

MEDICAL EXAMINATION REPORT

Date :- 22/07/2023

Customer Name : SUNIL KUMAR Age: 39 Years Sex: M / F

Date of Birth: 15/02/1984

Email id: _____

Height: 162 Cms Weight: 71 Kgs

Chest(Inhale)in cms: 91 Chest(Exhale)in cms: 86

Abdomen(as naval)in cms : 89

BP: 1.) 120/82 mm/hg 2.) 122/84 mm/hg Pulse rate: 79 /min

BMI : 27

Habits:- Yes/No

- a) Alcohol : NO
b) Tobacco chewing NO
c) Cigarettes/Bidi: NO

a) Are you currently on any medication? Yes/No

b) Diabetes or raised blood sugar? Yes/No


c) Hypertension or blood pressure? Yes/No

On examination where he/she appears healthy

Customer Signature:-

Sunil Kumar

Name of DR. HEMANT KAPOOR

Signature of Doctor: 

Qualification: MD, D.P.B

Registration No. 36636

Dr. HEMANT KAPOOR
MD D.P.B.
CONSULTANT PATHOLOGIST
DMC REGD No 36636


भारत सरकार
 Government of India


आधार




सुरेश कुमार
Suresh Kumar
जन्म तिथि/DOB: 15/02/1984
पुरुष/ MALE
Mobile No: 8920029309
7440 7942 4536

मेरा आधार, मेरी पहचान

Issue Date: 06/11/2021
 Download Date: 13/11/2021

Suresh K


DR. HEMANT KAPOOR
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भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India


आधार



पता:
S/O नरमन सिंह, 40, सारंग पुर, वाजपेय केट सिटी,
दोहा - 110073

Address:
S/O Narman Singh, 50, Sarang Pur, South
West Delhi,
Delhi - 110073

7440 7942 4536

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DDC DOCTORS DIAGNOSTIC CENTRE

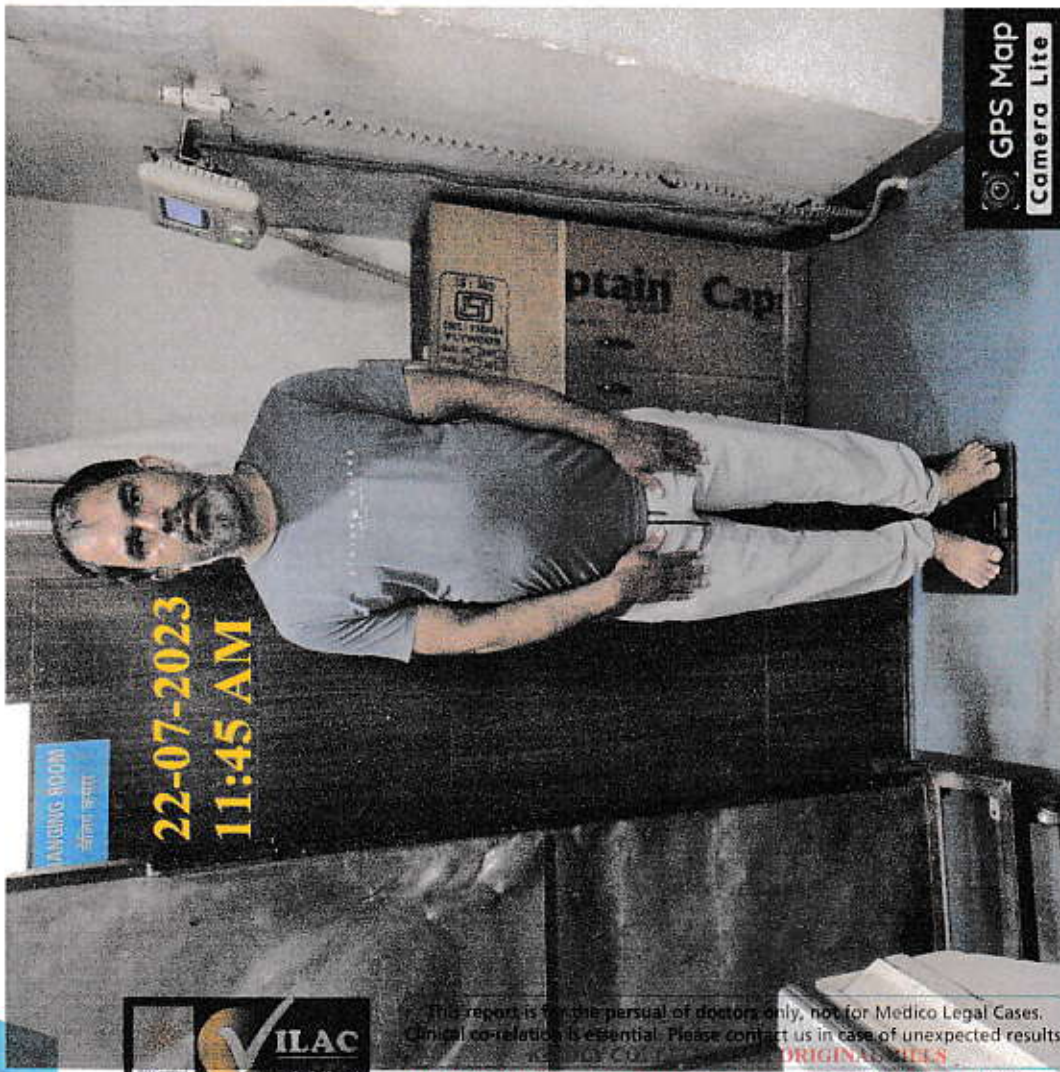
Excellence in Diagnostics & Healthcare Services

