HEALIC
The Good Hospital

+91 95990 84298

Saya Zenith Apartment
Indirapuram, Ghaziabad

www.healic.in

Pt Name - Anurag Bansal

BP - 152/97 mmHg.
SPo2 - 96%
PR - 86 min
Wt - 93.6 kg
Ht - 174 cm.

patient has No active complaint.

No significant medical or
surgical History.

Eye checkup :-
           Lt.   Rt.
Vission :-
Distant -   6/6   6/6.

Near :-   N/6   N/6

No Colour Blindness.

Adv.

- Salt Restriction Diet.
- Moderate intensity Exercises. for
  30 minutes (5 out of 7 days).
- BP Charting
- patient is fit for work.

[-] CARDIOPRINT

ID: 1389	CASE: 3765	ANURAG DANSAL	19/11/2024 09:28:07
AGE. 30Y M D		MALE	HEALIC MULTISPECILITY CLINIC
Cms	KG		INDIRAPURAM

RATE	95 bpm	SINUS RHYTHM
R-R	631 ms	INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC
P-R	156 ms	
QRS	78 ms	
QT	316 ms	
QTc	377 ms	
--AXIS--		
P	07°	
QRS	28°	
T	- 10°	

12 SL: REPORT FORMAT 3x4+1L SM

I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

I

II
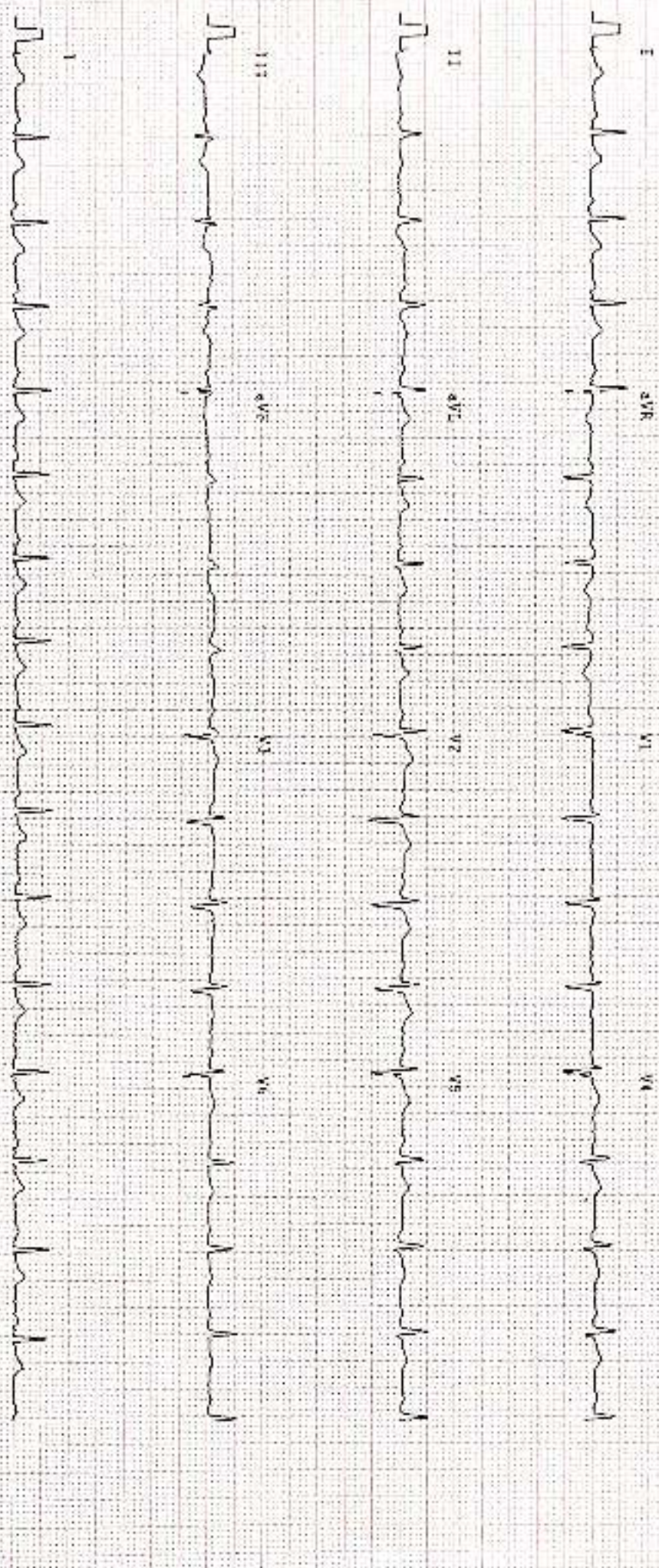
GPS Map Camera

Ghaziabad, Uttar Pradesh, India
Tower-a, Saya Zenith, Indirapuram, Ghaziabad,
Uttar Pradesh 201014, India
Lat 28.637798° Long 77.378888°
19/11/24 09:26 AM GMT +05:30

