

ID:  
DOB:  
Gender:

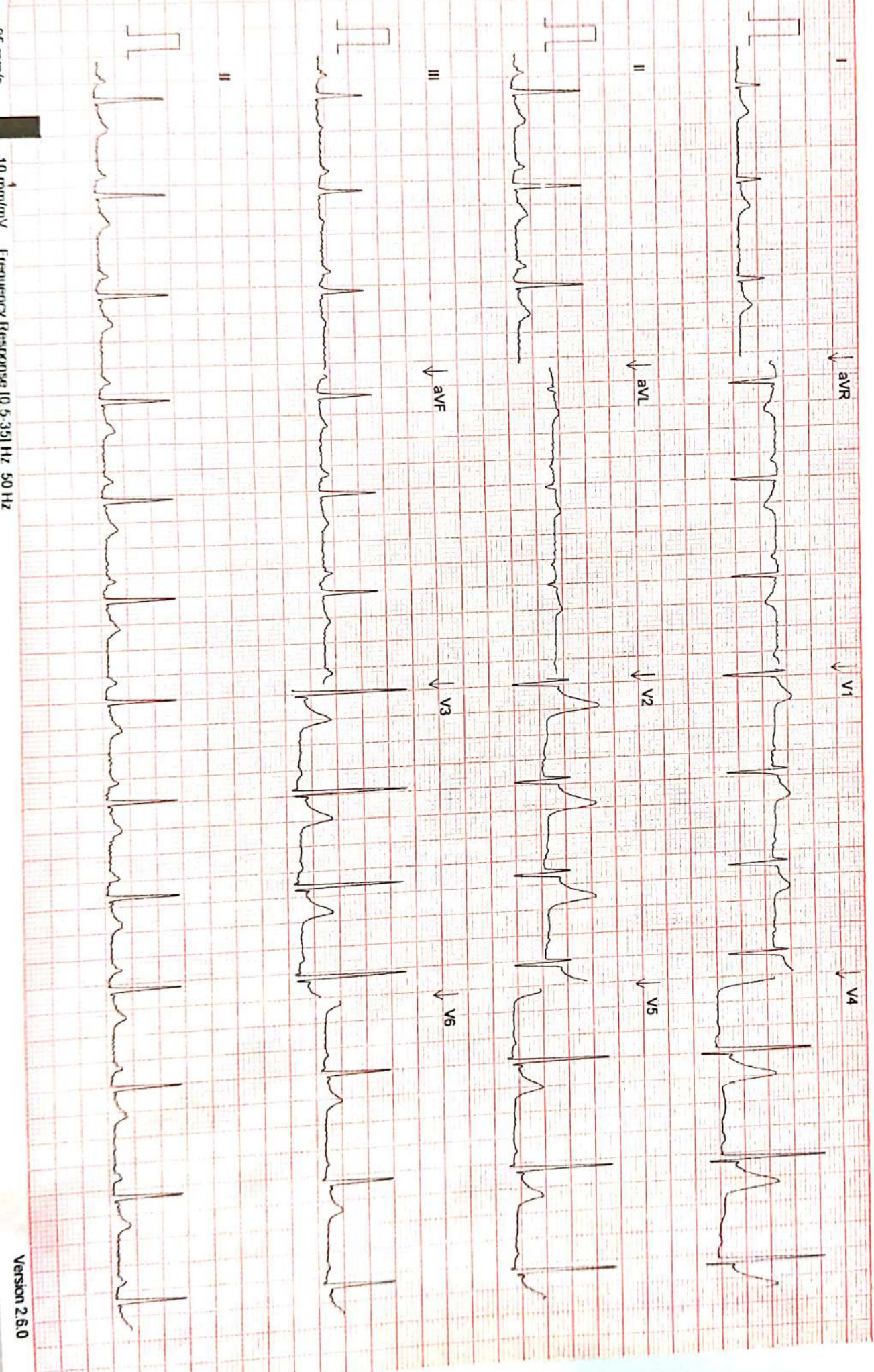
Name: Subject

20/8/2024 09:31:35

P/PR: 98/166 ms  
QRS: 82 ms  
QT/QTc: 346/375 ms  
P/QRS/T Axis: 79/67/35 deg  
Heart Rate: 77 BPM