Consultant Pathologist
DR. HEMANT KAPOOR
 MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
 MD (Radiology)

[Handwritten Signature]
 DR. HEMANT KAPOOR
 MD, DPB
 CONSULTANT PATHOLOGIST
 PILLAI HOSPITAL, NEW DELHI

[Handwritten Signature]
 Sonil K



**22-07-2023
 11:45 AM**

GPS Map
 Camera Lite

1467-68, Saini Mohalla, Najafgarh, New Delhi, Delhi,
 110043, India

Longitude
76.9850516°

Altitude 220 meters
 Saturday, 22.07.2023

Latitude
28.6138416°

Local 11:33:29 AM
 GMT 06:03:29 AM



This report is for the personal of doctors only, not for Medico Legal Cases.
 Clinical co-relation is essential. Please contact us in case of unexpected results.
 ORIGINALS

TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm
www.doctorsdiagnosticcentre.in



Lab NO	072307220005	Sr.No	504
NAME	MR.SUNIL KUMAR	Ref. BY	APOLLO
Age / Sex	39 YRS/MALE	Sample Coll DATE	22/Jul/2023 12:05PM
S/O	NARAYAN SINGH	Approved ON	22/Jul/2023 05:12PM
DATE	22/Jul/2023 10:43AM	Printed ON	22/Jul/2023 05:15PM

B A.4910

Test Name	Result	Status	Bio. Ref. interval	Unit
IMMUNOASSAY				
Thyroid Profile T3,T4,TSH				
T3 <i>Method : Electrochemiluminescence</i>	1.0		0.80-2.0	ng/mL
T4 <i>Method : Electrochemiluminescence</i>	4.6	Low	5.1-14.1	ug/dL
TSH (Thyroid Stimulating Hormone) <i>Method : Electrochemiluminescence</i>	10.5	High	0.27-4.2	uIU/ml

NOTE :- KINDLY CORRELATE CLINICALLY.

