09853384 neeraj kumar sharma 1/14/2023 12:09:09 PM

49 Years Male

Rate	66	. Sinus rhythm	normal P axis, V-rate 50- 99
		. Consider left ventricular hypertrophy	(S V1/V2+R V5/V6) >3.50mV
PR	165	. ST elev, probable normal early repol pattern	ST elevation, age<55
QRSD	91		
QT	414		
QTc	434		

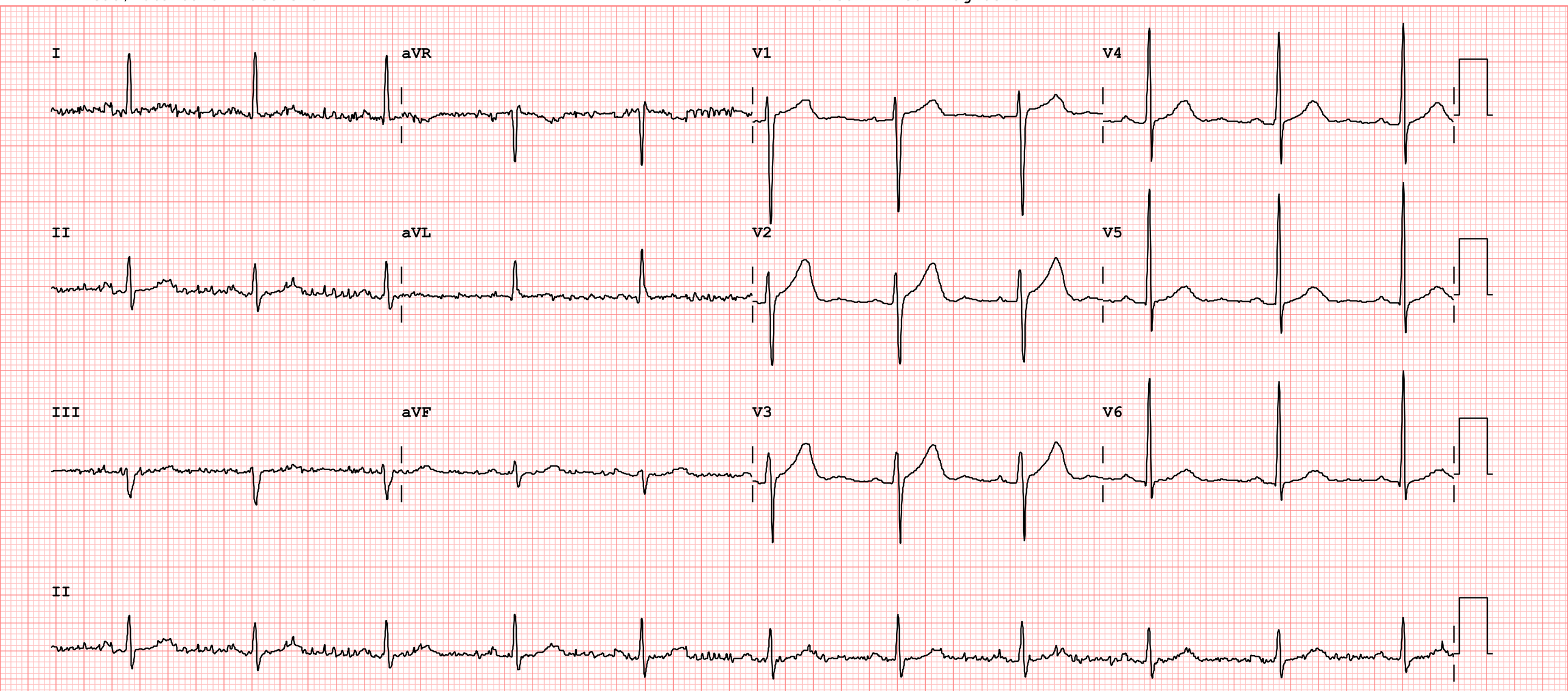
--AXIS--

P	48
QRS	-10
T	59

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	31230100494
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:05
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 12:14
Receiving Date	:	14 Jan 2023 11:38			

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)	
Blood Group & Rh typing	A Rh(D) Positive
Antibody Screening (Microtyping in gel cards using reagent red cells)	
Final Antibody Screen Result	Negative

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104905
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:06
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 13:20
Receiving Date	:	14 Jan 2023 11:42			

BIOCHEMISTRY

Glycosylated Hemoglobin — Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)	5.2	% [4.0-6.5]

As per American Diabetes Association(ADA)
HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG)	103	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 glycemic control.

