

Patient Name	Manoj Kumar Gupta	Date	23/3/2024
Age	53	UHID No	
Sex	Male	Ref By	
Occupation		Phone No	8591225998
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	Admitted for Dengue in 2016				
PAST HISTORY					
MEDICAL HISTORY	Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No	NO	NO	NO	to dust
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	2011	No	NO	in 2015 had	NO
	Other History	taken Rx			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No	No	No	No	No
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	

T. Oxramet 10/500 - 1 BBF
 T. Siglyn - M 50/500 - twice E lunch & dinner
 T. Zyrona - 10 - once after dinner
 T. Propal MF 15 - 1 in morning after dinner
 T. Veltan plus - 1 at night
 T. Bon DK shot 601C
 Cap Juhnew 1 twice a week

B1011 -

NAME	Manoj Kumar Gupta	Weight	70.6
BP	110/80 mmHg	Height	164
Pulse	117 bpm	SPO2	
Temperature	Afebrile	Peripheral Pulses	palpable
Oedema	0	Breath Sound	A=BS
Heart Sound	S1 S2 heard		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	NO	Frequency of urine	9
Chills	NO	Blood in urine	9
Recent weight gain		Incomplete empty of bladder	9
EYES		Nycturia	9
Eye pain		Dysuria	
Spots before eyes		Urge Incontinence	
Dry eyes		OBS/GYNE.	
Wearing glasses	→ Refractive error (Bifocal)	Abnormal bleed	9
Vision changes	: 2009	Vaginal Discharge	9 NO
Itchy eyes		Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	9	MUSCULOSKELETAL	
Nose bleeds	9	Joint swelling	9
Sore throat	NO	Joint pain	9 NO
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY (SKIN)	
CARDIOVASCULAR		Acne	9
Chest pain		Breast pain	9 NO
Heart rate is fast/slow	NO	Change in mole	
Palpitations		Breast	
Leg swelling		NEUROLOGICAL	
RESPIRATORY		Confused	
Shortness of breath	9	Sensation in limbs	9
Cough	9	Migraines	9 NO
Orthopnoea	9	Difficulty walking	
Wheezing	NO	PSYCHIATRIC	
Dyspnoea		Suicidal	
Respiratory distress in sleep		Change in personality	→ NO
GASTROINTESTINAL		Anxiety	
Abdominal pain		Sleep Disturbances	→ late sleep due to stress
Constipation	→ very often 1 st 2 nd	Depression	→ NO
Heartburn	→ frequently 12 years	Emotional	
Vomiting	9		
Diarrhoea	9 NO		
Melena			



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 0000/00321/11373

To
Manoj Kumar Gupta

Manoj Kumar Gupta,
Flat No B5 601 New Dindoshi Girkunj CHS LTD,
Dr Ambedkar Road,
IT PARK,
Goregaon East Mumbai,
VTC: Mumbai, PO: Aareymilk Colony,
District: Mumbai Suburban,
State: Maharashtra, PIN Code: 400085.
Mobile: 8591225998

23857147



KG238571475FI



आपका आधार क्रमांक / Your Aadhaar No. :

5148 9371 6362

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 09/02/2014



Manoj Kumar Gupta
DOB: 02/12/1970
Male

5148 9371 6362

मेरा आधार, मेरी पहचान

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.

Handwritten signature and scribbles

Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 2003/09/3427



Name	: MR. MANOJ KUMAR GUPTA	Id	: VRX-38457
Age/Gender	: 53 Years 3 Months /M	Registered On	: 23/03/2024 09:39
Referred By	: MEDIWHEEL	Collected Time	: 23/03/2024 10:25
		Reported On	: 23/03/2024 15:23

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	13.7	13.0 - 17.0 gm/dl	
RBC COUNT	4.98	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	41.4	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	83.13	83.0 - 101.0 fl	
MEAN CORP HB (MCH)	27.51	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	33.09	31.5 - 34.5 g/dl	
RDW	15.2	11.6 - 14.0 %	
WBC COUNT	7.2	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	53	40 - 80 %	
LYMPHOCYTES	37	20 - 40 %	
EOSINOPHILS	5	1 - 6 %	
MONOCYTES	5	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	114	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Reduced on Smear few large Platelets Seen		
MPV	10.2	6.78 - 13.46 %	
PDW	16.8	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEX-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated) All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
ESR	12	< 20 mm at the end of 1Hr.	WESTERGREN
INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	A POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
FASTING BLOOD SUGAR			
FBS	138.1	< 100 mg/dl	GODPOD
URINE SUGAR	PRESENT(+++)		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : >/= 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : >/= 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >/= 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	253.2	< 140 mg/dl	GODPOD
URINE SUGAR	PRESENT(+++)		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : >/= 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : >/= 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >/= 200 mg/dl

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UHID : AM10.24000000001
 Patient Name : MR. MANOJ KUMAR GUPTA
 Age : 53 Yrs 3 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A036601
 Registered On : 23/03/2024,11:56 AM
 Collected On : 23/03/2024,12:10 PM
 Reported On : 23/03/2024,04:10 PM
 SampleID :

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocolated Haemoglobin) WB-EDTA			
HbA1c (Glycocolated Haemoglobin)	7.5	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 168.6 mg/dL

Method : Calculated

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation :

1.The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

3.Mean blood glucose (MBC) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBC in 90 - 120 days contribute to 10% in final HbA1c levels

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APARNA-JAIRAM
 Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE

Lipid Test			
Investigations	Observed Value	Bio. Ref. Interval	METHOD
TOTAL CHOLESTEROL	205.1	130 - 200 mg/dl	
TRIGLYCERIDES	111.8	25 - 160 mg/dl	
HDL CHOLESTEROL	40.7	35 - 80 mg/dl	
LDL CHOLESTEROL	142.04	< 100 mg/dl	
VLDL CHOLESTEROL	22.36	7 - 35 mg/dl	
LDL-HDL RATIO	3.49	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	5.04	2.5 - 4.0 mg/dl	

