

**HEALTH CHECK UP**

Name : Niray Pal Singh

Date : 5/12/22

Age : 414

Sex : Male / Female

Marital status : Married / Single

**PERSONAL HISTORY**

Habits : Smoking / Tobacco & Snuff / Alcohol NO

Drug allergy if any : Nil

Medical : |

Surgical : Nil

Height 178.5 cm Weight 105 Kg. BP 120/80mmHg Pulse 76/mt

Vision : Rt. 6/12 Lt. 6/12 With Spectacles ..... Rt. ..... Lt. ....

Colour Vision : Normal / Abnormal Near Vision NG - Both eyes

**FAMILY HISTORY**

Father ..... Mother ..... Siblings .....

CVS : Heart Sound ..... Normal Murmurs ..... Absent Thrills ..... Absent

RS : Rate ..... /mt Breath sounds ..... Normal Adventitious ..... Absent

ABDOMEN : Tenderness ..... Absent Rigidity ..... Absent Bowel sound ..... Normal

Liver ..... NAD Kidney ..... NAD Hernia ..... Absent

CNS : Cranial Nerves ..... NAD Sensory System ..... NAD Motor System ..... NAD

ENT ..... NAD

Remarks

**Dr. Bharti Jeswani**  
MBBS

**Dr. Seema Kale**  
MBBS, MD

**Dr. S. K. Suri**  
MBBS

**Dr. Meenakshi**  
MBBS

HOME SAMPLE COLLECTION FACILITY AVAILABLE

Name : Mr. VIJAL PAL SINGH  
Ref

Age/sex: 41 YRS/ M  
Date 05/12/2022

**TMT (Tread Mill / Stress Test)**

**Result :**

The pre exercise ECG was normal with no significant ST-T segment changes. During peak exercise & recovery there were no significant ST-T change seen. Person could exercise for 08 min. 15 sec on the Bruce protocol & achieved a workload of 15.61 mets.

He/She attained a peak heart rate of 170 beats/minute which is 94 % of the predicted maximum heart rate. The exercise was terminated owing to THR. There was no classical angina and no arrhythmia. Clinically the blood pressure response was normal [160/80] and there was no S3 S4 gallop in the recovery period.

**IMPRESSION: -** NORMAL EXERCISE TOLERANCE.  
NORMAL HEMODYNAMIC RESPONSE.  
TMT IS NEGATIVE FOR PROVOCABLE  
ISCHAEMIA

  
**Dr. SEEMA KALE MD**  
**SEN. PHYSICIAN**

• CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS. • IF THE TESTS RESULTS ARE UNEXPECTED PLEASE CONTACT THE LABORATORY.  
• ALL THE CONGENITAL ANOMOLIES IN THE FETUS MAY NOT BE DIAGNOSED IN ULTRASONOGRAPHY. • THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

Licensee : Bharti Medicare Pvt. Ltd. The Apollo Clinic, C-70, Major Sudesh Kumar Marg, Opp. Madhav Park, Near Main Market, Rajouri Garden, New Delhi-110 027  
Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclinic.com, Website : www.apolloclinicrajourigarden.com