भारत सरकार
Government of India

अनुराग बंसल
Anurag Bansal
जन्म तिथि/DOB: 01/06/1994
पुरुष/ MALE

5722 5253 4754

VID : 9147 4734 3523 0578

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
संबोधित: वीरेंद्र कुमार बंसल, हाउस न.563/2, गली न.03
शिवपुरी, मोदीनगरे, निवारी रोड, मोदीनगर, गाज़ियाबाद,
उत्तर प्रदेश - 201204

Address:
S/O: Virender Kumar Bansal, HOUSE
NO.563/2, GALI NO.03 SHIVPURI,
modinagar, NIWARI ROAD, Modinagar,
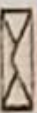Ghaziabad,
Uttar Pradesh - 201204

5722 5253 4754

VID : 9147 4734 3523 0578

help@ uidai.gov.in

www.uidai.gov.in

QR Code with Photograph

HEALIC
The Good Hospital

Healic Health Pvt Ltd
Gaur City Plaza, Greater Noida
Gaur City 1, Uttar Pradesh

www.healic.in

Testing Done By HEALIC

Patient Name	: Mr.ANURAG BANSAL	Collected	: 19/Nov/2024 11:47AM
Age/Gender	: 30 Y/M	Received	: 19/Nov/2024 12:32PM
UHID/MR No	: HEA.0000000307	Reported	: 19/Nov/2024 01:56PM
Visit ID	: HEA310	Status	: Final Report
Ref. By	: SELF	Panel Name	: HEALIC LAB
Client Code	: HEA01	Barcode No	: hh000243

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
LIVER FUNCTION TEST			
Sample Type : SERUM			
TOTAL BILIRUBIN Modified TAB method	0.7	mg/dL	0.5-1.2
CONJUGATED (D. Bilirubin) Modified TAB method	0.20	mg/dL	0.00-0.30
UNCONJUGATED (I.D. Bilirubin) Calculated	0.50	mg/dL	0.2-0.8
AST (SGOT) IFCC	29.60	U/L	<35
ALT (SGPT) IFCC	**54.70**	U/L	<45
ALKALINE PHOSPHATASE IFCC	**166.60**	U/L	40-129
TOTAL PROTEIN Biuret	6.70	g/dL	6.0-8.0
ALBUMIN Bromocresol green	4.40	g/dL	3.5-5.2
GLOBULIN Calculated	2.30	g /dL	2.0-3.5
A/G RATIO Calculated	1.91	%	1.0-2.1
GAMMA-GLUTAMYL TRANSFERASE Szasz Methodology	**136.6**	U/L	10.0-45.0

Comment:

1. Useful for screening liver damage in suspected infections, digestive disorders, alcohol intake or certain drugs.
2. Raised ALT, AST indicate hepatocellular disease. ALT (more liver-specific) activity higher than AST in acute or chronic viral hepatitis, autoimmune, hemochromatosis, medications/toxins etc, while higher AST activity in alcoholic hepatitis, cirrhosis and non-hepatic causes like hemolysis, myopathy, thyroid disease, exercise etc. SGOT/SGPT ratio >1 seen in alcoholic cirrhosis, metastasis; high ratio in cirrhosis correlates with the grade of fibrosis.
3. Mild isolated raised ALT, AST (<2 times normal) levels may require only repeat testing; usually resolve in 1/3rd cases. Most common cause in asymptomatic cases is Fatty liver disease esp. in patients with metabolic syndrome (MASLD). Some drugs (like paracetamol, statins), herbal supplements, energy drinks, and antibiotics may cause liver injury.

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M.B.B.S. M.D.
Consultant Pathologist

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Healic Health Pvt Ltd
Gaur City Plaza, Greater Noida
Gaur City 1, Uttar Pradesh
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range

4. Elevated alkaline phosphatase and GGT indicate cholestatic disease like bile duct obstruction, primary biliary cirrhosis, primary sclerosing cholangitis or infiltrating diseases of the liver. Also high in other causes like bone disease, pregnancy, CRF, malignancies, congestive heart failure etc.

5. High bilirubin indicates jaundice either due to RBC breakdown, liver damage by infections, toxins; or cholestasis due to gall stones, tumors etc.

6. High protein levels seen in dehydration (inadequate intake or excessive water loss) in severe vomiting, diarrhea, etc or increased production seen in inflammation, some hematopoietic neoplasms. Low protein and albumin seen in impaired synthesis (liver disease) or decreased intake, tissue damage, malabsorption and increased renal excretion.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
LIPID PROFILE			
Sample Type : SERUM			
TOTAL CHOLESTEROL CHOD-PAP	183.80	mg/dL	<200
TRIGLYCERIDES GPO-PAP	**179.80**	mg/dL	60-165
H D L CHOLESTEROL Direct (Selective Inhibition Method)	42.60	mg/dL	35-80
L D L CHOLESTEROL Calculated	105.24	mg/dL	<100
VLDL Calculated	**35.96**	mg/dL	<30
T. CHOLESTEROL/ HDL RATIO Calculated	2.47	Ratio	0.1-4.97
LDL / HDL RATIO Calculated	0.40	%	0-3.5

Comment

Lipid profile checks cholesterol levels, comprising of parameters total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides. The results of the lipid profile as per the AHA guidelines mentioned below, are considered along with other known risk factors of heart disease to develop a plan of treatment and follow-up. A lipid profile typically includes:

-Total cholesterol - this test measures all of the cholesterol in all the lipoprotein particles.

-High-density lipoprotein cholesterol (HDL) -often called **Good Cholesterol** because it removes excess cholesterol via liver.

-Low-density lipoprotein cholesterol (LDL) -called **Bad Cholesterol** as it deposits fat and contribute to thickening of blood vessels called atherosclerosis.

-Triglycerides measures all the triglycerides in all the lipoprotein particles.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range

Guidelines from The American Heart Association (AHA)

Total Cholesterol (mg/dL)		HDL Cholesterol (mg/dL)	
<200	Best	<40 (men) <50 (women)	Poor
200-239	Borderline high	50-59	Better
>239	High	>59	Best
Triglyceride (mg/dL)		**LDL Cholesterol (mg/dL)**	
<150	Best	<70	Best for people with heart disease
150-199	Borderline high	<100	Best for people at risk of heart disease.
200-499	High	100-129	Near ideal
>499	Very high	130-159	Borderline high
		160-189	High
		>189	Very high

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Client Code	: HEA01	Barcode No	: hh000243f

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range

PLASMA GLUCOSE - FASTING

Sample Type : FLOURIDE PLASMA

Plasma Glucose Fasting GOD-PAP	94.8	mg/dL	74.0-100.0

COMMENTS:
Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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Ref. By	: SELF	Panel Name	: HEALIC LAB
Client Code	: HEA01	Barcode No	: hh000243p

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
PLASMA GLUCOSE - PP			
Sample Type : FLOURIDE PLASMA (PP)			
Plasma Glucose PP GOD-PAP	135.7	mg/dL	80.0-140.0

COMMENTS:
Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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Client Code	: HEA01	Barcode No	: hh000243

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
KIDNEY FUNCTION TEST			
Sample Type : SERUM			
BLOOD UREA Urease /GLDH	19.60	mg/dL	10-50
BLOOD UREA NITROGEN (BUN) Automated/Calculated	9.16	mg/dL	5-25
SERUM CREATININE Enzymatic	0.80	mg/dL	0.62-1.17
SERUM URIC ACID Uricase-PAP	**8.30**	mg/dL	3.5-7.2
CALCIUM Modified Arsenazo III Method	9.00	mg/dl	8.1-10.4
Estimated Glomerular Filtration Rate (eGFR) Automated/Calculated	120.64	mL/min/1.73m2	REFER INTERPRETAION
BUN/CREATININE RATIO	11.45	Ratio	10-20
UREA CREATININE RATIO	24.50	Ratio	
SERUM ELECTROLYTE			
SERUM SODIUM ISE	142.9	mmol/L	135.0-145.0
SERUM POTASSIUM ISE	4.04	mmol/L	3.5-5.8
SERUM CHLORIDE ISE	105.2	mmol/L	98.0-107.0

Interpretation:

Blood urea nitrogen (BUN) and creatinine are waste products that are fltered out of the blood by the kidneys. Elevated levels of BUN and creatinine in the blood can indicate decreased kidney function. The glomerular fltration rate (GFR) is a measure of how well your kidneys are fltering waste products from your blood. A low GFR can indicate decreased kidney function. The urine albumin-to-creatinine ratio (ACR) is a measure of the amount of albumin (a type of protein) in your urine relative to the amount of creatinine. Elevated levels of ACR can indicate damage to the kidneys.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range

