



Dear Sir/Madam,

Greetings of the day !

Thank you for choosing us as your preferred healthcare partner.

At Manipal Hospitals, we are devoted towards clinical excellence, patient centricity, and ethical practices. Our healthcare services are aligned towards patient needs. In today's busy life style most people tend to ignore preventive health check-ups. However, it is incredibly important to get your health assessed regularly. Preventive health check-ups along with right lifestyle, will help you lead a longer and healthier life. We are happy to be of support as you take this step.

Please find enclosed your health check reports.

1. Health- check physician report.
2. Clinicians notes (As applicable).
3. Dieticians notes (if applicable).
4. Lab reports.
5. Radiology reports.
6. Other diagnostic reports (as applicable) .

If you have any queries, please contact 011-4967 4967.

To book an appointment call on 9550378619

Thank you,

Hospital Director

HCMCT Manipal Hospitals





MR VIJENDER KUMAR ,36 Yrs year old, Male, has come for Preventive Health Check Up on 14/01/2023

The patient presented with history of Nothing Significant

On clinical examination, the personal history revealed Non Veg Diet, No Alcohol intake, No smoking habit, Irregular exercise routine.

MR VIJENDER KUMAR is presently on No medications. The patient has history of No sulpham drug allergies, No penicillin drug allergies. Other drug allergies were No

The family history revealed PARENTS - T2 DM . FATHER- BRAIN TUMOUR

On general examination of the patient there was No pallor, No cyanosis, No clubbing, No Pedal oedema, Normal Bones and joints, No Icterus, No Lymph node, Normal Thyroid, Normal oral cavity, Normal skin.

In Systemic examination:

1. The cardio vascular system shows 72 Pulse/ Min, Felt Bilateral peripheral pulses, Absent murmurs, Sinus pulse type. S1 S2 heart sounds were heard.
2. The Respiratory system shows Respiratory Rate Within Normal Limit, Normal Vesicular type of breathing with No adventitious sounds.
3. The Abdominal system shows Normal Liver, Normal Spleen, No other palpable lump.
4. The Central Nervous System showed Normal Higher Cortical function, Normal Cranial Nerves, Normal Motor system, Normal cerebellar function, Normal sensory system and Normal Gait.

The investigation results show BODERLINE INCREASED HBA1C , SUGAR F.LDLK.USG ABDOMEN IS SX OF GRADE II FATTY LIVER AND SPLENOMEGALY

Based on physical examination and investigation results,MR VIJENDER KUMAR has been advised for

- 1-CAP EVION 400 ONCE DAILY- 3 MONTHS
- 2-AVOID SUGAR,HONEY,JAGGERY,MAIDA,REFINED OIL,MANGO,LITCHI,GRAPES,BANANA,CHIKOO
- 3-BRISK WALK FOR 40 MINUTES DAILY
- 4-LOW FAT HIGH FIBRE DIET
- 5-REPEAT FASTING LIPID PROFILE , HBA1C AFTER 3 MONTHS

Further, MR VIJENDER KUMAR has been advised for regular exercise and dietary modification and





Name : MR VIJENDER KUMAR
Age[year(s)] / Sex : 36 Yr(s)/Male
Reg No : MH010712420

Report Date : 14/01/2023
Episode No : H03000051421

PHYSICIAN REPORT

Urine Examination : Normal
Stool Examination :
CBC : Normal
Blood Biochemical Analysis : HBA1C - 6.4
FBS - 128
LDL - 101
X-Ray Chest : Normal
ECG : Normal
Treadmill (stress)Test :
Echo Cardiography :
Ultrasonography : Grade II fatty liver.
Splenomegaly.

ECG :
Audiometry :
Other Tests :
Special Test :

Impression

SPLENOMEGALY
DYSLIPIDFEMIA
GRADE II FATTY LIVER
PRE DIABETES

Advice

- 1-CAP EVION 400 ONCE DAILY- 3 MONTHS
- 2-AVOID SUGAR, HONEY, JAGGERY, MAIDA, REFINED OIL, MANGO, LITCHI, GRAPES, BANANA, CHIKOO
- 3-BRISK WALK FOR 40 MINUTES DAILY
- 4-LOW FAT HIGH FIBRE DIET
- 5-REPEAT FASTING LIPID PROFILE , HBA1C AFTER 3 MONTHS

Examined By :

Anuja Lakra

Dr. Anuja Lakra



Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

Name : MR VIJENDER KUMAR
Age[year(s)] / Sex : 36 Yr(s)/Male
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OPHTHALMOLOGY REPORT

Presenting : -NIL-
Complaints :
Past History : -NIL-
DM : Nil Years HTN : Nil Years

Examination

	Right eye		Left eye	
Vision	6/6	Without Glasses	6/6	Without Glasses
Near Vision	N6	Without Glasses	N6	Without Glasses
Color Vision	Normal			
Ant. Segment	Normal		Normal	
Fundus	Deferred		Deferred	

Extra Exams : NONE

Impression

Normal

Advice

Review sos

Examined by :

Dr. Vanuli Bajpai
MBBS,MS



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Age [year(s)] / Sex : 36 Yr(s)/Male
Reg No : MH010712420

Report Date : 14/01/2023
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DENTAL CHECK REPORT

INTRA ORAL

Dental Type :
Upper / Lower :
Teeth : D - 16,37
 M -
 F -
Gingiva and Pockets :
Mucosa :
Crowding :
Cross Bite :
Calculus and Stains : Mild

IMPRESSIONS

ADVICE

RESTORATION 16, RCT 37, ORAL PROPHYLAXIS

Examined by :

Dr Nitika Kaur
CONSULTANT





Name : MR VIJENDER KUMAR
Registration No : MH010712420
Patient Episode : H03000051421
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:31

Age : 36 Yr(s) Sex :Male
Lab No : 32230104788
Collection Date : 14 Jan 2023 08:51
Reporting Date : 14 Jan 2023 11:07

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	184	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	131	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	57	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	26	mg/dl	[10-40]
LDL- CHOLESTEROL	101 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.





