

NAME	Naval SHARMA	STUDY DATE	04-03-2023 11:07:50
AGE / SEX	042Yrs / M	HOSPITAL NO.	MH010822838
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	04-03-2023 13:51:32	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

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.Pankaj Saini
MD,DHA, DMC reg. no. 15796
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.

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10822838

mr naval

3/4/2023 11:09:59 AM

42 Years

Male

Rate 53 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Anterior infarct, possibly acute.....ST >0.15mV, upright T, V2-V5
 PR 185 . Lateral leads are also involved.....lat Q or ST-T abnormalities
 QRSD 82
 QT 409
 QTc 384

--AXIS--

P 64

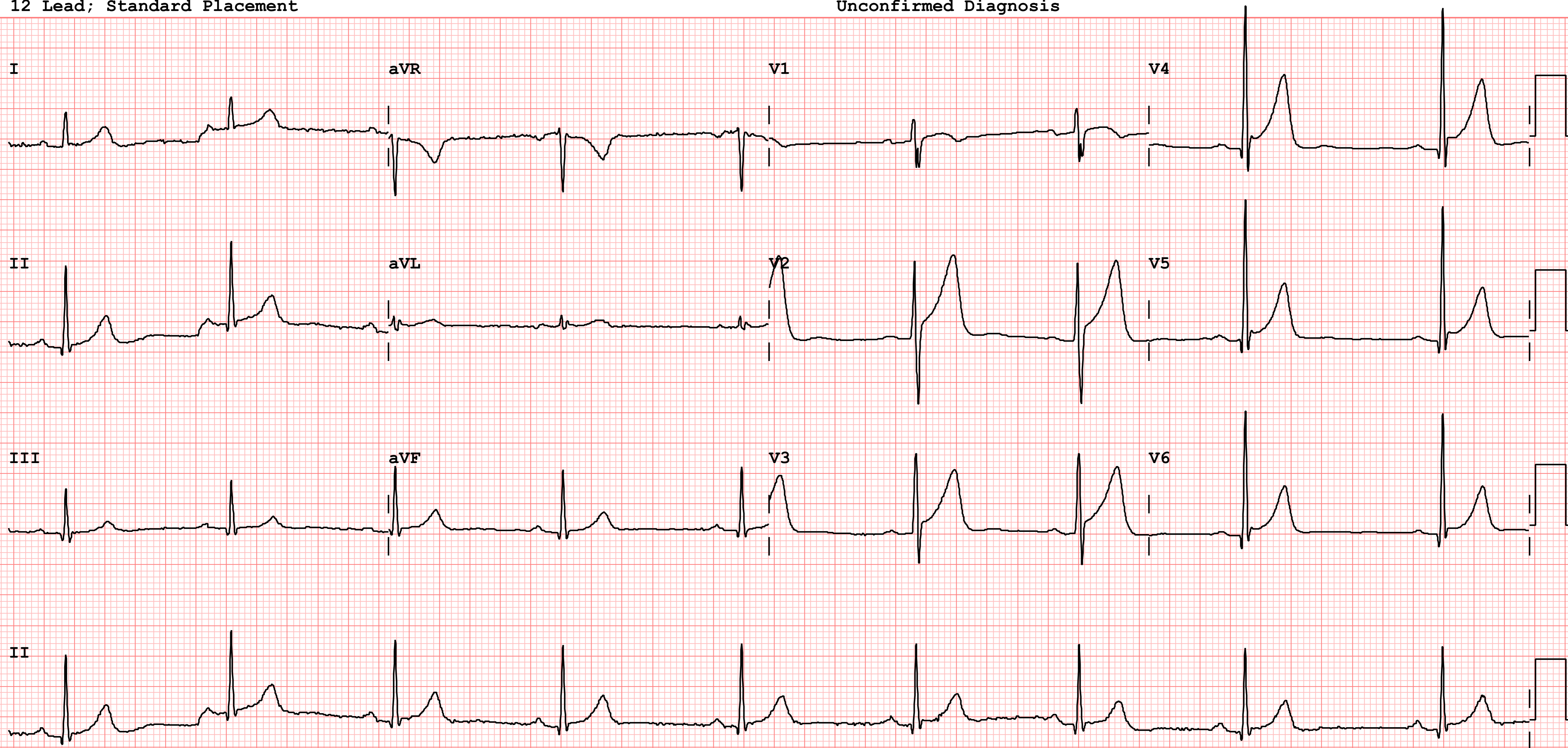
QRS 53

T 48

12 Lead; Standard Placement

- ABNORMAL ECG -
 >>> Acute MI <<<

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 NAVAL SHARMA **Age** : 42 Yr(s) Sex :Male
Registration No : MH010822838 **Lab No** : 32230301490
Patient Episode : H03000052629 **Collection Date** : 04 Mar 2023 10:35
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Mar 2023 11:48
Receiving Date : 04 Mar 2023 10:58

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	195	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	154 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	43	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	31	mg/dl	[10-40]
LDL- CHOLESTEROL	121 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.8		<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.



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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.36	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.13	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.23	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	24.30	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	22.30	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	127	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.6	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.7	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.62		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	11.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.95	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.4	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.8	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.1	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.43	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	104.8	mmol/l	[95.0-105.0]
eGFR	98.3	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 to 1.73 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.

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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MC/3228/04/09/2019-03/09/2021



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N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019



Name : MR NAVAL SHARMA **Age** : 42 Yr(s) Sex :Male
Registration No : MH010822838 **Lab No** : 32230301491
Patient Episode : H03000052629 **Collection Date** : 04 Mar 2023 14:59
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Mar 2023 20:38
Receiving Date : 04 Mar 2023 16:17

