

LIPID PROFILE

| | | | |
|---|--------------|-------|-----------------------------------|
| Serum Triglyceride Method (Enzymatic, end point) | 87.1 | mg/dL | < 150 |
| Serum Cholesterol Method (Oxidase, Esterase, Peroxidase) | 133 | mg/dL | 125 - 200 |
| Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry) | 33.25 | mg/dL | 30 - 65 |
| Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry) | 82.75 | mg/dL | 85 - 150 |
| Serum VLDL-Chol | 17.42 | mg/dL | 5 - 40 |
| Serum LDL/HDL Cholesterol Ratio Method (Calculated) | 2.49 | | 1.5 - 3.5 |
| Serum Cholesterol/ HDL Ratio Method (Calculated) | 4.00 | | Low Risk(0 - 3) High Risk(5 - 10) |

Interpretation :

| NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014) | TOTAL CHOLESTEROL in mg/dL | TRIGLYCERIDE in mg/dL | LDL CHOLESTEROL in mg/dL | NON HDL CHOLESTEROL in mg/dL |
|---|----------------------------|-----------------------|--------------------------|------------------------------|
| Optimal | <200 | <150 | <100 | <130 |
| Above Optimal | - | - | 100- 129 | 130 - 159 |
| Borderline High | 200-239 | 150-199 | 130-159 | 160 - 189 |
| High | >=240 | 200-499 | 160-189 | 190 - 219 |
| Very High | - | >=500 | >=190 | >=220 |

Note :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples



INV. No. QLSR-INV-E-01745/(2024-2025)(1731)
Patient Name **ROHIT RAJ**
Age/Gen 42 Years | Male
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (4)

Patient ID 1745
Invoice Generated 04/05/2024 11:55 AM
Sample Received 04/05/2024 11:55 AM
Report Generated 04/05/2024 04:39 PM

Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

- 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

LIVER PROFILE (LFT)

| | | | |
|---|------|-------|---|
| Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt) | 0.72 | mg/dL | 0.2 - 1.3 |
| Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt) | 0.36 | mg/dL | 0.1 - 0.4 |
| Serum Bilirubin (Indirect) Method (Calculated) | 0.36 | mg/dL | 0.2 - 1.1 |
| Serum SGOT Method (IFCC) | 25.0 | U/L | 17 - 59 |
| Serum SGPT Method (IFCC) | 28.6 | U/L | 21 - 72 |
| Alkaline phosphatase (ALP) Method (IFCC) | 96.4 | U/L | Adult (38 - 126) |
| Serum Total Protein Method (Biuret Method) | 6.0 | g/dL | Adult(6.2 - 8.2) Children(5.6 - 8.4) |
| Serum Albumin Method (BCG, Dye Binding Method) | 3.8 | gm/dL | Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0) |
| Serum Globulin Method (Calculated) | 2.20 | g/dL | Adult(2.3 - 3.6) |
| Serum A/G Ratio Method (BCG) | 1.73 | | 1.0 - 2.3 |

Report ID:- 2629 | Page 2/3



R. Verma
Dr. R. Verma
MBBS, MD(Pathology)

| | | | |
|--------------|------------------------------------|-------------------|---------------------|
| INV. No. | QLSR-INV-E-01745/(2024-2025)(1731) | Patient ID | 1745 |
| Patient Name | ROHIT RAJ | Invoice Generated | 04/05/2024 11:55 AM |
| Age/Gen | 42 Years Male | Sample Received | 04/05/2024 11:55 AM |
| Referred By | Dr. Self | Report Generated | 04/05/2024 04:39 PM |
| Source | BERLIN DIAG CGHS OSS* - (4) | | |

Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY FUNCTION TEST (KFT)