MSME UAM NO : DL14500150

Mr. VIJAY PAL SINGH

I.D. : 78  
AGE/SEX : 41/M  
RECORDED : 5-11-2009 1:50

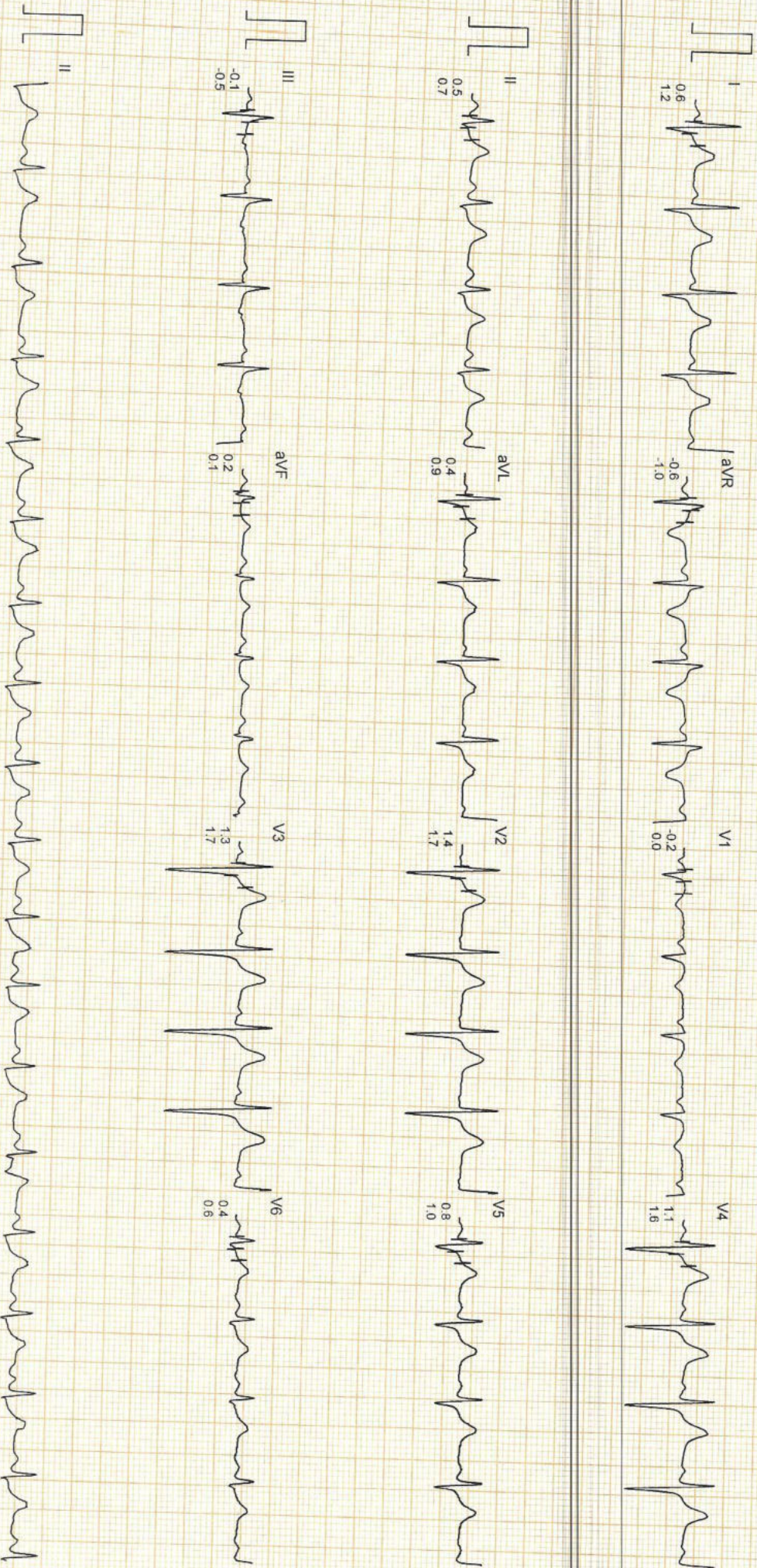
RATE : 110 BPM  
B.P. : 140/80 mmHg

# APOLLO CLINIC

BRUCE  
RECOVERY  
PHASE TIME : 3:00

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIUM



Patient Name : Mr. Vijay Pal Singh

Age/Sex : 41Y/M

Pres Doctor :

Ref.by :

MR No : FRAJ0000

Visit No : FRAJOPV

Bill Date : 05-12-2022

Report Date : 05-12-2022

**X-RAY CHEST P A VIEW**

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

**IMPRESSION:- NORMAL STUDY.**

To be correlated clinically.

  
**Dr. Anisha Gupta**  
Consultant Radiologist.

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Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclicin.com, Website : www.apolloclicinrajourigarden.com

MSME UAM NO : DL115000150

Patient Name : Mr. V.P. Singh

Age/Sex : 41Y/M

Pres Doctor :

Ref.by :

MR No : FRAJ0000

Visit No : FRAJOPV

Bill Date : 05-12-2022

Report Date : 05-12-2022

**ULTRASOUND WHOLE ABDOMEN**

**LIVER:** Liver is normal in size with increased parenchymal echogenicity s/o grade I fatty liver. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

**GALL BLADDER:** Gall bladder is well visualised. Its wall thickness is normal. No calculus or mass lesion is seen in gall bladder.

**PANCREAS:** Pancreas appears normal in size and echopattern.

**SPLEEN:** Spleen appears normal in size and echopattern.

**KIDNEYS:** Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No calculus / hydronephrosis is noted.

Visualised parts of retroperitoneum do not show any lymphadenopathy.

