





Name

: MR RAHUL KUMAR SINGH

Registration No

: MH011760721

Patient Episode

: H18000001881

Referred By

: HEALTH CHECK MGD

Receiving Date

TEST

: 09 Mar 2024 09:20

Age

31 Yr(s) Sex :Male

Lab No

202403001049

Collection Date:

09 Mar 2024 09:20

Reporting Date:

09 Mar 2024 12:19

BIOLOGICAL REFERENCE INTERVAL

HAEMATOLOGY

UNIT

RESULT

COMPLETE BLOOD COUNT (AUTOMAT	ED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	5.98 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	17.2 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-color HEMATOCRIT (CALCULATED) MCV (DERIVED)	53.6 # 89.6	% fL	[40.0-50.0] [83.0-101.0]
MCH (CALCULATED) MCHC (CALCULATED)	28.8 32.1	pg g/dl	[25.0-32.0] [31.5-34.5]
RDW CV% (DERIVED) Platelet count	12.7 222	9 x 10 3 cells/cumm	[11.6-14.0] [150-410]
Method: Electrical Impedance MPV (DERIVED)	11.0		
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	8.49	\times 10 3 cells/cumm	[4.00-10.00]
Neutrophils	61.0	00	[40.0-80.0]
Lymphocytes	24.0	96	[20.0-40.0]
Monocytes	7.0	9	[2.0-10.0]
Eosinophils	8.0 #	8	[1.0-6.0]
Basophils	0.0	90	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-

Page1 of 8







Name

: MR RAHUL KUMAR SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011760721

Lab No

202403001049

Patient Episode

: H18000001881

Collection Date:

09 Mar 2024 09:20

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 16:42

Receiving Date

: 09 Mar 2024 09:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.2

0

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbA1c in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

103

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]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

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

Page 2 of 8







Name

: MR RAHUL KUMAR SINGH

Registration No

: MH011760721

Patient Episode

: H18000001881

MICROSCOPIC EXAMINATION (Automated/Manual)

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 10:28

Age

31 Yr(s) Sex :Male

Lab No

202403001049

Collection Date:

09 Mar 2024 10:28

Reporting Date:

09 Mar 2024 12:27

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION	(Au coma ced/Mai	iuai)				
Pus Cells	2-4 /hps	£		(0-5/hpf)		
RBC	NIL			(0-2/hpf)		
Epithelial Cells	1-2	/hpf				
CASTS	NIL					
Crystals	NIL					
Bacteria	NIL					
OTHERS	NIL					
OTHERO	2,122					
Serum LIPID PROFILE				65.1		
Serum TOTAL CHOLESTEROL			171	mg/dl	[<200]	
Method: Oxidase, esterase	, peroxide				Moderate risk:200-239	
					High risk:>240	
TRIGLYCERIDES (GPO/POD)			112	mg/dl	[<150]	
					Borderline high:151-199	9
					High: 200 - 499	
					Very high:>500	
HDL- CHOLESTEROL			56	mg/dl	[35-65]	
Method: Enzymatic Immu	noimhibition			3,	**************************************	
VLDL- CHOLESTEROL (Calc			22	mg/dl	[0-35]	
CHOLESTEROL, LDL, CALCU			93.0	mg/dl	[<120.0]	
CHOLESTEROL, LDL, CALCO	DATED		23.0	mg/ ar	Near/	
71 100 100					Wedl/	
Above optimal-100-129					Borderline High: 130-1	150
					High Risk:160-189	
	G 1 1 1 1)		3.1	8	<4.0 Optimal	
T.Chol/HDL.Chol ratio(Calculated)		3.1		4.0-5.0 Borderline	
					>6 High Risk	
LDL.CHOL/HDL.CHOL Ratio	(Calculated)		1.7		<3 Optimal	
LDL.Chol/hbl.chol Racio	(oarouracea)				3-4 Borderline	
					>6 High Risk	
				(6)	20 High Kibk	

Page 3 of 8







Name

: MR RAHUL KUMAR SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011760721

Lab No

202403001049

Patient Episode

: H18000001881

Collection Date:

09 Mar 2024 09:20

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 11:41

Receiving Date

: 09 Mar 2024 09:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum				
UREA	24.5	mg/dl	[15.0-40.0]	
Method: GLDH, Kinatic assay				
BUN, BLOOD UREA NITROGEN	11.4	mg/dl	[8.0-20.0]	
Method: Calculated		3		
CREATININE, SERUM	0.90	mg/dl	[0.70-1.20]	
Method: Jaffe rate-IDMS Standardizati	.on		15000000 NA 60 000 R 4	
URIC ACID	4.6	mg/dl	[4.0-8.5]	
Method:uricase PAP			02-0-000000000000000000000000000000000	
SODIUM, SERUM	137.90	mmol/L	[136.00-144.00]	
POTASSIUM, SERUM	4.28	mmol/L	[3.60-5.10]	
SERUM CHLORIDE	99.6 #	mmol/L	[101.0-111.0]	
Method: ISE Indirect			-	
			·	
eGFR (calculated)	113.4	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 to1.73 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.