| | | | |
|--|------------|--------|---|
| Serum Urea <small>Method (GLDH,Kinetic Assay)</small> | 38.6 | mg/dL | Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4) |
| Serum Creatinine <small>Method (Modified Jaffe, Kinetic)</small> | 1.2 | mg/dL | Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs } : (0.15- 0.37) Children { 3 yrs - less than 15 yrs } : (0.24 -0.73) |
| Serum Uric Acid <small>Method (uricase-Colorimetric)</small> | 4.3 | mg/dL | 3.5 - 8.5 |
| Serum Sodium <small>Method (By Indirect ISE)</small> | 140.1 | mmol/L | 136 - 145 |
| Serum Potassium <small>Method (By Indirect ISE)</small> | 4.4 | mmol/L | 3.5 - 5.1 |
| Serum Chloride <small>Method (By Ion-selective Electrode)</small> | 101.6 | mmol/L | 98 - 107 |

~~~~~ End of report ~~~~~





INV. No. QLSR-INV-E-01745/(2024-2025)(1731)  
Patient Name **ROHIT RAJ**  
Age/Gen 42 Years | Male  
Referred By **Dr. Self**  
Source BERLIN DIAG CGHS OSS\* - (4)

Patient ID 1745  
Invoice Generated 04/05/2024 11:55 AM  
Sample Received 04/05/2024 11:55 AM  
Report Generated 04/05/2024 07:41 PM



### Report Of Biochemistry Examination

| Investigation                                 | Result | Unit(s) | Reference Range |
|-----------------------------------------------|--------|---------|-----------------|
| <b>GLUCOSE, POST PRANDIAL 2 HOURS</b>         |        |         |                 |
| Plasma Glucose(PP)<br>Method (GOD-POD Method) | 102    | mg/dL   | 75 - 140        |

**Note :**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

~~~~~ End of report ~~~~~



INV. No. QLSR-INV-E-01745/(2024-2025)(1731)
Patient Name **ROHIT RAJ**
Age/Gen 42 Years | Male
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (4)

Patient ID 1745
Invoice Generated 04/05/2024 11:55 AM
Sample Received 04/05/2024 11:55 AM
Report Generated 05/05/2024 12:10 PM



Report Of Haematology Examination

| Investigation | Result | Unit(s) | Reference Range |
|-------------------------|----------|---------|-----------------|
| BLOOD GROUP | | | |
| Whole blood Blood Group | "B" | | |
| Whole blood Rh Type | Positive | | |

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

~~~~~ End of report ~~~~~





INV. No. QLSR-INV-E-01745/(2024-2025)(1731)  
Patient Name **ROHIT RAJ**  
Age/Gen 42 Years | Male  
Referred By **Dr. Self**  
Source BERLIN DIAG CGHS OSS\* - (4)

Patient ID 1745  
Invoice Generated 04/05/2024 11:55 AM  
Sample Received 04/05/2024 11:55 AM  
Report Generated 04/05/2024 06:52 PM



### Report Of Haematology Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

#### ERYTHROCYTE SEDIMENTATION RATE

|                                     |    |    |      |
|-------------------------------------|----|----|------|
| ESR<br>Method (Westergren & Manual) | 12 | mm | < 20 |
|-------------------------------------|----|----|------|

#### Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

#### COMPLETE BLOOD COUNT

|                                                        |             |              |                                                                                                                                                                |
|--------------------------------------------------------|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Haemoglobin (Hb)%<br>Method (By Sahlis Method )        | 14.7        | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)<br>Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)                            |
| PCV                                                    | <b>49.1</b> | %            | 35 - 45                                                                                                                                                        |
| Total Platelets Count (PC)                             | 1.6         | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                             | 5.2         | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br>Method (Flow Cytometry) | 6,700       | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                    | 94.0        | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                    | 28.1        | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                   | 30.0        | g/dL         | 30 - 35                                                                                                                                                        |

#### Differential count of Leucocytes

|             |    |   |         |
|-------------|----|---|---------|
| Neutrophils | 53 | % | 40 - 70 |
| Lymphocytes | 36 | % | 15 - 40 |
| Monocytes   | 04 | % | 00 - 6  |
| Eosinophils | 07 | % | 0.5 - 7 |
| Basophils   | 00 | % | 00 - 01 |

~~~~~ End of report ~~~~~



INV. No. QLSR-INV-E-01745/(2024-2025)(1731)
Patient Name **ROHIT RAJ**
Age/Gen 42 Years | Male
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (4)

Patient ID 1745
Invoice Generated 04/05/2024 11:55 AM
Sample Received 04/05/2024 11:55 AM
Report Generated 05/05/2024 01:20 PM



Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---|--------|---------|--|
| GLYCOSYLATED HAEMOGLOBIN | | | |
| Whole blood HbA1c <small>Method (HPLC)</small> | 5.1 | % | Non diabetic level(< 6.0) Goal(< 7.0) |
| Whole blood eAG (Estimated AverageGlucose Level) <small>Method (CALCULATION)</small> | 100 | mg/dl | - |

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_{1c}, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_{1c} value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_{1c} estimation. The target goal is <7%.

Besides HbA_{1c} serum fructosamine can be measured.