INTERPRETATION
SAMPLE : SERUM, PLAIN
Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.
*VLDL and LDL Calculated.
(References : Interpretation of Diagnostic Tests by Wallach's)
Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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M.D.(PATH)

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MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
LIVER FUNCTION TEST			
SGOT	29.0	5 - 40 U/L	
SGPT	35.0	5 - 45 U/L	
TOTAL BILIRUBIN	0.69	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.30	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.39	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.7	6.0 - 8.3 g/dl	
ALBUMIN	4.0	3.5 - 5.2 g/dl	
GLOBULIN	3.7	2.0 - 3.5 g/dl	
A/G RATIO	1.08	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	65.0	56 - 119 U/L	
GGT	20.6	3 - 60 U/L	

REMARKS
SAMPLE : SERUM,PLAIN
PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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M.D.(PATH)
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE</u>			
RENAL FUNCTION TEST			
BLOOD UREA NITROGEN	9.01	7.0 - 25.8 mg/dl	
CREATININE	0.80	0.5 - 1.4 mg/dl	
URIC ACID	5.1	3.5 - 7.2 mg/dl	
CALCIUM	9.1	8.6 - 10.3 mg/dl	
PHOSPHORUS	3.7	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	7.7	6.0 - 8.3 mg/dl	
ALBUMIN	4.0	3.5 - 5.2 mg/dl	
GLOBULIN	3.7	2.0 - 3.5 g/dl	
A-G RATIO	1.08	1.0 - 2.0 mg/dl	
SODIUM	134.3	135 - 148 mEq/l	
POTASSIUM	4.37	3.5 - 5.3 mEq/l	
CHLORIDES	99.6	98 - 107 mEq/l	

REMARKS
SAMPLE : SERUM,PLAIN
*BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.
*ELECTROLYTE PERFORMED ON PROLYTE ELECTROLYTE ANALYZER

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)
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ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE

URINE ROUTINE

COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY TURBID		
SPECIFIC GRAVITY	1.020		
REACTION (PH)	6.5		
PROTEIN	Absent		
SUGAR	Present (+++)		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	8-10	< 6 hpf	
EPITHELIAL CELLS	15-20	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	Bacteria seen		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.240000000001
 Patient Name : MR. MANOJ KUMAR GUPTA
 Age : 53 Yrs 3 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A036601
 Registered On : 23/03/2024,11:56 AM
 Collected On : 23/03/2024,12:10 PM
 Reported On : 23/03/2024,04:11 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Vitamin B12	238.0	pg/mL	191 - 946
Method : Fully Automated Chemiluminescence System			

Interpretation:

Vitamin B12 is a cofactor for conversion of methylmalonyl Coenzyme A to succinoyl CoA. Vitamin B12 is implicated in the formation of myelin and along with folate is required for DNA synthesis. Causes of Vitamin B12 deficiency can be divided in to three classes: Nutritional deficiency, Malabsorption syndromes & other Gastrointestinal causes. B12 deficiency can cause megaloblastic anaemia(MA),nerve damage & degeneration of spinal cord.Lack of B12 can cause mild deficiencies,damage to the myelin sheath that surrounds & protects nerves, which may lead to peripheral neuropathy. People with intrinsic factor defects may develop a MA called as pernicious anaemia. Other conditions associated with low B12 levels are Iron deficiency anaemia, Celiac disease, parasitic infection,pancreatic deficiency & advancing age.Disorders associated with elevated B12 levels include renal failure, liver disease, myeloproliferative disease and external administration of Vitamin B12

Immunology

Test Name	Result	Unit	Biological Reference Interval
25-OH Vitamin D	27.8	ng/mL	Deficiency : Less than 12 insufficiency:12 - 30 Sufficiency : 30 - 70 Toxicity : More than 70

Method : ECLIA

INTERPRETATION : Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants). Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 dihydroxyvitamin D. The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). 25-OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is biologically inactive with levels approximately 1000-fold greater than the circulating 1,25 (OH)₂ vitamin D. CAUSES OF VITAMIN D DEFICIENCY ARE: *Very low dietary intake *Malabsorption *Liver disease *Drugs such as phenytoin,phenobarbitone *Less exposure to sunlight *Age A high global prevalence of Vit D insufficiency/ deficiency is seen presently & is related to *Impaired bone metabolism (rickets/ osteoporosis) Secondary Hyperparathyroidism. *Cancers *Autoimmune disorders. *Cardiovascular problems. Kindly correlate all result clinically. Repeat with fresh sample if indicated clinically.


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Entered By

APARNA-JAIRAM
Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.78516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"






Report

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REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	89.6	ng/dL	58-159
Total T4 Method : ECLIA	8.0	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	0.856	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

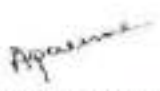
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REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3(Total Tri- iodo- thyronine) is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver)and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness, pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .Its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodisim and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditions.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test ,They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions , TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation is consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

End of Report

Results are to be correlated clinically

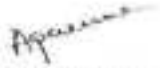
Scan to Validate



APARNA-JAIRAM
Entered By

APARNA-JAIRAM
Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





PATIENT NAME : MR. MANOJ KUMAR GUPTA	AGE : 53 YEARS
LAB NO :	SEX : MALE
REF DR NAME : MEDIWHEEL	DATE : 23/03/2024

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size(16.0 cm). It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus or hydronephrosis is seen. Right kidney measures 10.9 x 4.9 cm. Left kidney measures 11.7 x 4.9 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 19 cc.