THYROID PROFILE, Serum

			1
T3 - Triiodothyronine (ECLIA)	0.80	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.16	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.400	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104905
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:06
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:06
Receiving Date	:	14 Jan 2023 11:43			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	**372 #**	**mg/dl**	**[<200]** Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	**239 #**	**mg/dl**	**[<150]** Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	39	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	**48 #**	**mg/dl**	**[10-40]**
LDL- CHOLESTEROL	**285 #**	**mg/dl**	**[<100]** Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	9.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	7.3		<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 NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104905
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:06
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:05
Receiving Date	:	14 Jan 2023 11:43			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.24	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.10	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	**0.14 #**	**mg/dl**	**[0.20-1.00]**
SGOT/ AST (P5P,IFCC)	22.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	30.10	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	127	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.7	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.1	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.48		[1.10-1.80]

Note:
**NEW BORN:Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104905
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:06
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:06
Receiving Date	:	14 Jan 2023 11:43			

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)	**0.74 #**	**mg/dl**	**[0.80-1.60]**
SERUM URIC ACID (mod.Uricase)	6.0	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.1	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.4	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.42	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	103.9	mmol/l	[95.0-105.0]
eGFR	108.3	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 to1.73 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.

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104905
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:06
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:08
Receiving Date	:	14 Jan 2023 11:43			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.523	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	32230104906
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 14:52
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 17:26
Receiving Date	:	14 Jan 2023 15:32			

BIOCHEMISTRY

PLASMA GLUCOSE – PP

Plasma GLUCOSE – PP (Hexokinase)	107	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)	100	mg/dl	[70–100]

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	33230103164
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:05
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 13:14
Receiving Date	:	14 Jan 2023 11:30			

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **16.0 #** **/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)	4590	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.74	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.7	g/dL	[13.0-17.0]
Haematocrit (PCV)	43.2	%	[40.0-50.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	91.1	fL	[83.0-101.0]
MCH (Calculated)	31.0	pg	[25.0-32.0]
MCHC (Calculated)	34.0	g/dL	[31.5-34.5]
Platelet Count (Impedence)	189000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	12.2	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	69.9	%	[40.0-80.0]

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	33230103164
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:05
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 11:47
Receiving Date	:	14 Jan 2023 11:30			

HAEMATOLOGY

Lymphocytes (Flowcytometry)	20.3	%	[20.0-40.0]
Monocytes (Flowcytometry)	7.6	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.0	%	[1.0-6.0]
Basophils (Flowcytometry)	**0.2 #**	**%**	**[1.0-2.0]**
IG	0.40	%	

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.

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

Dr.Lakshita singh

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	38230100839
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:05
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:39
Receiving Date	:	14 Jan 2023 12:51			

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	**SLIGHTLY TURBID**	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.020	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflactance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflactance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflactance photometry/Action of Esterase	**TRACE**	**NEGATIVE**
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	2-4 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	**AMORPHOUS MATERIAL**	**(NIL)**
Bacteria	NIL	
Yeast cells	NIL	

Name	:	MR NEERAJ KUMAR SHARMA	**Age**	:	49 Yr(s) Sex :Male
Registration No	:	MH009853384	**Lab No**	:	38230100839
Patient Episode	:	H03000051446	**Collection Date :**		14 Jan 2023 11:05
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		14 Jan 2023 14:39
Receiving Date	:	14 Jan 2023 12:51			

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys
Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

CALCIUM OXALATE CRYSTALS(++)

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

Dr.Lakshita singh

NAME	**Neeraj KUMAR SHARMA**	STUDY DATE	**14-01-2023 14:12:21**
AGE / SEX	**049Yrs / M**	HOSPITAL NO.	**MH009853384**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**14-01-2023 16:44:21**	REFERRED BY	**Dr. Health Check MHD**

USG WHOLE ABDOMEN

Findings:

Liver is enlarged in size (~ 16.7 cm) 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 (~ 12.5 cm).

Both kidneys are normal in position, size (RK ~ 9.9 cm and LK ~ 9.5 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. 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 ~ 20.6 cc in volume.

No significant free fluid is detected.

IMPRESSION: Hepato-splenomegaly with grade II fatty liver.

Kindly correlate clinically

Dr. Divya Jain MBBS, DNB, DMC/R/7955
Associate Consultant Radiologist

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.

NAME	**Neeraj KUMAR SHARMA**	STUDY DATE	**14-01-2023 14:12:21**
AGE / SEX	**049Yrs / M**	HOSPITAL NO.	**MH009853384**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**14-01-2023 16:44:21**	REFERRED BY	**Dr. Health Check MHD**

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.

NAME	**Neeraj KUMAR SHARMA**	STUDY DATE	**14-01-2023 14:06:04**
AGE / SEX	**049Yrs / M**	HOSPITAL NO.	**MH009853384**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**14-01-2023 16:42:20**	REFERRED BY	**Dr. Health Check MHD**

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Prominent aortic knuckle with calcification is seen.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically

Dr. Anuja MBBS,DMRD,DNB, DMC No. 76738
Associate Consultant, Radiology

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.

NAME	**Neeraj KUMAR SHARMA**	STUDY DATE	**14-01-2023 14:06:04**
AGE / SEX	**049Yrs / M**	HOSPITAL NO.	**MH009853384**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**14-01-2023 16:42:20**	REFERRED BY	**Dr. Health Check MHD**

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.