Name : MR VIJENDER KUMAR **Age** : 36 Yr(s) Sex :Male
Registration No : MH010712420 **Lab No** : 32230104788
Patient Episode : H03000051421 **Collection Date** : 14 Jan 2023 08:51
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:08
Receiving Date : 14 Jan 2023 09:31

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.79	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.25 #	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.54	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	20.80	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	27.70	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	68	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.9	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	5.1 #	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.8	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.82 #		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value



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Age : 36 Yr(s) Sex :Male
Lab No : 32230104788
Collection Date : 14 Jan 2023 08:51
Reporting Date : 14 Jan 2023 11:07

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	13.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.84	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	4.1	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	4.0	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.43	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	100.9	mmol/l	[95.0-105.0]
eGFR	112.6	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR VIJENDER KUMAR **Age** : 36 Yr(s) Sex :Male
Registration No : MH010712420 **Lab No** : 32230104789
Patient Episode : H03000051421 **Collection Date** : 14 Jan 2023 13:40
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:57
Receiving Date : 14 Jan 2023 14:26

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 113 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 128 # mg/dl [70-100]

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR VIJENDER KUMAR **Age** : 36 Yr(s) Sex :Male
Registration No : MH010712420 **Lab No** : 32230104955
Patient Episode : H03000051421 **Collection Date** : 14 Jan 2023 13:40
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:57
Receiving Date : 14 Jan 2023 14:27

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 6.4

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 137 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR VIJENDER KUMAR **Age** : 36 Yr(s) Sex :Male
Registration No : MH010712420 **Lab No** : 33230103108
Patient Episode : H03000051421 **Collection Date** : 14 Jan 2023 08:51
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:02
Receiving Date : 14 Jan 2023 09:26

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 4.0 /1sthour [0.0-10.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6130	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.58 #	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.3	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	43.8	%	[40.0-50.0]
MCV (Calculated)	78.5 #	fL	[83.0-101.0]
MCH (Calculated)	25.6	pg	[25.0-32.0]
MCHC (Calculated)	32.6	g/dL	[31.5-34.5]
Platelet Count (Impedence)	197000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.1	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	64.5	%	[40.0-80.0]

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Name : MR VIJENDER KUMAR
Registration No : MH010712420
Patient Episode : H03000051421
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:26

Age : 36 Yr(s) Sex :Male
Lab No : 33230103108
Collection Date : 14 Jan 2023 08:51
Reporting Date : 14 Jan 2023 10:22

HAEMATOLOGY

Lymphocytes (Flowcytometry)	26.3	%	[20.0-40.0]
Monocytes (Flowcytometry)	6.4	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.1	%	[1.0-6.0]
Basophils (Flowcytometry)	0.7 #	%	[1.0-2.0]
IG	0.30	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----

Dr.Lakshita singh





Name : MR VIJENDER KUMAR **Age** : 36 Yr(s) Sex :Male
Registration No : MH010712420 **Lab No** : 35230101741
Patient Episode : H03000051421 **Collection Date** : 14 Jan 2023 11:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:09
Receiving Date : 14 Jan 2023 12:00

MICROBIOLOGY

VDRL TEST/RPR Specimen-Serum
Result Non-reactive
Method : Slide Flocculation

Technical Note:

This is a screening test for syphilis and is also used to monitor the course of disease after therapy. This test detects the presence of antibodies to lipoprotein material from damaged cells and cardiolipin from Treponemes. False positive reactions (titre < 1:8) may occur in viral infections, connective tissue disorders and pregnancy.

Reference: Clinical diagnosis and management by laboratory methods. Henry J.B. 20 Edn. 2001 pg 1133.

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-----END OF REPORT-----

Dr. Navin Kumar
CONSULTANT MICROBIOLOGY





NAME	Vijender KUMAR	STUDY DATE	14-01-2023 10:17:49
AGE / SEX	036Yrs / M	HOSPITAL NO.	MH010712420
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 11:58:04	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size and shows grade II fatty changes. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is enlarged in size (12cm) and normal in echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in shape and echopattern. It measures 20.4cc in volume.

No significant free fluid is detected.

Impression:

- Grade II fatty liver.
- Splenomegaly.

Kindly correlate clinically



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N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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Registered Office : Sector-6,Dwarka, New Delhi- 110075

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REPORTED ON	14-01-2023 11:58:04	REFERRED BY	Dr. Health Check MHD

**Dr.Pankaj Saini MD,DHA,
DMC reg. no. 15796
Consultant Radiologist**



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NAME	Vijender KUMAR	STUDY DATE	14-01-2023 10:10:08
AGE / SEX	036Yrs / M	HOSPITAL NO.	MH010712420
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 12:12:11	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



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Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist



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010712420

mr.vijendra kumar

1/14/2023 9:14:53 AM

36 Years

Male

Rate 72 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . ST elev, probable normal early repol pattern.....ST elevation, age<55
 PR 155 . Baseline wander in lead(s) V3
 QRSD 87
 QT 360
 QTc 394

--AXIS--

P 35
 QRS 79
 T 20

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis

