



## CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/001904 Patient No : 21048620 Date : 23/07/2022  
Name : MAHESH KUMAR Sex / Age : M 32  
Height / Weight : 165 Cms 81 Kgs Ideal Weight 63 Kgs BMI : 29.8

**Dr. Manish Mittal**  
Physician

*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.*

Name : MAHESH KUMAR

Sex / Age : M 32

**Present History**

NO MEDICAL COMPLAINTS AT PRESENT.

**Past History**

K/C/O ALLERGIC RHINITIS.  
APPENDICETOMY IN PAST.

**Family History**

MOTHER : HYPERTENSION ; DIABETES.  
FATHER : HYPERTENSION ; DIABETES & OHD.

**Personal History**

NON-VEG DIET ; OCC. SMOKING & OCC. ALCOHOL.

**Clinical Examination**

B.P. 120/80 mm Hg                      Pulse 78/MIN REG.  
Others -

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD

Name : **MAHESH KUMAR**

Sex / Age : M 32

**Eye Checkup**

Doctor Name **Dr. Ketan J. Patel**

	<b>Right</b>	<b>Left</b>
History	NIL	NIL
Uncorrected vision	6/6	6/6
Corrected vision	N.6	N.6
IOP	-	-
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	

### Dietary Assessment

Name : MAHESH KUMAR Sex / Age : M 32  
Height : 165 Cms Weight : 81 Kgs Ideal Weight : 63 Kgs BMI : 29.8

Body Type : Normal / Underweight / Over weight

#### Diet History

Diet preference : Vegetarian / Eggeterian / Mixed  
Frequency of consuming fried food : / day / week or occasional  
Frequency of consuming sweets : / day or occasional  
Frequency of consuming outside food : / week or occasional  
Amount of water consumed / day : glasses / liters

#### Life style assessment

Physical activity : Active / moderate / Sedentary / Nil  
Alcohol intake : Yes / No  
Smoking : Yes / No  
Allergic to any food : Yes / No  
Are you stressed out ? : Yes / No  
Do you travel a lot ? : Yes / No

#### General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd Apple.
- Drink 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroot, Figs, Almond, Walnut, Dates, leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin. In case of diabetic patient avoid Rasins, Dates and Jeggary.
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.

Dietitian



Patient Name : Mr. MAHESH KUMAR  
 Gender / Age : Male / 32 Years 9 Months 22 Days  
 MR No / Bill No. : 21048620 / 231021547  
 Consultant : Dr. Manish Mittal  
 : OPD

Type : OPD  
 Request No. : 58490  
 Request Date : 23/07/2022 09:12 AM  
 Collection Date : 23/07/2022 09:22 AM  
 Approval Date : 23/07/2022 02:27 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	<b>12.7</b>	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	<b>6.61</b>	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	40.6	%	40 - 50
Mean Corpuscular Volume (MCV)	<b>61.4</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>19.2</b>	pg	27 - 32
MCH Concentration (MCHC)	<b>31.3</b>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>17.4</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>34.7</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	<b>10.31</b>	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	68	%	40 - 80
Lymphocytes	22	%	20 - 40
Eosinophils	6	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	6.95	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.19	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.65</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.43	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.09	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.6	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	328	thou/cmm	150 - 410
Smear evaluation	Adequate		
PBS Overview	Hypochromia +, Microcytosis + . ADV: May do abnormal Haemoglobin study by HPLC to rule out BTT		
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. Retcheck / retest may be requested.



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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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**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	A		
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 Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	85	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	99	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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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.





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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	23	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	<b>0.79</b>	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 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)</i>	More than 60		
Uric acid <i>(By Uricase / Calase method on RXL Siemens)</i>	7.2	mg/dL	3.4 - 7.2

— End of Report —

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	<b>183</b>	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	173	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	<b>36</b>	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	137	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	96	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	36.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.67		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.81		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.55	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.42	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	18	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	38	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	69	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	37	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.69	gm/dL	6.4 - 8.2
Albumin	4.55	gm/dL	3.4 - 5
Globulin	3.14	gm/dL	3 - 3.2
A : G Ratio	1.45		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)	1.38	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	9.14	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	1.34	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
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		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path), DCP.



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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	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)

--- End of Report ---

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**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.5		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Trace		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		Absent

--- End of Report ---

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Foetal Echocardiography

Echocardiography

Patient No. : 21048620      Report Date : 23/07/2022

Request No. : 190028016      23/07/2022 9.12 AM

Patient Name : MAHESH KUMAR

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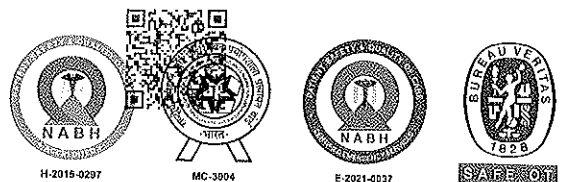
X-Ray Chest AP

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

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

*(Handwritten signature)*

Dr. Priyanka Patel, MD  
Consultant Radiologist





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- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21048620      Report Date : 23/07/2022  
 Request No. : 190028024      23/07/2022 9.12 AM  
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**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

Liver is normal in size and 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 shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size (11.8cm) 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 ~ 15 cc. Prostate measures 25mm x 33mm x 35mm.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

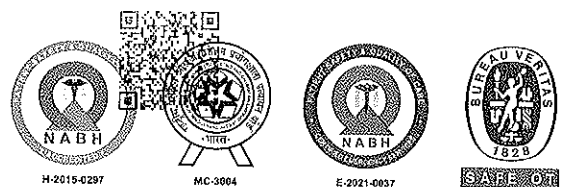
Fatty liver.

*Kindly correlate clinically*

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

*Prerna C*

Dr. Prerna C Hasani, MD  
 Consultant Radiologist





Patient No. : 21048620      Report Date : 23/07/2022  
Request No. : 190028039      23/07/2022 9.12 AM  
Patient Name : MAHESH KUMAR  
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### Echo Color Doppler

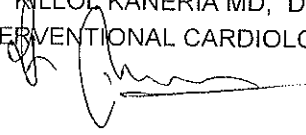
MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 65 %, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : NO MR, AR, TR NO PAH

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### FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65 %
3. NO RESTING RWMA
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURE
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. KILLOL KANERIA MD, DM  
INTERVENTIONAL CARDIOLOGIST



ECU/21/48620  
32 Years

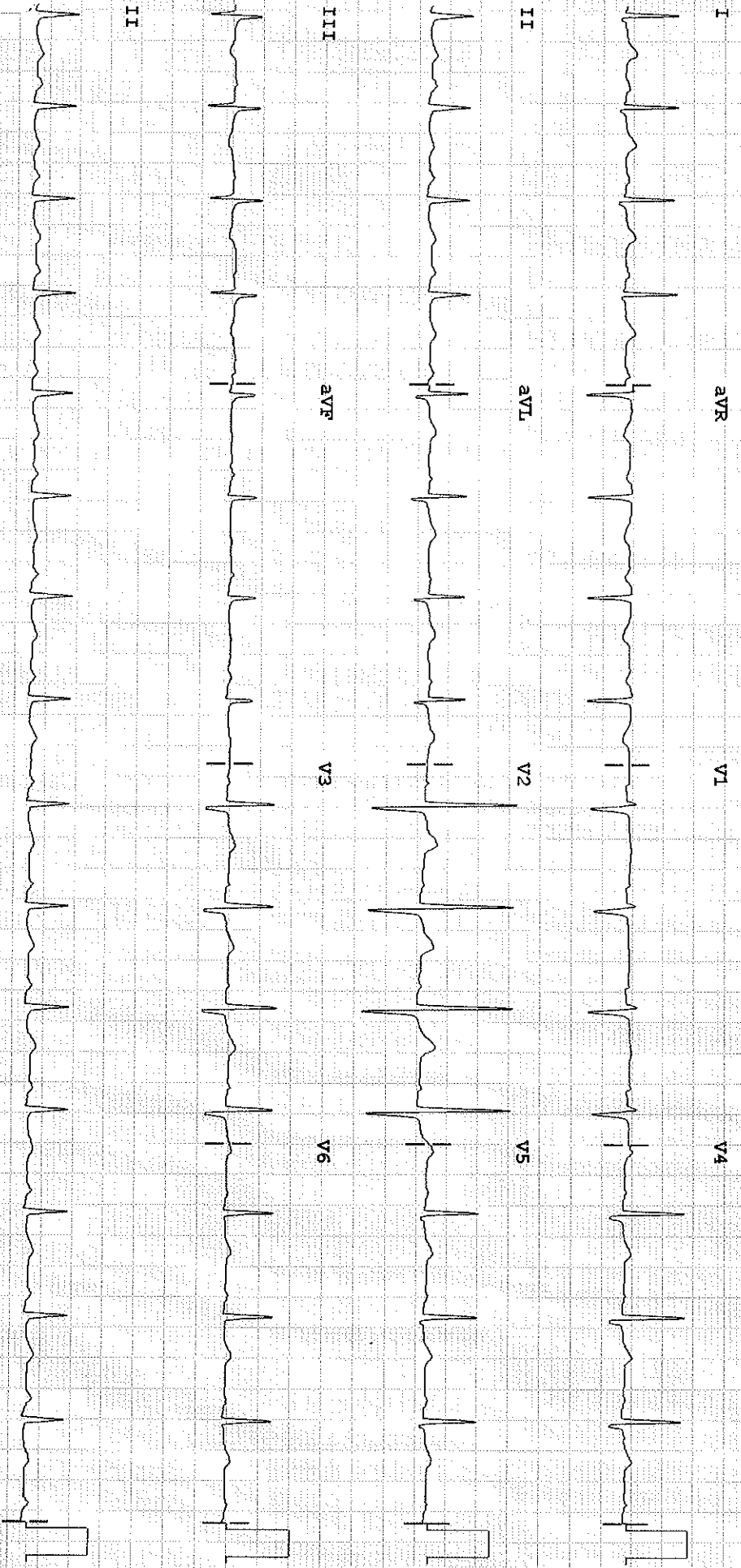
23-Jul-22

11:37:12 AM MR. MAHESH KUMAR  
Male

Doctor MANISH MITTAL

Rate 90  
PR 164  
QRS 85  
QT 356  
QTc 436

--AXIS--  
P 36  
QRS 36  
T 9



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

F 50 ~ 0.5-150 Hz W

PH08

P2

SENSOR 1429-02