BLOOD GROUP ABO & RH

Sample Type : WHOLE BLOOD EDTA

ABO   "O"
Gel Columns agglutination

Rh Typing   **POSITIVE**
 Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range

HBA1C

Sample Type : WHOLE BLOOD EDTA

Glycosylated Hemoglobin Nephelometric Method	5.7	%	Normal Glucose tolerance (non-diabetic): 4-6 % Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%
ESTIMATED AVG. GLUCOSE	116.6	mg/dl	

INTERPRATION:
HbA1c result is suggestive of non diabetic adults (>=18 years)/well controlled Diabetes in a known Diabetic.
HbA1c ia used to monitor fluctuations in blood glucose conncentration in the past 8-12 weeks period.

Interprtation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0 - 5.6	5.7-6.4	>=6.5	<7.0

Therapeutic Glycemic targets:-

Pregnant Diabetic Patients - Less than 6.5%

Children with type 1 Diabetes - Less than 7.0 %

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

COMPLETE BLOOD COUNT WITH ESR

Sample Type : WHOLE BLOOD EDTA

Haemoglobin Colorimetric	14.3	g/dL	13.0-17.0
RBC Count Optical Flowcytometry	4.6	10^6/µL	4.5-5.5
PCV/Haematocrit RBC pulse height detection	44.3	%	40-50
MCV Automated/Calculated	96.3	fL	80-100
MCH Automated/Calculated	31.3	pg	27-32

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
MCHC Automated/Calculated	32.30	g/dL	31.5-34.5
RDW - CV Automatic Calculated	13.3	%	11.0-16.0
RDW - SD Automatic Calculated	42.1	fl	35.0-56.0
Total Leucocyte Count Impedance	6.20	10^3/uL	4.0-10.0
Differential Count (Fluorescent Flow Cytometry)			
Neutrophil	68.5	%	50-80
Lymphocyte	23.3	%	20-40
Eosinophil	2.0	%	0.5-5.0
Monocyte	6.1	%	3-12.0
Basophil	0.1	%	0.0-2.0
ABSOLUTE LEUKOCYTE COUNTS			
Absolute Neutrophil Count Automated Calculated	4.3	10^3/uL	2.0-7.0
Absolute Lymphocyte Count Automated Calculated	**1.4**	10^3/uL	1.5-4.0
Absolute Eosinophil Count Automated Calculated	0.1	10^3/uL	0.02-0.50
Absolute Monocyte Count Automated Calculated	0.4	10^3/uL	0.12-1.20
Absolute Basophil Count Automated Calculated	0	10^3/uL	0.00-0.10
Platelet Count Optical Flowcytometry	237	10^3/μL	150-450
PCT	0.2	%	0.108-0.282
PDW Calculated	16.7	fL	15.0-17.0
MPV Calculated	9.8	fL	6.5-12.0
ERYTHROCYTE SEDIMENTATION RATE Westergren	10	mm/1 hr	0-10

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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

Test Name	Result	Unit	Bio. Ref. Range
T3 Dry Fluorescence Immunoassay	2.69	nmol/L	1.3-2.7
T4 Dry Fluorescence Immunoassay	139.90	nmol/L	78-154
TSH Dry Fluorescence Immunoassay	1.960	µIU/mL	0.4-4.0

INTERPRETATION:
1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

REFERENCE RANGE:

PREGNANCY	TSH in µIU/mL
1st Trimester	0.25 - 4.33 **µIU/mL**
2nd Trimester	0.43 - 6.61 **µIU/mL**
3rd Trimester	0.38 – 6.22 **µIU/mL**

Age	TSH in µIU/mL
1 – 3 years	0.76 - 10.00 **µIU/mL**
3 - 6 years	0.79 – 5.54 **µIU/mL**
6 - 12 years	0.49 – 5.83 **µIU/mL**
12 - 18 years	0.59 - 6.93 **µIU/mL**
>18 years	0.30 - 4.50 **µIU/mL**

(References range recommended by the American Thyroid Association)
COMMENTS:
1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***