Warning: age not available, assumed 35 years  
Warning: sex not available, assumed male  
sinus rhythm  
Normal ECG

Unconfirmed Report



10 mm/mV Frequency Resonance [0.5-35] Hz 50 Hz Version 2.6.0



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HOSPITALS

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A Unit Of Bharat Health & Wellness Pvt. Ltd.  
R-26, Nehru Enclave, Near Nehru Enclave  
Metro Station, New Delhi-110019  
Tel : 91 11 46514651  
CIN NO : U85300DL2022PTC403313  
PAN NO : AAKCB4552H  
Email : gknulife@gmail.com  
Web : www.nulifehospital.in

## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-000000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: BL171015000991	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

### LAB - 3

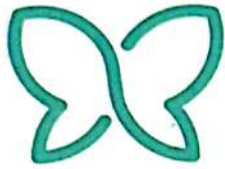
Test Description	Result	Methodology	Units	Reference Range
<b>CBC</b>				
HAEMOGLOBIN (HB)	14.0		gm/dl	11 - 18
TOTAL LEUCOCYTE COUNT (TLC)	5,040		/cumm	4000-11000
NEUTROPHIL	60		%	40-75
LYMPHOCYTE	27		%	20-45
EOSINOPHIL	06		%	1-6
MONOCYTE	07		%	2-10
BASOPHIL	00		%	0-1
ESR (WESTEGREN's METHOD)	11		mm/1st hr	0-20
R B C COUNT	5.22		Millions/cmm	3.8-5.5
P.C.V / HAEMATOCRIT	43.0		%	35-54
M C V	82.5		fL	80-100
M C H	26.8 *		Picogram	27.0-31.0
M C H C	32.5 *		g/dl	33-37
PLATELET COUNT	1.80		Lakh/cmm	1.50-4.50

Key: \*=Abnormal Low, \*\*=Critical Low, \*\*\*=Improbable Low,  
#=Abnormal High, ##=Critical High, ###=Improbable High

  
Sr. Technition

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(INDIA)





## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-00000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: UR03109	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

## Clinical Microscopy

Test Description	Result	Methodology Units	Reference Range
<b>Urine Routine Analysis</b>			
QUANTITY	20	ml.	
Color	PALE YELLOW		
TRANSPARENCY	TURBID		
Sp. Gravity	1.020		
pH	6.5		
Protein	NIL		
Glucose	NIL		
PUS CELLS	02.03	/HPF	
RBC	NIL	/LPF	
Cast	NIL	/HPF	
Crystals	00-01	/HPF	
Epithelial Cells	NIL	/HPF	
Bacteria	NIL		
Blood	NIL		
Nitrites	NIL		
Ketones	NIL		

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Technician  
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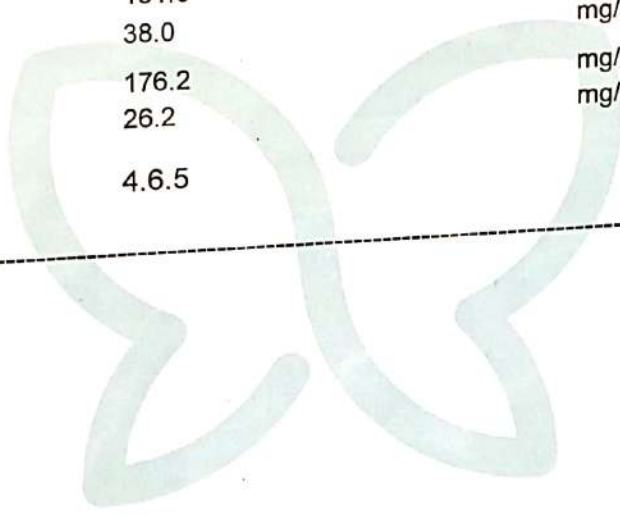
## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-000000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: WHE09192	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