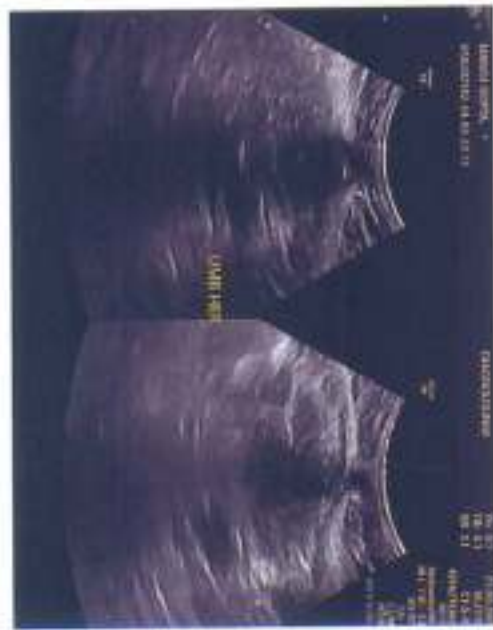
Small umbilical hernia is seen with omental herniation. Defect measures 7 mm.

IMPRESSION:

Mild hepatomegaly with grade I fatty liver.
Small umbilical hernia.


DR. SHRIKANT BODKE (CONSULTANT RADIOLOGIST)

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.





PHYSIO LOUNGE & DIAGNO LOUNGE-VRX HEALTH CARE.P.V.T LTD

Patient Information

Name : **MR. MANOJ KUMAR GUPTA**

DATE : 23/03/24 14:17:19

AGE : 53 /M ID : 3003

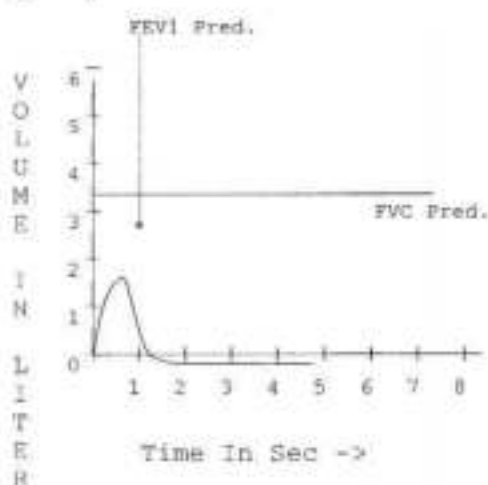
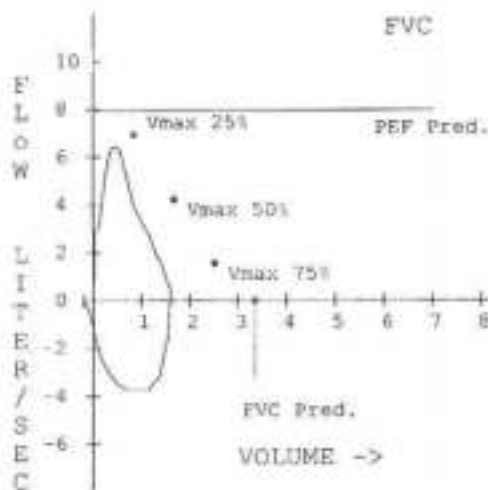
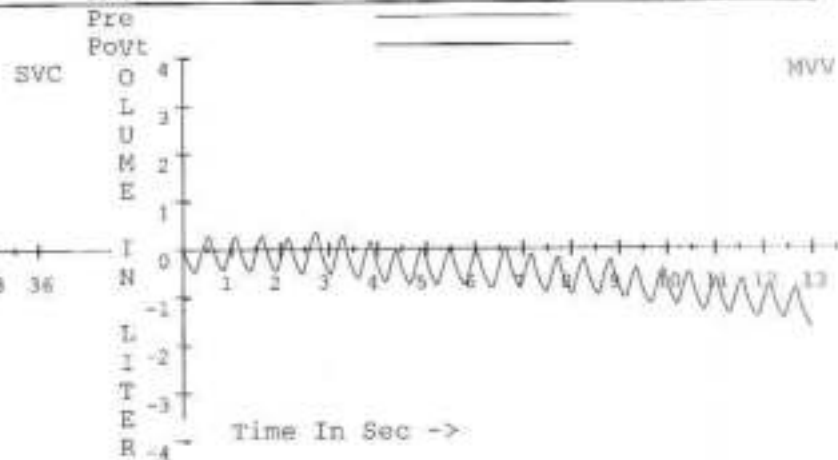
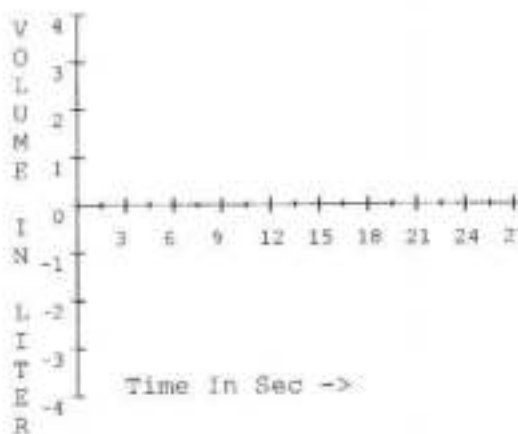
Height : 164

REF.BY : Dr.MEDIWHEEL

Weight : 70

Indication:

Smoker : Non Smoker



Parameter	Pred	Pre	%Pred	Post	%Pred	Dif.%
FVC (L)	3.36	1.61	48.03			
FEV0.5 (L)		1.50				
FEV1 (L)	2.72	1.61	59.20			
FEV1/FVC %	81.13	100.00	123.25			
PEF (L/S)	7.94	6.38	80.38			
PIF (L/S)		3.99				
FEF25-75% (L/S)	3.60	3.80	105.46			
VMax25 %	6.95	6.38	91.88			
VMax50 %	4.22	3.99	94.48			
VMax75 %	1.56	2.39	153.20			
FET100 %		0.65				
SVC (L)		3.48				
ERV (L)		1.03				
IRV (L)						
Rf (Br:PM)						
VT (L)						
TI (s)						
TE(s)						
VE (l/M)						
VT/TI (L/S)						
TI/T.TOT						
IC						
MVV	102.57	81.54	79.50			
FEF50 % (L/S)		3.19				
PIF50 % (L/S)		3.99				
FEF50/PIF50 %		0.80				