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Consultant Pathologist

NAME	ANURAG BANSAL	AGE/SEX	30 YRS/ MALE
REFD BY.	SELF	DATE	19/11/2024
X-RAY CHEST PA VIEW			

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.
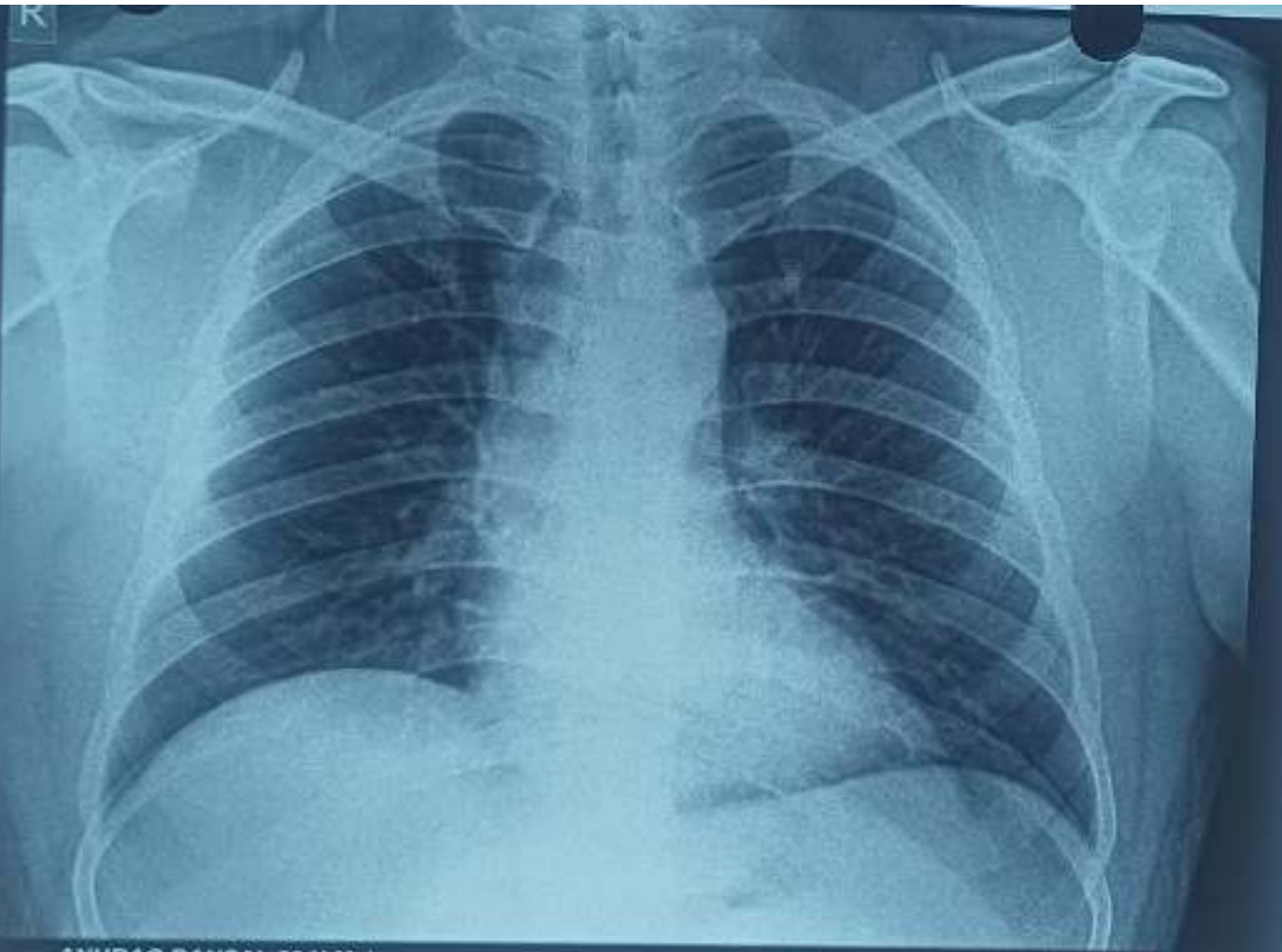
Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

IMPRESSION: No significant abnormality seen.

Adv: Clinical correlation

DR. REMA ARORA
MBBS, DNB (Radio-diagnosis)
CONSULTANT RADIOLOGIST

ANURAG BANSAL 30 Y Male   SELF
Chest PA   55.4 %   19/11/2024 10:00:40 AM
HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM

Mediwheel
....Your wellness partner

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr.Anurag Bansal** aged, **30yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects su ch as deafness, color blindness, and any chronic or contagious diseases.

Place: **Ghaziabad**

Date: 19/11/2024

Name & Signature of

Medical officer