



MODERN PATHOLOGY & DIAGNOSTIC CENTRE

CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



DATE : 23/09/2023

NAME : Mr Kuldeep Kumar Singh

GEN : 35 SEX : M

HEIGHT : 180 CMS

WEIGHT : 82 KGS

BMI : 25.3

Blood Pressure : 110/80


Dr. Smita Rastogi
MBBS, DCP
REG. No. 37370

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Patient name: Mr Kuldeep kumar Singh
Ref By. : Apollo Health


Age/Sex 35/M
23/09/2023

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	76/mt
3. Ventricular Rate	:	76/mt
4. P – Wave	:	Normal
5. P R Interval	:	Normal
6. Q R S	:	
Axis	:	Normal
R/S Ratio	:	Normal
Configuration	:	Normal
7. Q T c Interval	:	Normal
8. S-T Segment	:	Normal
9. T-Wave	:	Normal

FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor 
Reg. No. 44559

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Dr. Smita Rastogi
M.B.B.S., DCP

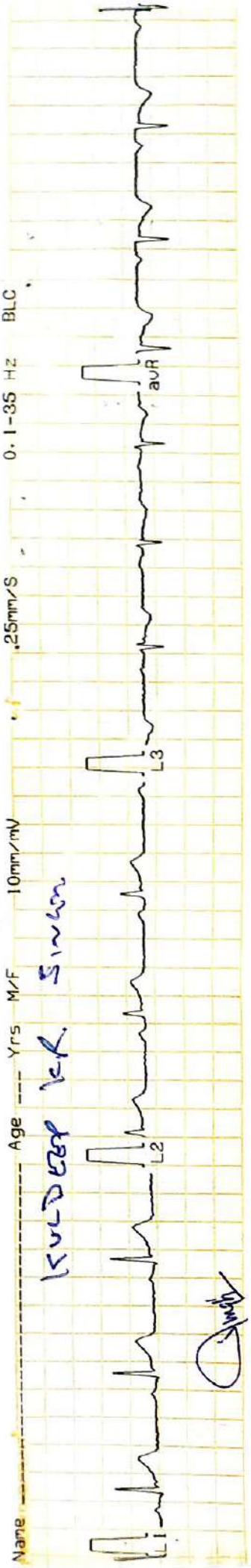
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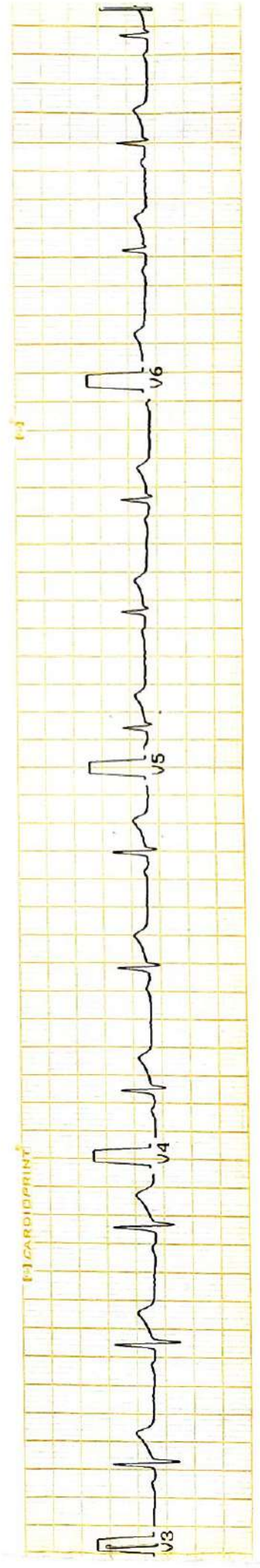
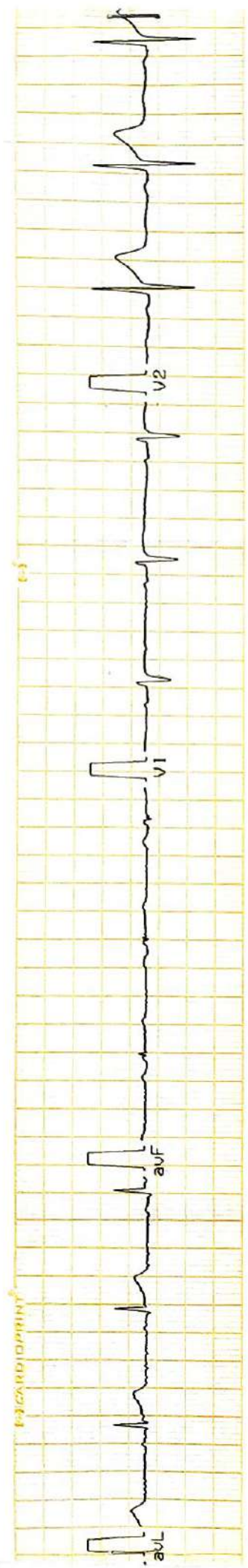
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ClarityMed ECG50-1CH Dr. _____