*Clinical Correlation is needed
As a Machine Based Test So
Variability To a Different
Machine is a Possibility*

Diagnosis :

Obstructive abnormality : Moderately Severe (FEV1 < 60 % of Predicted value and FEV1 >= 50 % of Pre)
Restrictive abnormality : Severe (FVC < 50 % of Predicted value and FVC >= 34 % of Predicted value)

Dr.

Mr. Mianoj kumar gupta, 53yrs

23.03.2024 12:41:33 PM
VRO HEALTHCARE PVT LTD
MG road
Mumbai

Male

QT / QTcbaz : 314 / 438 ms
PR : 128 ms
P : 88 ms
RR / PP : 510 / 512 ms
P / QRS / T : 54 / 41 / 18 degrees

Sinus tachycardia
Otherwise normal ECG

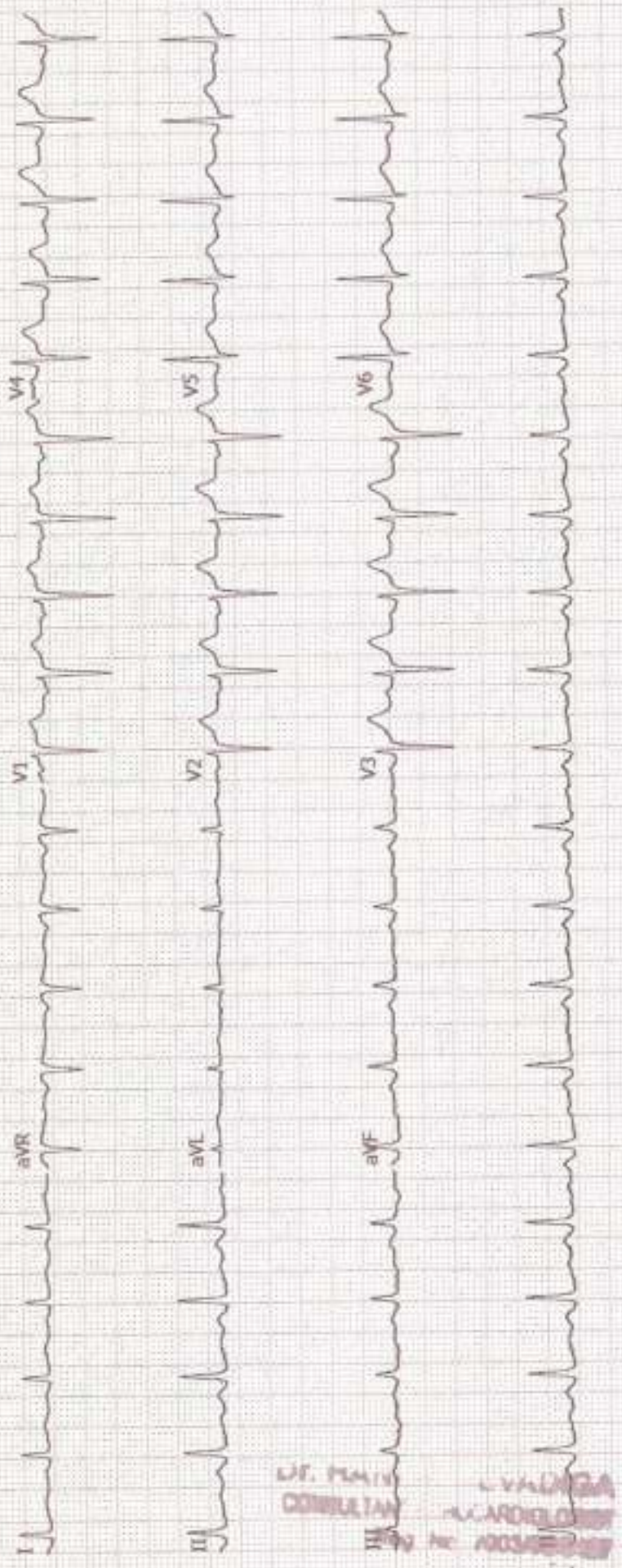
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

117 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

*SINUS TACHYCARDIA
CORRECTED CLINICALLY*
*Correlate with
Dr. Hanish*

Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 2003/09/3427



DR. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
REG. NO. 2003/09/3427

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: MANOJ KUMAR GUPTA Date: 23-03-2024 Time: 13:50

Age: 53 Gender: M Height: 164 cms Weight: 71 Kg ID: 2020

Clinical History: DIABETES MELLITUS

Medications: ON RX OHA

Test Details:

Protocol: Bruce

Exercise Time: 0-06:01

Max BP: 170/80

Test Termination Criteria:

Predicted Max HR: 167

Achieved Max HR: 189 (113% of Pr. MHR)

Max BP x HR: 32130

Target HR: 141 (85% of Pr. MHR)

