

nitin sharma

ID:

8-Jul-2023

10:53:29

Manipal Hospitals, Ghaziabad

33years Male Caucasian

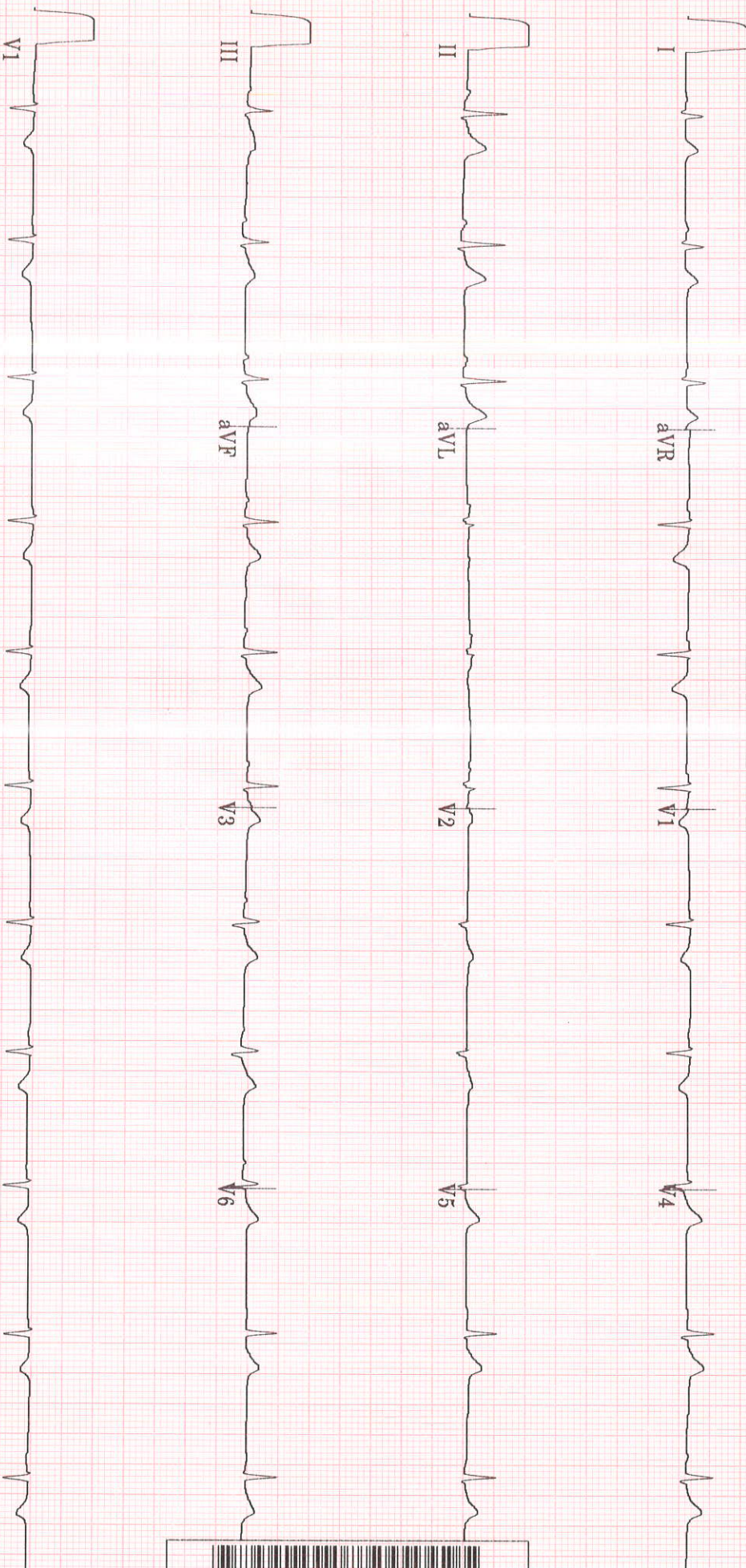
Vent. rate	67 bpm
PR interval	138 ms
QRS duration	76 ms
QT/QTc	342/361 ms
P-R-T axes	47 63 62

Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

Technician:
Test ind:

Referred by:

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name : Nitin SHARMA	Location : Ghaziabad
Age/Sex : 33Year(s)/male	Visit No : V0000000001-GHZB
MRN No : 11120280	Order Date : 08/07/2023
Ref. Doctor : HCP	Report Date : 08/07/2023

Protocol : Bruce	MPHR : 187BPM
Duration of exercise : 6min 34sec	85% of MPHR : 158BPM
Reason for termination : THR achieved	Peak HR Achieved : 167BPM
Blood Pressure (mmHg) : Baseline BP : 124/76mmHg	% Target HR : 89%
Peak BP : 140/80mmHg	METS : 7.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	73	124/76	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	130/76	Nil	No ST changes seen	Nil
STAGE 2	3:00	150	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:34	167	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:06	110	128/78	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DM (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

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Page 1 of 2

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Mr. NITIN SHARMA MH011120280

PID NO: P542300386610
Age: 33.0 Year(s) Sex: Male



Reference: Dr. HEALTHCHECKUP & D...
Sample Collected At:
Manipal Hospital
NH-24, HAPUR ROAD, OPP. BAHMETA,
GHAZIABAD 201002
Sample Processed At: Metropolis
Healthcare Ltd E-21, B1 Mohan Co-op
Ind Estate New Delhi-110044

Registered On:
08/07/2023 02:02 PM
Collected On:
08/07/2023 2:02PM
Reported On:
08/07/2023 03:01 PM