Paediatric Age Group. (Reference range TSH)	Biological reference interval
New Born	0.7-15.2
6 days - 3 Months	0.72-11.0
4 Months - 12 Moths	0.73-8.35
1 Year - 6 Years	0.7-5.9
7 Years - 11 Years	0.60-4.84
12 Years - 20 Years	0.51 - 4.30

INTERPRETATION:

1. Serum T3.T4.TSH measurements from the three components of thyroid screening panel useful in diagnosing various disorders of thyroid gland function.
2. An abnormal TSH alone is not a confirmatory evidence of thyroid hormone deficiency of excess.
3. Serum TSH is the most thyroid function index. It is regarded as the front line test by thyrologist.
4. Diurnal variation effects TSH levels approximateky +-50% hence time of the day has influence on the measured serum TSH concentrations.
5. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
6. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
7. Normal T4 levels are accompanied by increased T3 patients with T3 thyrotoxicosis.

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

The tests marked with '*' are not in the scope of NABL Accreditation.

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST

Dr. Kapoor
DR. HEMANT
MD, DPB
PATHOLOGIST

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Page 1 of 1

Lab No:	072307220005	Reg. Date:	22 Jul 2023
Patient Name:	Mr. SUNIL KUMAR S/O NARAYAN SINGH		
Age/Sex:	39 YRS/MALE	Referred By:	APOLLO
S.No:			

X RAY CHEST PA

R-13

- * **Unfolding of aorta.**
- * Both lungs appears normal . No evidence of parenchymal lesion is seen.
- * Both hila appears normal.
- * Both C.P. angles are clear.
- * Cardiac size & configuration appears normal.
- * Both domes of diaphragm are normal.
- * Bony thoracic cage normal.


DR. BIPUL BISWAS
DR. BIPUL BISWAS M.B.B.S MD
CONSULTANT RADIO-LOGIST
DMC REGD : 6453

R

MR SUNIL KUMAR 39YRS 22/07-/13 M CHEST, PA 7/22/2023
DOCTORS DIAGNOSTICS CENTRE.

ID: 183
MR SUNIL KUMAR
Male 39Years

Sunilk

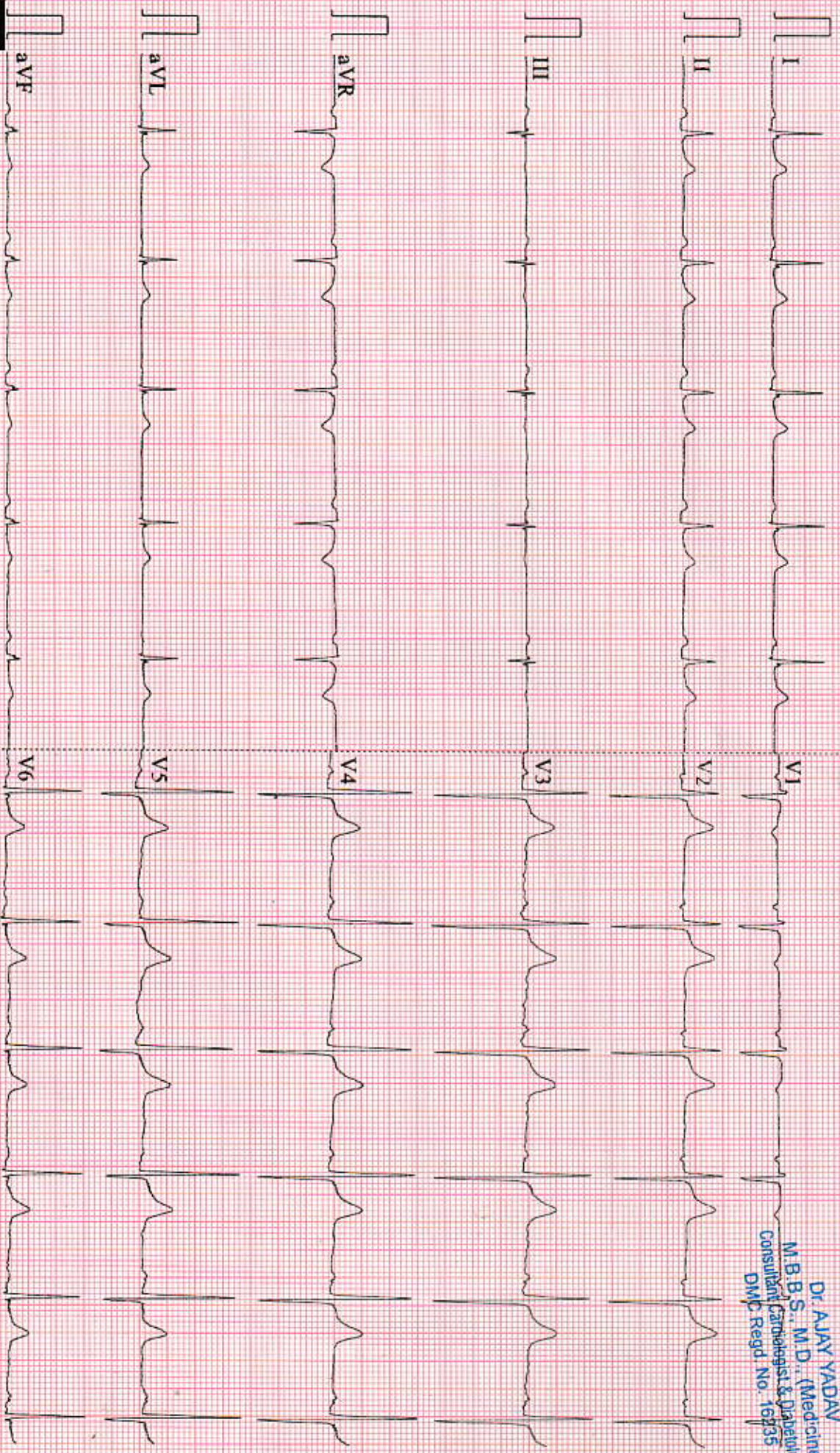
22-07-2023 11:43:13 AM
HR : 64 bpm
P : 97 ms
PR : 154 ms
QRS : 80 ms
QT/QTc : 377/391 ms
P/QRS/T : 47/20/25 °
RV5/SV1 : 1.728/0.714 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