Max Mets: 7

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/s
Supine	00:13	1	0	0	121	110/60	1330	0.7 V2	0.7 II
Standing	00:12	1	0	0	119	110/60	13090	0.7 V2	0.7 II
Hypert Ventilation	00:11	1	0	0	119	110/60	13090	0.6 V2	0.6 II
PreTest	01:26	1	1.6	0	167	110/60	18370	-0.5 III	0.6 III
Stage 1	03:00	4.7	2.7	10	182	120/60	21840	-1.2 III	0.7 V3
Stage 2	03:00	7	4	12	189	150/60	28330	1.6 V2	1.7 V2
Peak Exercise	00:01	6.7	5.5	14	189	150/60	28330	1.6 V2	1.7 V2
Recovery 1	02:08	1	0	0	140	170/60	23800	1.2 V3	1.3 II
Recovery 2	01:00	1	0	0	136	140/60	19040	0.7 V2	0.8 V2
Recovery 3	00:33	1	0	0	134	126/60	16884	0.6 V2	0.5 II

Interpretation

MODERATE EFFORT TOLERANCE

NORMAL INOTROPIC RESPONSE

NORMAL CHRONOTROPIC RESPONSE

NO ST-T CHANGES AS COMPARED TO BASELINE ECG

NO ANGINA

PERSISTENT TACHYCARDIA

IMP-STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORKLOAD

Ref. Doctor: MEDIWHEEL

SCHILLER

The Art of Diagnostics

VRX HEALTHCARE PVT. LTD.

(Physio Lounge & Diagnostic)

104-105, 1st Floor, Asme-Dreamz,

At Junction Of S.V. Road, & M.G. Road,

Golegaon (West), Mumbai - 400104

Dr. HANISH DEVADIGA

CONSULTANT ECHOCARDIOLOGIST-A

CONSUMER No: 2013091246918

Reg. No: 2003091427

Doctor: DR.HANISH

(Summary Report edited by User)

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2020

Stage: Supine

Date: 23-03-2024

Speed: 0 km/h

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:09

THR: 141 bpm

HR: 124 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.2 -0.3



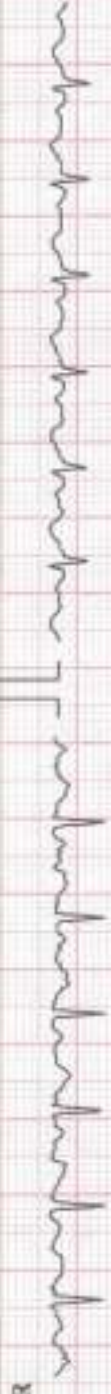
V2 0.5 0.4



V3 0.4 0.2



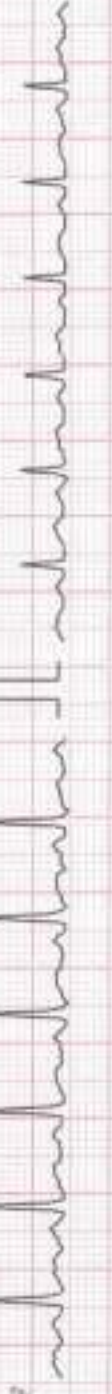
V4 0.3 0.3



V5 0.3 0.3



V6 0.1 0.2



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

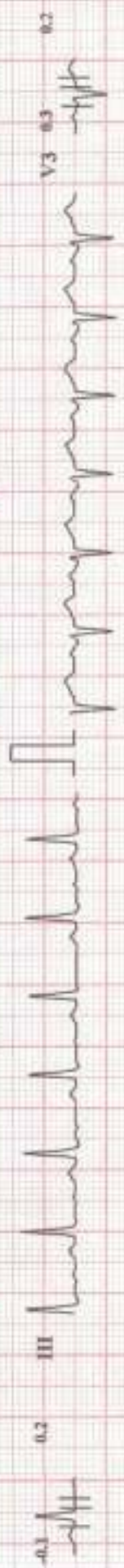
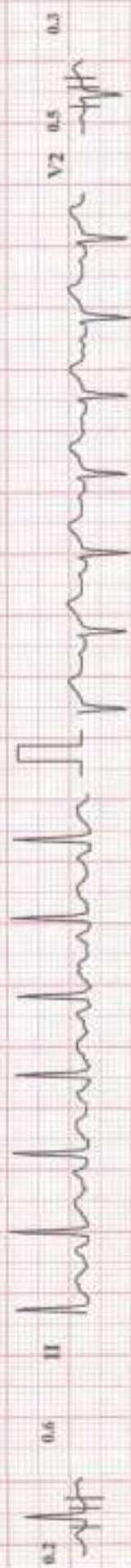
Date: 23-03-2024
Speed: 0
Stage: Standing

Exec Time: 0:00:00
Slope: 0 %

Stage Time: 00:08
THR: 141 bpm

HR: 126 bpm

BP: 110/80 mmHg
STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

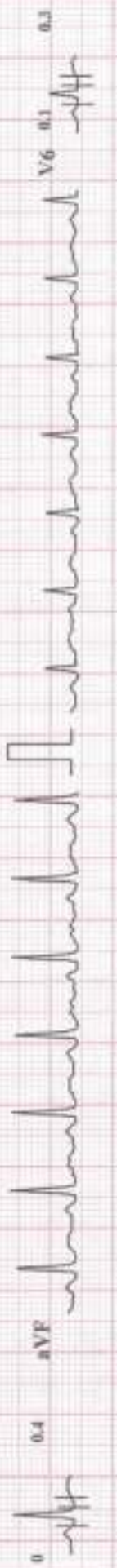
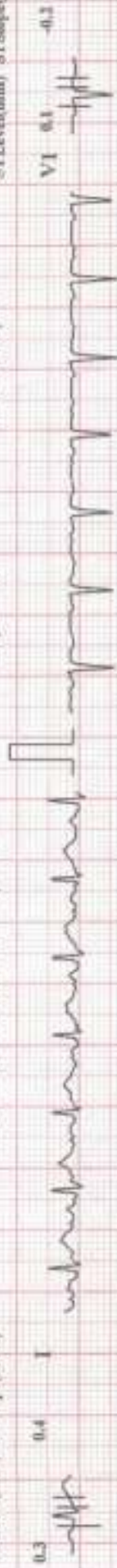
ID: 2020
Stage: Hyper-Ventilation