### BIOCHEMISTRY

Test Description	Result	Methodology Units	Reference Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTROL	241.0	mg/dl	140 - 250
TRIGLYCERIDES	131.0	mg/dl	40.0 - 165.0
HDL CHOLESTROL	38.0	mg/dl	40.0 - 79.4
LDL CHOLESTROL	176.2	mg/dl	63.0 - 129.0
VLDL	26.2	mg/dl	4.7 - 22.1
LDL/HDL CHOLESTROL	4.6.5		

||



*Q*

Sr. Technition

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## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-00000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: WHE09192	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

### BIOCHEMISTRY

Test Description	Result	Methodology Units	Reference Range
BLOOD SUGAR FASTING	108.0	mg/dl	60 - 110
BLOOD SUGAR PP	136.8	mg/dl	80-140

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## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-00000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: WHE09192	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

### URINE

Test Description	Result	Reference Range
URINE SUGAR FASTING	NIL	NIL
URINE SUGAR PP	NIL	NIL

  
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## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-000000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: WHE09192	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

### BIOCHEMISTRY

Test Description	Result	Methodology Units	Reference Range
<b>KIDNEY FUNCTION TEST (KFT)</b>			
BLOOD UREA	26.0	mg/dl	15 - 45
S.CREATININE	0.98	mg/dl	0.7 - 1.4
SERUM URIC ACID	4.9	mg/dl	3.5 - 7.2
CALCIUM	9.7	mg/dl	8.6 - 10.2

  
Sr. Technician

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(INDIA)



## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-00000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: SR8471	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

## Biochemistry

Test Description	Result	Methodology Units	Reference Range
<b>Liver Function Test(LFT)</b>			
Bilirubin Total	0.72	mg/dL	0.3 - 1.2
Bilirubin Direct	<b>0.40 #</b>	mg/dL	0 - 0.3
Bilirubin Indirect	0.32	mg/dL	0 - 0.9
AST/SGOT	<b>35.7 #</b>	IU/L	< 35
ALT/SGPT	28.0	IU/L	<45
Alkaline phosphatase	90.0	IU/L	30 - 120
Total Proteins	6.9	gm/dL	6.4 - 8.3
Albumin	4.1	gm/dl	3.5 - 5.2
Globulins	2.9	gm/dL	2.0 - 3.5
AG RATIO	1.4.6		

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## Laboratory Report

Name	: Mr. Sujeet Kumar	MR No	: NU-00000736
Age/Gender	: 40 Y/M	Visit ID	: OP-NUL-25000694
Sample ID	: WHE09192	Sample Date	: 20-08-2024
Consulting Doctor:		Report Date	: 21-08-2024

## Hematology

Test Description	Result	Methodology Units	Reference Range
<b>Blood Grouping Abo</b>			
BLOOD GROUP ABO	'O'		
RH TYPING	POSITIVE		

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Technician

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<b>UID</b>	012408200168	<b>Time of Registration</b>	20/Aug/2024 09:15PM
<b>Name/Age/Sex</b>	Mr. SURJEET KUMAR 40 YRS/MALE	<b>Time of Collection</b>	21/Aug/2024 07:34AM
<b>Treating Dr.</b>	Dr. GK NULIFE HOSPITAL	<b>Report Date</b>	21/Aug/2024

**HAEMATOLOGY**

Test Name	Result	Unit	Ref. Range
Hb A1C	5.0	%	Less than 5.7 %
Mean Blood Glucose	96.80	mg/dL	

**Comments:**

The hemoglobin A1c test also called HBA1c, glycated hemoglobin test or glycohemoglobin - is the important test for assessment of long term glucose control (also called Glycemic control) and is a better indication of long term glycemic control as than blood glucose determination. Hemoglobin A1c provides an average of your blood sugar control over a six to twelve week period. people with diabetes should have this test every three months to determine whether their blood sugars have reached the target level of control.

Result	A1C
Normal	Less than 5.7 %
Prediabetes	5.7 % to 6.4 %
Diabetes	6.5 % or higher

*hmd*  
Checked By

**Dr. Irfan**  
(MBBS, DCP, DNB)  
Consultant Pathologist

*A Goel*  
**DR. AMIT GOEL**  
MBBS, MD PATHOLOGY  
CONSULTANT PATHOLOGIST



UID	012408200168	Time of Registration	20/Aug/2024 09:15PM
Name/Age/Sex	Mr. SURJEET KUMAR 40 YRS/MALE	Time of Collection	21/Aug/2024 07:34AM
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Test Name	Result	Unit	Ref. Range
<b>IMMUNOLOGY</b>			
Total PSA <i>Method: ECLIA</i>	0.60	ng/mL	0.0-4.0

**COMMENTS:**

PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA. However, the effect is clinically insignificant, since DRE causes the most substantial increases in patients with PSA levels already elevated over 4.0 ng/mL. Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the ratio of free to total PSA appears to be particularly promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However, both total and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 hours.