ECG. done
jee

Dr. AJAY YADAV
M.B.B.S., M.D., (Medicine)
Consultant Cardiologist & Diabetologist
DMC Regd. No. 16935



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s 64 V2.2 SEMIP V1.81 DOCTORS DIAGNOSTIC CENTRE

COMPUTERISED EYE TESTING

PH. Off.: 011-25010826
9312247538



INSIGHT OPTICAL POINT

CONSULTANT OPTOMETRIST
& CONTACT LENS SPLT

V.K. GIRDHAR

DIP. OPHTHALMIC TECHNIQUES
(MEDICAL COLLEGE & HOSPITAL,
ROHTAK)
HONY. LECTURER FDOA
(N. DELHI)

OPHTHALMIC OPTICIANS

1-A, 1492, NEAR 817 BUS STAND,
OPP BSES/ELECTRICITY COMPLAINT OFFICE,
NAJAFGARH, NEW DELHI-110043

REF. NO DATED 22/11/23

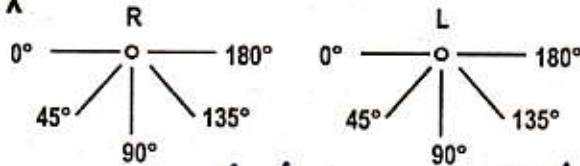
EYE PRESCRIPTION FOR

Mr. Mrs./Miss Sham / Kumar AGE 39m

FACILITIES AVAILABLE

- ★ EYE SIGHT TESTING
- ★ CONTACT LENS CLINIC
- ★ HEARING AIDS
- ★ LOW VISUAL AIDS
- ★ ARTIFICIAL EYES
- ★ SQUINT CHECK-UP
- ★ ARRANGEMENT FOR SPECTS REMOVAL

Rx



RIGHT <u>N6</u>			LEFT <u>N6</u>		
DSPH	DCYL	AXIS	DSPH	DCYL	AXIS
<u>Plan</u>			<u>Plan</u>		
NEAR					

DIST. CONST.

NEAR

Timings :

9 a.m. - 2 p.m., 3p.m. - 7-30 p.m.