Date: 23-03-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0 %

Stage Time: 00:08
TTHR: 141 bpm

HR: 122 bpm
BP: 110/80 mmHg
STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2020
Stage: PreTest

Date: 23-03-2024
Speed: 1.6 kmph

Exerc Time: 00:00
Grade: 0%

Stage Time: 01:20
THR: 141 bpm

HR: 167 bpm
BP: 110/80 mmHg
STLevel(mm) STSlope(mV/s)

0.2 -0.1 I V1 0.2 -0.1



0.2 0.5 II V2 0.4 0.2



0.5 0.6 III V3 0.3 0.5



0.1 0.1 aVR V4 0.3 0.5



0.5 -0.2 aVL V5 0.1 0.4



0.1 0.6 aVF V6 0.1 0.2



V5



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

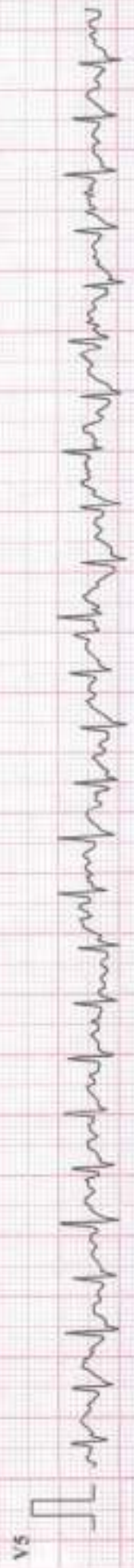
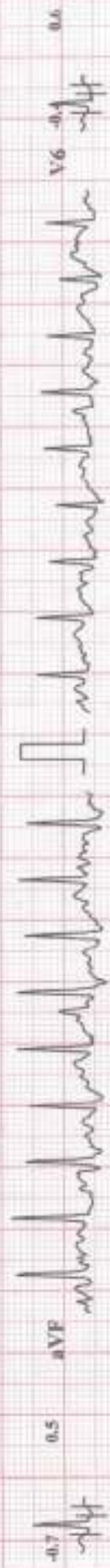
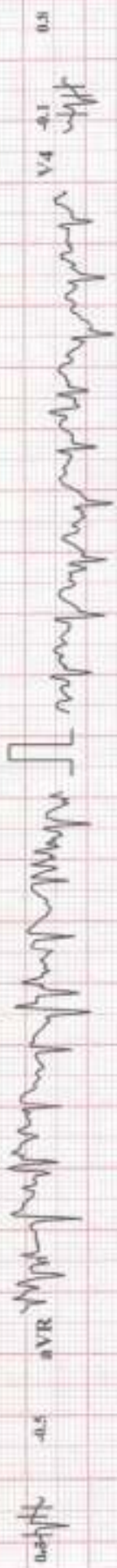
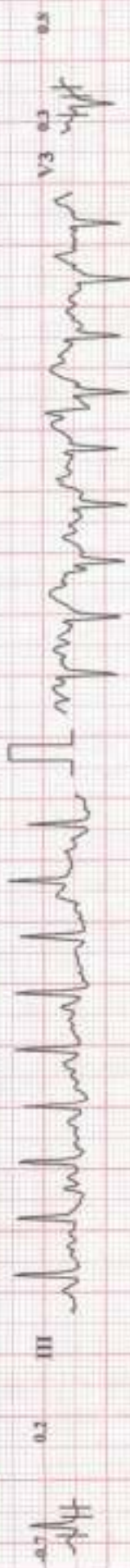
ID: 2020
Stage: 1