Page 4 of 8







LABORATORY REPORT

Name

: MR RAHUL KUMAR SINGH

Registration No

: MH011760721

Patient Episode

: H18000001881

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 09:20

Age

31 Yr(s) Sex :Male

Lab No

202403001049

Collection Date:

09 Mar 2024 09:20

Reporting Date:

09 Mar 2024 11:49

BI	O	CI	IE	VI.	15	IK

TEST	RESULT	UNIT	BIOLO	GICAL REFERENCE INTERVAL	
LIVER FUNCTION TEST					
BILIRUBIN - TOTAL Method: D P D	0.82		mg/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.16		mg/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.66		mg/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7,40		gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.75		g/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	2.70		gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO	1.79			[1.00-2.50]	
Method: Calculation					
AST(SGOT) (SERUM) Method: IFCC W/O P5P	28.00		U/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	41.00		U/L	[17.00-63.00]	er.
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	125.0 #		IU/L	[32.0-91.0]	
GGT	23.0		U/L	[7.0-50.0]	
				Page 5 of 8	







Name

: MR RAHUL KUMAR SINGH

Age

31 Yr(s) Sex :Male

Registration No

: MH011760721

Lab No

202403001049

Patient Episode

: H18000001881

Collection Date:

09 Mar 2024 09:20

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 11:49

Receiving Date

: 09 Mar 2024 09:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Page 6 of 8

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







Name

: MR RAHUL KUMAR SINGH

: MH011760721

Registration No Patient Episode

: H18000001881

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 09:20

Age

31 Yr(s) Sex :Male

Lab No

202403001050

Collection Date:

09 Mar 2024 09:20

Reporting Date:

09 Mar 2024 12:08

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

Method: Hexokinase

103.0

mq/dl

[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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







Name

: MR RAHUL KUMAR SINGH

Registration No

: MH011760721

Patient Episode

: H18000001881

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 13:16

Age

31 Yr(s) Sex :Male

Lab No

202403001051

Collection Date:

09 Mar 2024 13:16

Reporting Date:

09 Mar 2024 14:11

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

92.0 -

mg/dl

[80.0-140.0]

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

Page 8 of 8

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





Name

MR RAHUL KUMAR SINGH

Age Lab No 31 Yr(s) Sex :Male

Registration No

MH011760721

202403001049

Patient Episode

H18000001881

Collection Date:

09 Mar 2024 09:20

Referred By

HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 13:36

Receiving Date

: 09 Mar 2024 09:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA) T4 - Thyroxine (ELFA)	8.030	ng/ml ug/ dl	[0.610-1.630] [4.680-9.360] [0.250-5.000]
Thyroid Stimulating Hormone	3.190	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Page 1 of 2





Name

MR RAHUL KUMAR SINGH

Registration No

MH011760721

Patient Episode

H18000001881

Referred By

HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 09:20

Age

31 Yr(s) Sex :Male

Lab No

202403001049

Collection Date:

09 Mar 2024 09:20

Reporting Date:

10 Mar 2024 13:35

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Positive

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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





NAME	MR Rahul KUMAR SINGH	STUDY DATE	09/03/2024 9:34AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011760721
ACCESSION NO.	R7021527	MODALITY	CR
REPORTED ON	09/03/2024 9:53AM	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

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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





Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

AGE / SEX	MR Rahul KUMAK SINGT	HOSPITAL NO.	09/03/2024 9:54AM MH011760721 US HEALTH CHECK MGD
REPORTED ON	09/03/2024 1.101		

USG ABDOMEN & PELVIS

LIVER: appears normal in size (measures 147 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 83 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.7 mm.

IVC, HEPATIC VEINS: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal. BILIARY SYSTEM: 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 102 x 42 mm. Left Kidney: measures 96 x 53 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

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

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 34 x 34 x 25 mm with volume 15 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

CA RAD-10-V2.1-Oct 12

manipalhospitals







Patient Name

Age/Sex

MRN No

Ref. Doctor

RAHUL KUMAR SINGH

MH011760721

Dr. BHUPENDRA SINGH

Location Visit No

Ghaziabad

: V0000000001-GHZB

Order Date

:09/03/2024

Report Date

:09/03/2024

Echocardiography

Final Interpretation

- 1. No RWMA, LVEF=60%.
- 2. Normal CCD.
- 3. Grade I LV diastolic dysfunction.
- 4. No MR, No AR.
- 5. No TR, Normal PASP.
- 6. No intracardiac clot/mass/pericardial pathology.
- 7. IVC normal

Chambers & valves:

- Left Ventricle: It is normal sized.
- **Left Atrium:** It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized.
- Aortic Valve: It appears normal.
- Mitral Valve: Opens normally. Subvalvular apparatus appear normal.
- Tricuspid Valve: It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

Description:

LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Read, Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

manipalhospitals







Patient Name MR RAHUL KUMAR SINGH

Location

Ghaziabad

Age/Sex

31Year(s)/male

Visit No

: V0000000001-GHZB

MH011760721

Order Date

09/03/2024

Ref. Doctor : Dr.BHUPENDRA SINGH

Report Date

09/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	30	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	35	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	40	24	(ED=37-56:Es=22-40)
Interventricular septum	11	12	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		[E]

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-93/125 DT-	Nil
Aortic	127	Nil
Tricuspid	28	Nil
Pulmonary	66	Nil

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

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

Dr. Sudhanshu Mishra

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Page 2 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com