Investigation

Observed Value

Unit

Biological Reference Interval

Thyroid panel-1
(Serum,ECLIA)
T3 (Total)
T4 (Total)
TSH(Ultraseensitive)

144 ng/dL 84.6-201.8
8.25 µg/dL 5.1-14.1
3.460 µIU/mL 0.54-5.3

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2676; Validity till 04-04-2024

Dr. Geeta Chopra

Dr. Geeta Chopra .
M.D (Pathology)
(DMC Reg. No. - 5204)



RADIOLOGY REPORT

NAME	MR Nitin SHARMA	STUDY DATE	08/07/2023 1:34PM
AGE / SEX	33 y / M	HOSPITAL NO.	MH011120280
ACCESSION NO.	R5778945	MODALITY	CR
REPORTED ON	08/07/2023 1:52PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Prabhat

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)
CONSULTANT RADIOLOGIST

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

RADIOLOGY REPORT

NAME	MR Nitin SHARMA	STUDY DATE	08/07/2023 11:28AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH011120280
ACCESSION NO.	R5778946	MODALITY	US
REPORTED ON	08/07/2023 12:03PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 134 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 97 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 92 x 39 mm.

Left Kidney: measures 91 x 45 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 30 x 30 mm with volume 16 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Prabhat

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

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

LABORATORY REPORT

Name	: MR NITIN SHARMA	Age	: 33 Yr(s) Sex :Male
Registration No	: MH011120280	Lab No	: 202307000910
Patient Episode	: H18000000691	Collection Date	: 08 Jul 2023 11:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 16:54
Receiving Date	: 08 Jul 2023 11:45		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

Page 1 of 1

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



Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name :	MR NITIN SHARMA	Age :	33 Yr(s) Sex :Male
Registration No :	MH011120280	Lab No :	202307000910
Patient Episode :	H18000000691	Collection Date :	08 Jul 2023 10:10
Referred By :	HEALTH CHECK MGD	Reporting Date :	08 Jul 2023 12:34
Receiving Date :	08 Jul 2023 10:10		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.07	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.2	%	[40.0-50.0]
MCV (DERIVED)	87.2	fL	[83.0-101.0]
MCH (CALCULATED)	29.2	pg	[27.0-32.0]
MCHC (CALCULATED)	33.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	%	[11.6-14.0]
Platelet count	176	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	13.3		
WBC COUNT (TC) (IMPEDENCE)	6.48	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	6.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	9.0	mm/1sthour	[0.0-

LABORATORY REPORT

Name	: MR NITIN SHARMA	Age	: 33 Yr(s) Sex :Male
Registration No	: MH011120280	Lab No	: 202307000910
Patient Episode	: H18000000691	Collection Date	: 08 Jul 2023 10:10
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 18:17
Receiving Date	: 08 Jul 2023 10:10		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.8 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	120	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

LABORATORY REPORT

Name	: MR NITIN SHARMA	Age	: 33 Yr(s) Sex :Male
Registration No	: MH011120280	Lab No	: 202307000910
Patient Episode	: H18000000691	Collection Date	: 08 Jul 2023 11:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 16:54
Receiving Date	: 08 Jul 2023 11:45		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	298 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	181 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500 [35.0-65.0]
HDL- CHOLESTEROL	56.0	mg/dl	
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	36 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	206.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	5.3		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:

LABORATORY REPORT

Name : MR NITIN SHARMA Age : 33 Yr(s) Sex :Male
 Registration No : MH011120280 Lab No : 202307000910
 Patient Episode : H1800000691 Collection Date : 08 Jul 2023 10:10
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:34
 Receiving Date : 08 Jul 2023 10:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	18.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.85	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.3	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	138.30	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.69	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.7	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	114.5	ml/min/1.73sq.m	[>60.0]
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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.

LABORATORY REPORT

Name : MR NITIN SHARMA Age : 33 Yr(s) Sex : Male
 Registration No : MH011120280 Lab No : 202307000910
 Patient Episode : H18000000691 Collection Date : 08 Jul 2023 10:10
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:34
 Receiving Date : 08 Jul 2023 10:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.85	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.72	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.81	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.86		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	40.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	69.60 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	148.0 #	IU/L	[32.0-91.0]
GGT	27.0		[7.0-50.0]

LABORATORY REPORT

Name : MR NITIN SHARMA Age : 33 Yr(s) Sex :Male
Registration No : MH011120280 Lab No : 202307000910
Patient Episode : H18000000691 Collection Date : 08 Jul 2023 10:10
Referred By : HEALTH CHECK MGD Reporting Date : 09 Jul 2023 14:34
Receiving Date : 08 Jul 2023 10:10

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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

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Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MR NITIN SHARMA Age : 33 Yr(s) Sex : Male
Registration No : MH011120280 Lab No : 202307000911
Patient Episode : H18000000691 Collection Date : 08 Jul 2023 10:09
Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:34
Receiving Date : 08 Jul 2023 10:09

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	113.0 #	mg/dl	[70.0-110.0]

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MR NITIN SHARMA Age : 33 Yr(s) Sex : Male
Registration No : MH011120280 Lab No : 202307000912
Patient Episode : H18000000691 Collection Date : 08 Jul 2023 14:31
Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 16:41
Receiving Date : 08 Jul 2023 14:31

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	93.0	mg/dl	[80.0-140.0]
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Method: Hexokinase

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

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



Dr. Alka Dixit Vats
Consultant Pathologist