Date: 23-03-2024
Speed: 2.7 kmph

Exec Time: 0:00:41
Grade: 10%

Stage Time: 00:40
THR: 141 bpm

HR: 168 bpm
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol ID: 2020

STLevel(mm) STSlope(mV/s) Stage: 2

Date: 23-03-2024

Speed: 4 kmph

Exer Time: 0:03:32

Grade: 12%

Stage Time: 00:32

THR: 141 bpm

HR: 183 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.6 -0.2



V2 0.3 0.7



V3 0 1



V4 -0.2 0.8



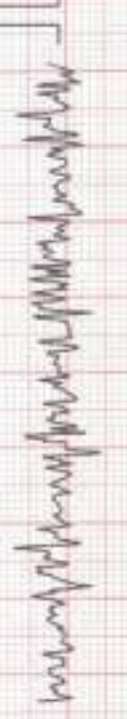
V5 -0.3 0.8



V6 -0.4 0.6



I 0.5



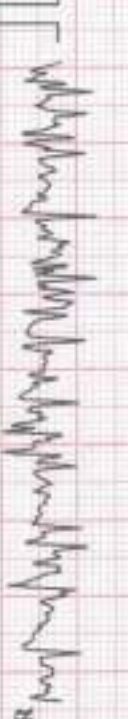
II 1.2



III 0.7



aVR -0.8



aVL 0



aVF 0.9



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Date: 23-03-2024

Speed: 5.5 kmph

Stage: 3 Peak Exercise

Exec Time: 0:06:01

Slope: 14 %

THR: 141 bpm

Stage Time: 00:01

HR: 189 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

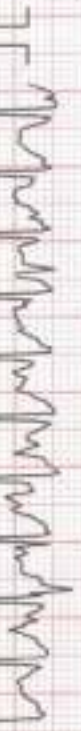
0.7 0.8 I



V1 0.4 -0.2



0 1.5 II



V2 1.6 1.7



-0.9 0.6 III



V3 1.5 1.6



-0.5 -1 aVR



V4 1.2 1.6



0.6 0.2 aVL



V5 0.9 1.4



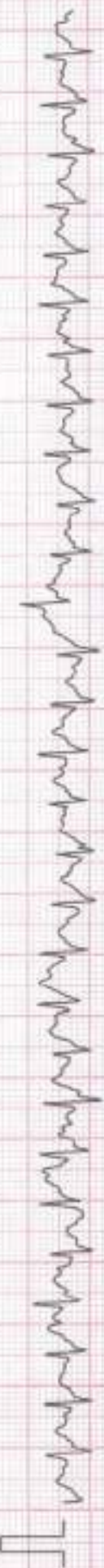
-0.3 1 aVF



V6 0.7 0.9



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

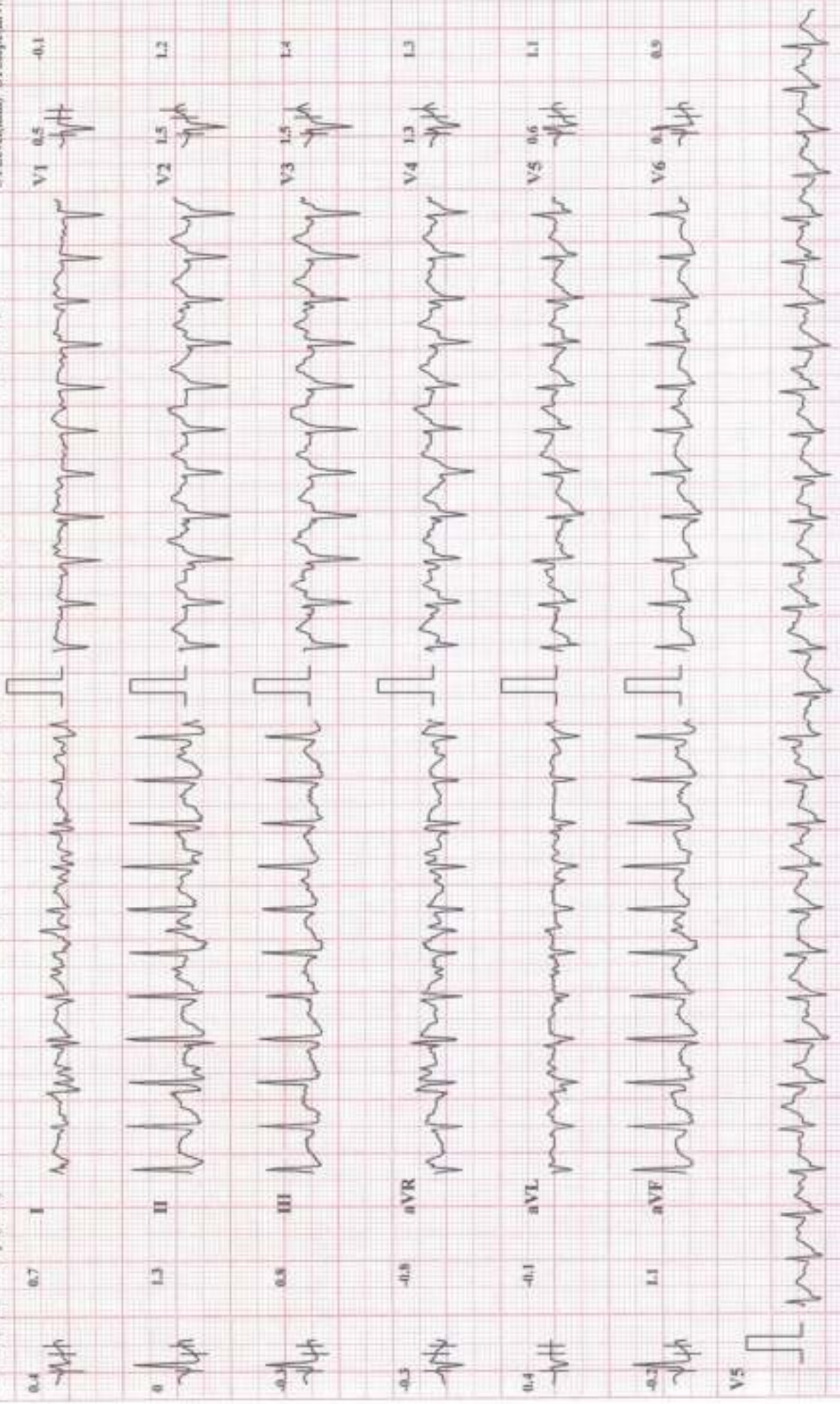
Bruce Protocol
STLevel(mm) STSlope(mV/s)

Date: 23-03-2024
Speed: 0 kmph

Exec Time: 0:06:00
Grade: 0%

HR: 189 bpm
BP: 170/80 mmHg
STLevel(mm) STSlope(mV/s)