  
Checked By

**Dr. Irfan**  
**(MBBS, DCP, DNB)**  
**Consultant Pathologist**

  
**DR. AMIT GOEL**  
**MBBS, MD PATHOLOGY**  
**CONSULTANT PATHOLOGIST**



<b>UID</b>	012408200168	<b>Time of Registration</b>	20/Aug/2024 09:15PM
<b>Name/Age/Sex</b>	Mr. SURJEET KUMAR 40 YRS/MALE	<b>Time of Collection</b>	21/Aug/2024 07:34AM
<b>Treating Dr.</b>	Dr. GK NULIFE HOSPITAL	<b>Report Date</b>	21/Aug/2024

Test Name	Result	Unit	Ref. Range
<b>T3,T4,TSH.</b>			
T3	0.99	ng/mL	0.970-1.69
T4	8.74	ug/dl	5.53-11.00
TSH (ULTRASENSITIVE)	1.96	μIU/ml	0.46-4.68

Method: ECLIA

**COMMENTS**

The following table summarizes test results and their potential meaning.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; rare pituitary (secondary) hypothyroidism

The most common causes of thyroid dysfunction are autoimmune-related. Graves disease causes hyperthyroidism and Hashimoto thyroiditis causes hypothyroidism. Both hyper- and hypothyroidism can also be caused by thyroiditis, thyroid cancer, and excessive or deficient production of TSH.

**NOTE:** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

\*\*\* End Of Report \*\*\*

*huk*  
Checked By

**Dr. Irfan**  
**(MBBS, DCP, DNB)**  
**Consultant Pathologist**

*Amit*  
**DR. AMIT GOEL**  
**MBBS, MD PATHOLOGY**  
**CONSULTANT PATHOLOGIST**



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Patient Name : **SURJEET KUMAR**  
Age/Sex : 40 Y/M  
DATE : 20.08.2024  
INVESTIGATION : CHEST X RAY PA

**X-RAY CHEST PA(VIEW)**

Both lung fields are clear

Hila are normal

Cardiac size appears normal

Both C P angels are clear

**Please correlate clinically**

**Doctor Name**  
**Dr. Rahul Baweja**  
**Radiologist**

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**NAME : SURJEET KUMAR**

**AGE/SEX : 40Y/M**

**REF. BY : SELF**

**DATE : 20/08/2024**

**ULTRASOUND WHOLE ABDOMEN**

**LIVER:** is normal in size and mildly increased in echotexture. No focal lesion or IHBRD seen.  
Main portal Vein is normal

**GALL BLADDER:** is distended, shows anechoic lumen; wall thickness is normal, no pericholecystic collection.

**CBD:** is not dilated.

**PANCREAS:** visualised head and proximal body region is normal in size, contour and echotexture without focal lesion. Rest of the pancreas obscured by bowel gases. Main pancreatic duct is not dilated. No peripancreatic fluid collection.

**SPLEEN** is normal in size (~11.9 cm) and echo texture. No focal lesion is seen.

**KIDNEYS:** both kidneys are normal in size, shape and echogenicity. Cortico medullary differentiation is maintained

**Left kidney calculi at mid Pole 4.7 mm**

**Right kidney calculi 4mm**

**URINARY BLADDER:** appears normal in wall thickness. No evidence of mass or calculus seen.

**PROSTATE:** appears normal in size measures ~ 15 cc in volume and echotexture.

No free fluid in the peritoneal cavity.

No bowel wall thickening/ bowel loop dilatation.

No significant abdominal lymph nodes.

No evidence of pleural effusion on either side.

**IMPRESSION: B/L Small Renal Calculi**

Dr. Rahul Baweja

MBBS. MD Radiodiagnosis

Consultant Radiologist