**URINARY BLADDER:** Urinary bladder is well distended and shows clear contents.

**PROSTATE:** Prostate is normal in shape, size and echotexture.

No free fluid detected.

**IMPRESSION: - GRADE I FATTY LIVER.**

To be correlate clinically.

  
**Dr. Anisha Gupta**  
Consultant Radiologist.

**Disclaimer:** Renal calculi less than 5mm could be missed on an Ultrasound. NCCT KUB is the modality of choice for the same.

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MSME UAM NO : DI 11E002452

**DEPARTMENT OF LABORATORY MEDICINE**

Name MR. VIJAY PAL SINGH Age 41 Yrs. Sex Male  
 Date 05/12/2022 Home Coll. Dt/Time Ref. No. 20-21/4756  
 Refd. by. MEDI WHEEL Reporting Date/Time 06/12/2022 Srl. No. 1004

**HAEMATOLOGY TEST REPORT**

Test Name	Observed Value Value	Unit	Bio. Reference Range
<b><u>CBC (Hb,PCV,TLC,DLC,Plat C)</u></b>			
Hb ( Haemoglobin ) Non cyanide analysis : EDTA	13.7	gm/dl	13.0 - 17.0
PCV / Haematocrit RBC pulse height detect : EDTA	44.8	%	40 - 50
ESR Westergren's Method : Citrate	04	mm/Ist hr.	0 - 20
TLC DC detection method : EDTA	6,700	/cumm.	4000 - 10000
Platelet Count DC detection method : EDTA	1.71	Lakh/cmm	1.5 - 4.1
RBC Count DC detection method : EDTA	4.9	Millions/cmm	4.5 - 5.5
MCV(Derived)	90.3	fl	83 - 101
MCH(Derived)	27.6	pg	27 - 32
MCHC(Derived)	* 31.0	gm/dl	31.5 - 34.5
<b><u>Differential Leucocyte Count</u></b>			
Neutrophil	59	%	40 - 70
Lymphocytes	36	%	20 - 40
Eosinophil	03	%	01 - 06
Monocytes	02	%	02 - 10
<b>Blood Group -ABO</b> Tube Agglutination : EDTA	"B"		
<b>Blood Group Rh</b> Tube agglutination : EDTA	Positive		

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

Dr. Prashant Purwar  
Consultant Pathologist

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Sex Male

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**PROFILE**

Merilyzer AutoQuant 400

Test Name	Observed Value Value	Unit	Bio. Reference Range
Blood Sugar Fasting			
Blood Sugar (Glucose)-Fasting Sample - Fluoride, Method:GOD-POD.	94	mg/dl	70 - 110
Blood Sugar PP			
Blood Sugar (Glucose)-Post Prandial	103	mg/dl	70 - 140

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

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 Consultant Pathologist

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**BIOCHEMISTRY TEST REPORT**

Merilyzer AutoQuant 400

Test Name

Observed Value  
Value

Unit

Bio. Reference Range

**Lipid Profile-serum**

Cholesterol-serum

Sample- Plain; Method-CHOD-PAP

240

mg/dL

120 - 240

Triglycerides-serum

Sample- Plain; Method- GPO-PAP

190

mg/dL

50 - 200

HDL-Cholesterol-serum

Sample- Plain; Method-Direct

\* 52.7

mg/dL

30 - 50

VLDL-Cholesterol-serum

Derived

38

mg/dL

10 - 40

LDL(Cholesterol)-serum

Sample- Plain; Method-Direct/Calculated

\* 149.3

mg/dL

60 - 100

Cholesterol / HDL Ratio-serum

Derived

\* 4.5

0.0 - 4.5

LFT-SERUM

\*\*\*\*\* End of Report \*\*\*\*\*

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**BIOCHEMISTRY TEST REPORT**