Stage: Recovery1



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol ID: 2020

Stage: Recovery2

Date: 23-03-2024

Speed: 0 kmph

Exec Time: 0:08:09

Grade: 0%

Stage Time: 00:00

THR: 141 bpm

HR: 140 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.4 -0.2

V2 1.2 1.2

V3 1.2 1.3

V4 1.1 1.2

V5 0.7 0.9

V6 0.5 0.8

0.4 I

0.6 II

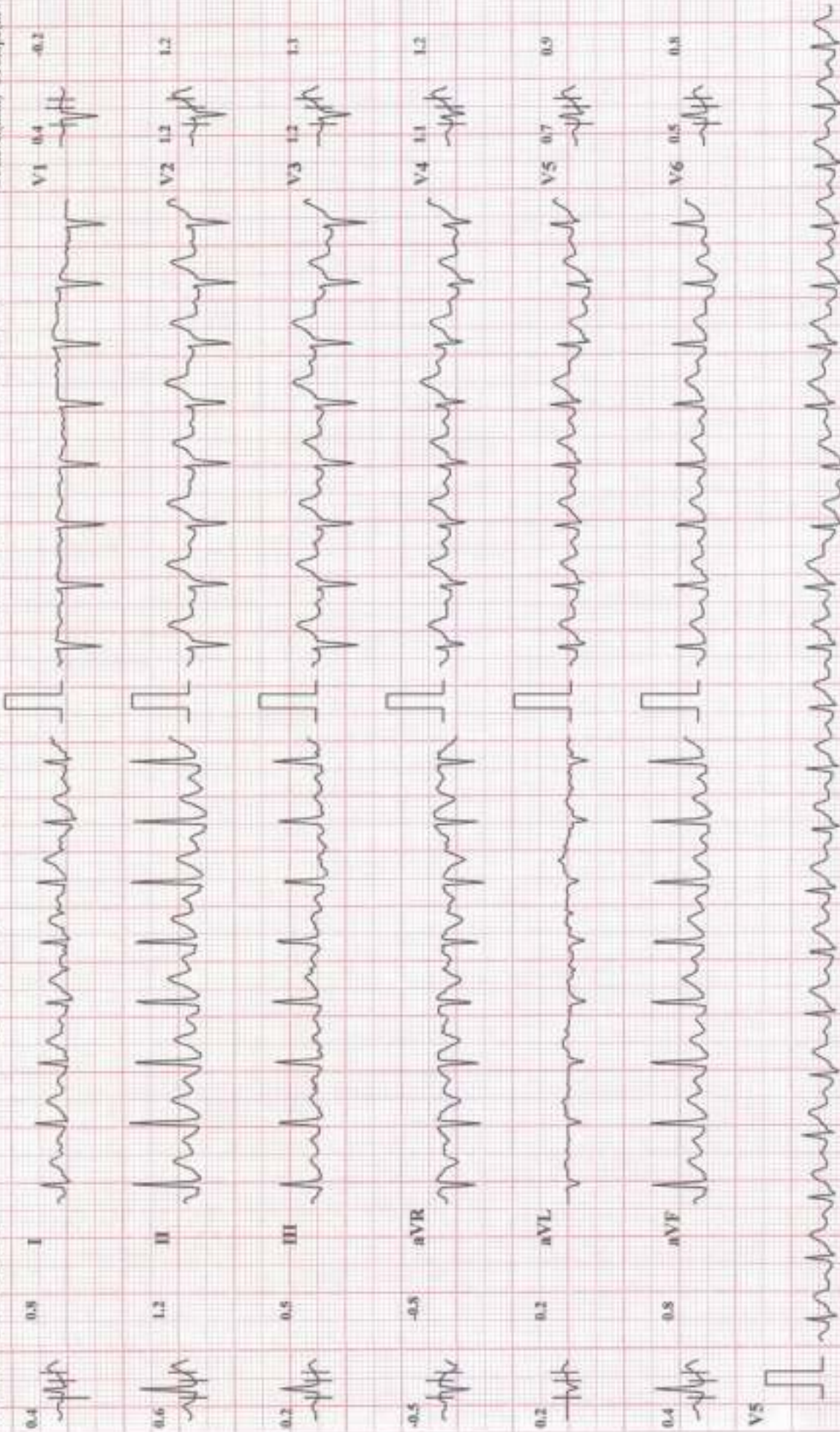
0.2 III

-0.5 aVR

0.2 aVL

0.4 aVF

V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MANOJ KUMAR GUPTA (53 M)

Bruce Protocol ID: 2020

STLevel(mV) STSlope(mV/s) Stage: Recovery3

Date: 23-03-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 00:30

THR: 141 bpm

HR: 133 bpm

BP 126/80 mmHg

STLevel(mV) STSlope(mV/s)

V1 0.4 -0.1



V2 0.7 0.7



V3 0.5 0.5



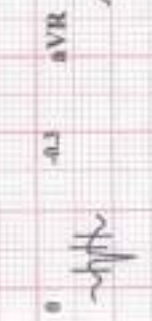
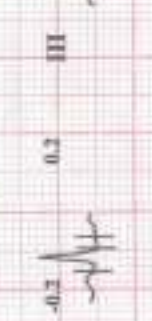
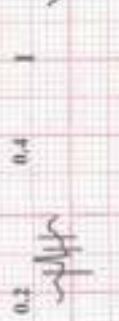
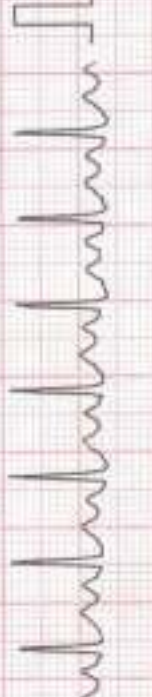
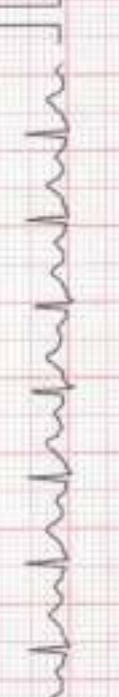
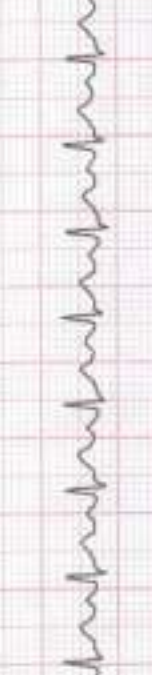
V4 0.4 0.5



V5 0.2 0.4



V6 0 0.3



CARDIO BEATS



Report

VRX HEALTH CARE PVT. LTD.

NAME : MR. MANOJ KUMAR GUPTA
REF. BY : DR. MEDIWHEE
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 23/03/2024
AGE: 53YRS/M

Haziness is seen in the bilateral lower zones.

Rest of the lung fields are clear.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Suggest clinic-pathological correlation.

DR. SHRIKANT ^{Bodke} BODKE
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