Dr. AMIT MOHAN
 MB
 Reg. No. 44559



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Date	: 23-Sep-2023		
Name	: Mr. KULDEEP KUMAR SINGH		
Ref. by	: APOLLO HEALTH	Age	: 35 Yrs.
		Sex	: Male
Haemoglobin	13.2	gm%	14 - 17
Total Leucocyte Count	9200	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	52	%	45 - 70
Lymphocytes	40	%	20 - 45
Eosinophils	05	%	0 - 6
Monocytes	03	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	08	mm in 1st Hr.	0 - 9
PCV	41.4	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9
Platelet Count	1.56	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.29	million/cmm	3.90 to 5.80
Absolute values			
MCV	87.2	fL	77 - 97
MCH	28.0	pg	27 - 31
MCHC	31.4	gm/dl	31 - 34

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Date : 23-Sep-2023

Name : **Mr. KULDEEP KUMAR SINGH**

Age : 35 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

General Blood Picture

RBCs	RBCs are Normocytic & Normochromic. No Normoblasts are seen.
WBCs	TLC is within normal range. DLC shows normal counts. No immature cells of WBC seen.
PLATELETS	Platelets are adequate in number and morphology.
OTHERS	No haemoparasites are seen.
IMPRESSION	Normal GBP

Page-1 (Final Report)
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Date	: 23-Sep-2023		
Name	: Mr. KULDEEP KUMAR SINGH	Age	: 35 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Serum Gamma G.T.	16	IU/L	11 - 50
------------------	----	------	---------

Blood Group & Rh	"B" Positive		
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KFT			
UREA	18.1	mg %	15 - 50
CREATININE	0.81	mg %	0.5 - 1.5
URIC ACID	5.3	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Plasma Glucose - F GOD-POD Method	104	mg/dl	70 - 110
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Plasma Glucose - PP GOD-POD Method	171	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.57	mg%	0.2 - 1.0
Direct Bilirubin	0.13	mg%	0.0 to 0.40
Indirect Bilirubin	0.44	mg%	0.10 to 0.90
S.G.P.T	42	IU/L	5 - 40
S.G.O.T	36	IU/L	5 - 50
ALP	92	IU/L	40 to 129

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Date	: 23-Sep-2023	Age	: 35 Yrs.
Name	: Mr. KULDEEP KUMAR SINGH	Sex	: Male
Ref.By	: APOLLO HEALTH		

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Oihers	Nil	

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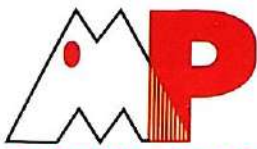
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Date	: 23-Sep-2023	Age	: 35 Yrs.
Name	: Mr. KULDEEP KUMAR SINGH	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	108	mg%	70 - 190
S. Cholestrol S.	154	mg%	130 - 230
S. HDL Cholestrol	44.2	mg%	35 - 75
S. LDL Cholestrol	88.2	mg%	75 - 150
VLDL	21.6	mg%	0 - 34
Chol / HDL factor	3.48		
LDL / HDL Factor	2		

COMMENTS

* - Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).

* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.

* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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Date	: 23-Sep-2023	Age	: 35 Yrs.
Name	: Mr. KULDEEP KUMAR SINGH	Sex	: Male
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.40	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.56	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	5.1	mlU/ ml	0.3 to 6.0

=====

COMMENTS

=====

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

Page 4
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Date	: 23-Sep-2023		
Name	: Mr. KULDEEP KUMAR SINGH	Age	: 35 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.1	%	4.5 TO 6.0
=====			
INTERPRETATION AND COMMENTS			
=====			
NON DIABETIC :	4.5 to 6.0 %		
GOOD CONTROL:	6.0 to 7.0		
FAIR CONTROLLED	7.0 AND 8.0		
UNCONTROLLED	8.0 AND ABOVE		
<p>Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.</p>			

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TEST REQUEST ID :012309230002	SAMPLE DATE	:23/Sep/2023 08:06AM
NAME :Mr. KULDEEP KUMAR SINGH	SAMPLE REC. DATE	:23/Sep/2023 08:06AM
AGE SEX :35 YRS/MALE	REPORTED DATE	:23/Sep/2023 06:10PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230002

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: NORMAL STUDY.