Merilyzer AutoQuant 400

Test Name	Observed Value	Unit	Bio. Reference Range
<b><u>LFT( Liver Function Test</u></b>			
Bilirubin (Total)-serum Sample: Plain; Method/Technology: Diazo Method, Photometry.	0.91	mg/dl	0.1 - 1.3
Bilirubin (Direct)-serum Sample: Plain; Method / Technology: Diazo Method, Photometry.	0.24	mg/dl	0.0 - 0.3
Indirect Bilirubin - serum Derived	0.67	mg/dl	0.0 - 1.1
SGOT (AST)-serum Sample: Plain; Method / Technology: IFCC without Pyridoxal Phosphate/Kinetic.	* 44.1	IU/L	0 - 35
SGPT (ALT)-serum Sample: Plain; Method / Technol: IFCC without Pyridoxal Phosphate/Kinetic.	* 64.7	IU/L	0 - 45
Alkaline Phosphatase-serum Sample: Plain; Method/Technology: AMP Buffer/Kinetic.	59.9	U/L	30 - 117
G G T P - serum Sample: plain; Method / Technology: Szaz Method/Photometry.	43.1	U/L	10.0 - 50.0
Protein Total - serum Sample: Plain; Method / Technology: Biuret Method / Photometry	7.6	gm/dl	5.8 - 8.0
Albumin-serum Sample: Plain; Method/Technology: BCG Method, Photometry.	4.5	gm/dl	3.7 - 5.2
Globulin-serum Derived	3.1	gm/dl	2.5 - 3.5

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A/G Ratio-serum  
Derived

1.4

1.2 - 2.0

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Blood Urea 39.1 mg/dl 10 - 50

Nature of Sample (LFT): Plain  
 Technologies Used :  
 BILT - Method / Technology: Diazo Method , End Point.  
 BILD - Method / Technology: Diazo Method, End Point.  
 SGOT - Method / Technology: IFCC without Pyridoxal Phosphate / Kinetic.  
 SGPT - Method / Technology: IFCC without Pyridoxal Phosphate / Kinetic.  
 ALKP - Method: AMP Buffer Liquid Photometry/Kinetic.  
 GGT - Method / Technology: Glupa -C Method / Kinetic.  
 PROT - Method / Technology: Biuret Method / End Point.  
 ALB - Method / Technology: BCG Method, Colorimetric Assay.  
 GLOB - Method / Technology: Derived Values / Calculated.  
 A/ G Ratio - Method / Technology: Derived From The Values Of Albumin And Globulin / Calculated.

Creatinine-serum 0.93 mg/dl 0.5 - 1.3  
 Sample: Plain; Technology/Method: Jaffe Kinetic, Photometry.

Uric Acid-serum 6.6 mg/dl 3.5 - 7.2  
 Sample: Plain; Method/Technology: Uricase Enzymatic, Photometry.

Sodium (Na+) - serum 140.6 mmol/L 136.0 - 142.0  
 ISE

Potassium (K+) - serum 4.1 mmol/L 3.8 - 5.0  
 ISE

Chloride(Cl) - serum 101.4 mmol/L 95.0 - 103.0  
 ISE

Calcium-serum 9.5 mg/dl 9.2 - 11.0  
 Sample: Plain; Method/Technology: OCPC Method, Photometry.

Phosphorus-serum 3.2 mg/dl 2.3 - 4.7  
 Sample: Plain; Method / Technology: Molybdate UV, Photometry.

Albumin-serum 4.5 gm/dl 3.7 - 5.2  
 Sample: Plain; Method/Technology: BCG Method, Photometry.

Nature of Sample (KFT): Plain

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**Technologies Used :**

- B.Urea - Method / Technology : Urease End Point Photometry.
- S. Creat - Method / Technology: Creatinine Jaffe Method, Kinetic, Photometry.
- Uric Acid - Method / Technology: Uricase Colorimetric Test, Photometry.
- S.Electrolytes: Method / Technology: ISE
- Phosphorous:- Method / Technology : Molybdate UV, Photometry.
- S.Calium: OCPC, Endpoint Photometry.
- ALB - Method / Technology: BCG Method, Colorimetric Assay / Photometry.

HbA1C (Glycosylated Haemoglobin)	5.2	%	4.2 - 6.0
Boronate affinity assay : EDTA			

- Good Control : 6.0-7.0.
- Bad Control : 7.0-8.0.
- Poor Control : >8.

\*\*\*\*\* End of Report \*\*\*\*\*

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 Consultant Pathologist

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Refd. by. MEDI WHEEL

Reporting Date/Time 06/12/2022

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**SPECIAL TEST REPORT**

Test Name	Observed Value	Unit	Bio. Reference Range
<b>Serum FT3</b> <i>Method: Immunofluorescence (Tosoh)</i>	4.5	pmol/l	3.2 - 5.9

Triiodothyronine T3 is a hormone produced by the thyroid and by conversion of T4 to T3. Free T3 is used in the diagnosis and monitoring of hyperthyroidism. Free T3 assays can differentiate most cases of nonthyroidal illness from TSH dependent hyperthyroidism.