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 95 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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 87 mg/dl [70-100]

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

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IND18.6278/05/12/2018- 04/12/2019



Name : MR NAVAL SHARMA **Age** : 42 Yr(s) Sex : Male
Registration No : MH010822838 **Lab No** : 33230300875
Patient Episode : H03000052629 **Collection Date** : 04 Mar 2023 10:35
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Mar 2023 13:02
Receiving Date : 04 Mar 2023 11:06

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)	4860	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.21 #	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	13.4	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	39.7 #	%	[40.0-50.0]
MCV (Calculated)	94.3	fL	[83.0-101.0]
MCH (Calculated)	31.8	pg	[25.0-32.0]
MCHC (Calculated)	33.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	200000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.5	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	53.1	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	30.2	%	[20.0-40.0]



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Registration No : MH010822838 **Lab No** : 33230300875
Patient Episode : H03000052629 **Collection Date** : 04 Mar 2023 10:35
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Mar 2023 11:55
Receiving Date : 04 Mar 2023 11:06

HAEMATOLOGY

Monocytes (Flowcytometry)	10.5 #	%	[2.0-10.0]
Eosinophils (Flowcytometry)	5.6	%	[1.0-6.0]
Basophils (Flowcytometry)	0.6 #	%	[1.0-2.0]
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	2.6	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.5	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

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



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IND18.6278/05/12/2018- 04/12/2019

Name: **NAVAL SHARMA**
Age: 42 Sex: M
Doctor: Health Check MHD
Order: Tread Mill Test

Hospital No: MH010822838
Episode No: H03000052629
Result Date: 06 Mar 2023 11:14



DR. SAMANJOY MUKHERJEE
MD, DM
CONSULTANT CARDIOLOGIST

DR. (MAJ) J S KHATRI
MBBS, PGDCC, FNIC
SPECIALIST (NON-INVASIVE CARDIOLOGY)

Health Check MHD
CONSULTANT

NAME	Naval SHARMA	STUDY DATE	04-03-2023 12:45:16
AGE / SEX	042Yrs / M	HOSPITAL NO.	MH010822838
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	04-03-2023 15:15:02	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN SCREENING

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is adequately distended and appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen in either kidney. Bilateral pelvicalyceal systems are not dilated.

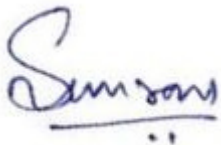
Urinary bladder is optimally distended with normal in wall thickness and clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in size and shows uniform echopattern. It weighs ~20.7 gms.

No significant free fluid is detected.

IMPRESSION: No salient abnormality is detected.

Kindly correlate clinically.



**Dr. Simran Singh DNB, FRCR(UK), DMC Reg. no. 36404
Consultant Radiologist**

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AGE / SEX	042Yrs / M	HOSPITAL NO.	MH010822838
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
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