Please correlate clinically.

*** End Of Report ***

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Registration Date 23/09/2023 Age : 35 Sex: M
Name : Mr Kuldeep Kumar Singh
Ref By: Apollo Health
=====

Dr. H. S. Kholia
M.B.B.S., D.O.M.S.
Consultant Ophthalmologist
Registration No.: 34062 (M.C.I., U.P.)

EYES EXAMINATION REPORT

EYE SIGHT	DISTANT VISION		NEAR VISION	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT GLASSES	6/6	6/6	N-6	N-6
WITH GLASSES				
POWER OF GLASSES IF USED				
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			



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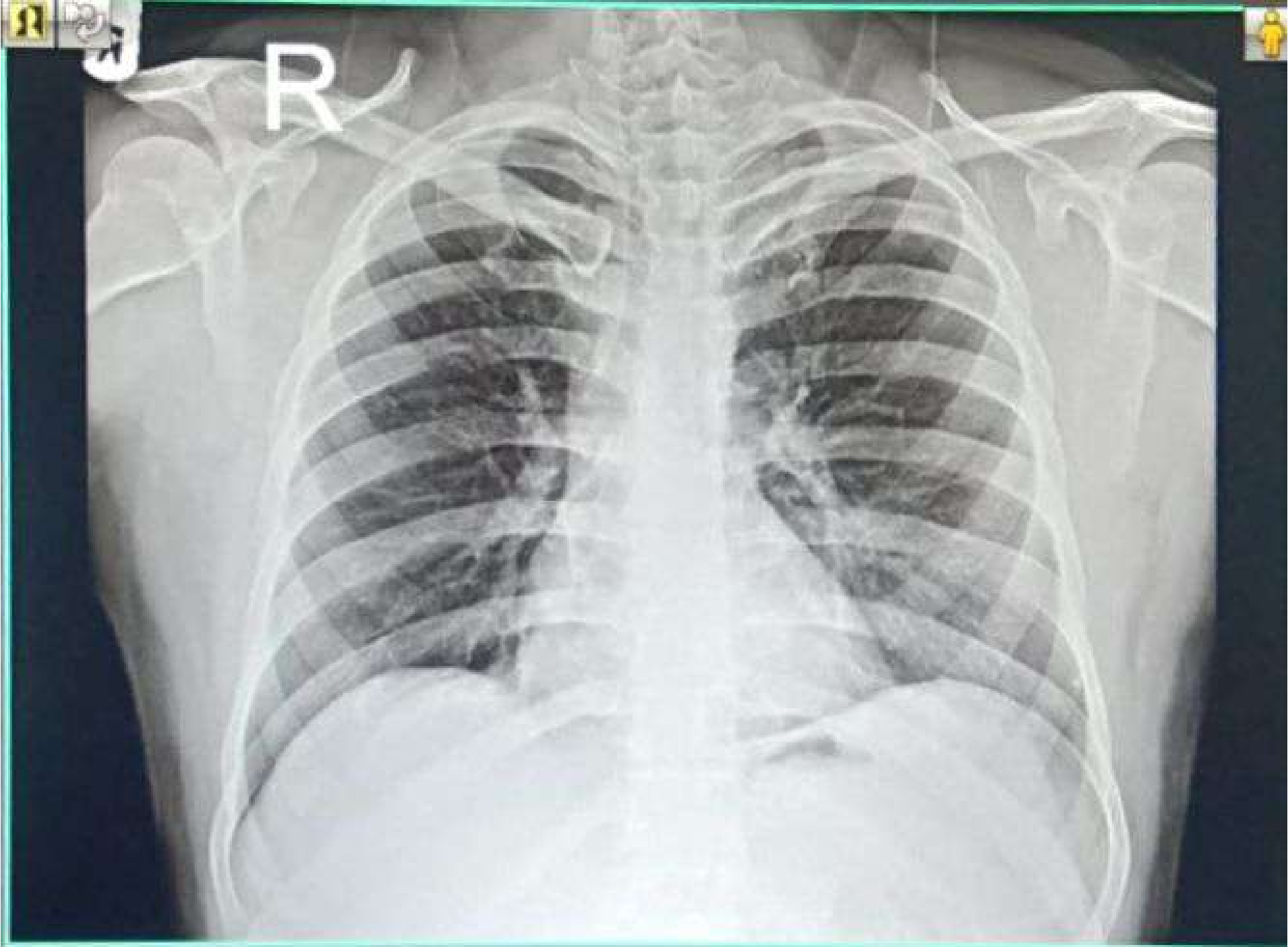
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