<b>Serum FT4</b> <i>Method: Immunofluorescence (Tosoh)</i>	16.7	pmol/l	10.6 - 21.0
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FT4 is the active fraction of tetraiodothyronine. FT4 increases in patients with hyperthyroidism, whereas it is decreased in patients of hypothyroidism. Patients on hormone replacement therapy may have an elevated FT4 levels. Values of FT4 may be used in conjunction of TSH levels.

<b>Serum TSH</b> <i>Method: Immunofluorescence (Tosoh)</i>	3.2	uIU / ml	0.25 - 5.0
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TSH is an early and sensitive indicator of decreased thyroid reserve. This assay helps to diagnose hypothyroidism and hyperthyroidism, monitors T4 replacement or T4 suppressive therapy and quantifies TSH levels in the subnormal range.

\*\*\*\*\* End of Report \*\*\*\*\*

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**IMMUNOLOGY - SEROLOGY TEST REPORT**

Test Name	Observed Value	Unit	Bio. Reference Range
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**PROSTATE SPECIFIC ANTIGEN ( PSA )**  
 Technique : ELFA

RESULT : 0.59 ng/ml

Normal range : 0.0 - 4.0 ng/ml

Serum prostate specific antigen (PSA) concentrations are elevated above 4.0 ng/ml in 28% of men with benign prostatic hyperplasia, 58% of men with organ confined prostate cancer and 80% of men with extensive prostate cancer, but in less than 8% of normal healthy men over 50 yrs of age. After radical prostatectomy, serum PSA levels are (< 0.2 ng/ml), 93% of patients with undetectable serum PSA concentrations have no clinical tumour recurrence.

Free PSA as a percent of Total PSA

Probability of carcinoma prostate when Total PSA is 4.1 - 10 ng / ml

- > 26	
20 - 25	8 %
15 - 20	16 %
10 - 15	20 %
0 - 10	28 %
	56 %

**Comments:-**

- 1 False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- 2 PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
- 3 Results obtained with different assay kits cannot be used interchangeably.
- 4 All results should be correlated with clinical findings and results of other investigations.

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

Dr. Prashant Purwar  
 Consultant Pathologist

*Examine Us, We'll be closer to you*

DEPARTMENT OF LABORATORY MEDICINE

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**URINE EXAMINATION TEST REPORT**

Test Name

Observed Value  
Value Unit

Bio. Reference Range

Urine R/M Examination

Quantity

40 ml.

Colour

Pale Yellow

Pale Yellow

Tranparency

Clear

Clear

Urine Specific Gravity  
Dipstick

1.010

1.005 - 1.030

pH

Dipstick / pH paper

6.5

5.5 - 7.5

Chemical Examination

Protein

Dipstick/Heat & acetic acid

Nil

Nil

Sugar

Dipstick/Benedicts reagent

Nil

Nil

Microscopic Examination

Pus Cells

2-4 /HPF

1-2

RBC'S

Nil /HPF

Nil

Casts

Nil /LPF

Nil

Crystals

Nil

Nil

Epithelial Cells

Occasional /HPF

1-2

Bacteria

Nil /HPF

Nil

\*\*\*\*\* End of Report \*\*\*\*\*

Technician/Technologist

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DEPARTMENT OF LABORATORY MEDICINE

*Examination Report*

Name MR. VIJAY PAL SINGH Age 41 Yrs. Sex Male  
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**STOOL EXAMINATION TEST REPORT**

Test Name	Observed Value Value	Unit	Bio. Reference Range
<b>Stool R/M Examination</b>			
Colour / Appearance	Brownish		Brownish
Consistency	Semi-Formed		Semi-Formed
Mucus	Nil		Nil
Blood	Nil		Nil
Parasities	Nil		Nil
PH	6.5		Nil
<b>Microscopic Examination</b>			
PUS Cells	0 - 1	/HPF	0-1
RBC'S	Nil	/HPF	Nil
OVA	Nil		Nil
Cysts	NIL		Nil

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

*Dr. Prashant Purwar*  
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 Consultant Pathologist