American diabetes association guideline

Reference range

| | |
|-------------------------------|---------------|
| Non diabetic adult > 18 years | : < 5.7% |
| Pediabetes | : 5.7% - 6.4% |
| Diagnosing diabetes | : > 6.5% |

~~~~~ End of report ~~~~~





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Patient Name **ROHIT RAJ**  
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Source BERLIN DIAG CGHS OSS\* - (4)

Patient ID 1745  
Invoice Generated 04/05/2024 11:55 AM  
Sample Received 04/05/2024 11:55 AM  
Report Generated 05/05/2024 12:33 PM



### Report Of Immunology Examination

| Investigation                                           | Result | Unit(s) | Reference Range       |
|---------------------------------------------------------|--------|---------|-----------------------|
| <b>PROSTATE SPECIFIC ANTIGEN (PSA-TOTAL)</b>            |        |         |                       |
| Serum PROSTATE SPECIFIC ANTIGEN (PSA)<br>Method (ECLIA) | 1.08   | ng/ml   | < 4.0 For Healthy Man |

#### P.S.A.

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

#### (Thyroid Profile-I)

|                             |             |        |                                                                                                                                                                                                                             |
|-----------------------------|-------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Serum T3<br>Method (ECLIA)  | 1.51        | ng/mL  | (0.8 - 2.0)<br>11-15 Years ( 0.83 - 2.13 )<br>1-10 Years ( 0.94 - 2.69 )<br>1-12 Months ( 1.05 - 2.45 )<br>1-7 Days ( 0.36 - 3.16 )<br>1-4 Weeks ( 1.05 - 3.45 )                                                            |
| Serum T4<br>Method (ECLIA)  | 8.23        | µg/dL  | (5.1 - 14.1)<br>1-12 Months ( 5.9 - 16 )<br>1-7 Days ( 11 - 22 )<br>1-4 Weeks ( 8.2 - 17 )<br>1-10 Years ( 6.4 - 15 )<br>11-15 Years ( 5.5 - 12 )                                                                           |
| Serum TSH<br>Method (ECLIA) | <b>6.71</b> | µIU/mL | Up to 1 Week (0.7-11.0)<br>1 week-4 week (0.7- 11.0)<br>1-12 Months (0.7- 8.4)<br>1-19 Years (0.6-4.9)<br>19 Years Above (0.5-5.5)<br>1st Trimester (0.6 - 3.4)<br>2nd Trimester (0.37 - 3.6) 3rd<br>Trimester(0.38 - 4.04) |

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.



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### Report Of Immunology Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01  $\mu$  IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7  $\mu$  IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~ End of report ~~~~~

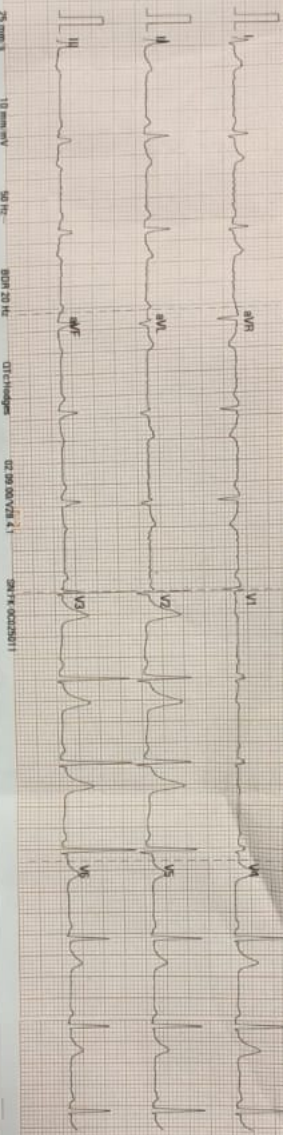


ID: 2024050411251722

Name:

2024-05-04 12:53:48

MR. ROHIT RAO, Age - 42 Y/M



ID: 2024050411251722

Name:

2024-05-04 12:53:48

| | |
|----------------------|----------|
| Heart Rate (bpm) | 73 |
| PR Interval (ms) | 144 |
| QRS Duration (ms) | 82 |
| QT/QTc Interval (ms) | 348/371 |
| P/QRST/T Axes (deg) | 63/63/21 |

Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---

Normal ECG Unconfirmed Diagnosis.

Dr. Kristin Murari Prasad
MBBS, DTP, Cardiology



EMZARDIOPRINT

25 mm/s 10 mm/mV 50 Hz 60DR 20 Hz DTc: Medias 02:09:00 V2B 4.1 2A1K-00025011