(WEDNESDAY CLOSED)

LENSES P.D.

REMARKS

W/O lens
NAD

Signature

Smith

(PLEASE BRING THIS PRESCRIPTION SLIP ON YOUR NEXT VISIT)



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S/O	NARAYAN SINGH	Approved ON	22/Jul/2023 04:46PM
DATE	22/Jul/2023 10:43AM	Printed ON	22/Jul/2023 04:57PM
B A.4910			

Test Name	Result	Status	Bio. Ref. interval	Unit
PROFILE				
Complete Haemogram (CBC+ESR), Whole Blood EDTA				
Haemoglobin (Hb) <i>Method : Cyanmeth Photometry</i>	16.3		13.00-18.00	gm/dl
Total Leucocytic Count (TLC) <i>Method : Impedance</i>	6600		4000-11000	/cumm
<u>Differential Leucocyte Count</u>				
Neutrophils	63		45.00-75.00	
Lymphocytes	33		20.00-45.00	%
Eosinophils	04		1.00-6.00	%
Monocytes	00		0.00-5.00	%
Absolute Neutrophil Count	4.12		2.0-7.5	/cu.mm
Absolute Lymphocyte Count	2.19			
Absolute Monocyte Count	0.05	Low	0.2 - 1.0	/cu.mm
Absolute Basophil Count	0.02		0.02 - 0.1	/cu.mm
Erythrocyte Sed.Rate <i>Method : Westgren method</i>	05		0.00-20.00	mm/1st hr
RBC(RED BLOOD CELL) <i>Method : Impedance</i>	5.27		4.50-5.50	Mill./cmm
MCV <i>Method : Calculated</i>	88.0		76.00-101.00	fL
MCHC <i>Method : Calculated</i>	34.9		30.00-35.00	gm/dl
MCH <i>Method : Calculated</i>	30.9		27.00-32.00	pg
Platelet Count <i>Method : Impedance</i>	2.23		1.50-4.50	lakhs/cumm
PCV <i>Method : Calculated</i>	46.6		40.00-54.00	%
RDW	15.6		11.5-16.0	%

DR. HEMANT KAPOOR

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PATHOLOGIST

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Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

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Method : Calculated

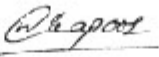
Peripheral Smear

Biological Reference Range: Dacie and Lewis Practical Hematology, edition 12th

Instrument Used: Horiba Pentra XL 80 - 5 Part Analyzer.

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Test Name	Result	Status	Bio. Ref. interval	Unit
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HEMATOLOGY

HBA1C Glycosylated Haemoglobin *, Whole Blood EDTA

HbA1c (Glycosylated Haemoglobin)	5.6			%
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Interpretation:

As per American Diabetes Association (ADA).

Reference group	=	HbA1C	in %
1) Non diabetic adults ≥ 18 years	=	< 5.7	
2) At risk (prediabetes)	=	5.7 - 6.4	
3) Diagnosing Diabetes	=	≥ 6.5	
4) Therapeutic goals for glycemic control	=	Age >19 years . Goal of therapy : <7.0 . Action suggested : >8.0 Age <19 years . Goal of therapy : <7.5	

Comments

- HbA1C test shows your average blood glucose level over the previous 6-8 weeks. It is therefore called a test with memory. It remains unaffected by the short term fluctuation in blood glucose levels and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.
- It gives the physician an overview to assess long term control, which forms the basis making appropriate adjustments in treatment. It is suggested that in most insulin dependent diabetes it should be done thrice a year.
- The test has been found useful in evaluating the initial 1 to 2 months of diabetic control at the original visit of the newly pregnant diabetic female. Usually this occurs after 4 to 8 weeks of pregnancy and since congenital anomalies occur before 8 weeks of gestation, the HbA1 level, if elevated significantly, is often predictive of congenital anomalies.

Note

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 as compared to blood and urinary glucose determinations.

Instrument Used: Bio-rad D10.

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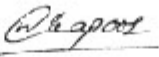
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Test Name	Result	Status	Bio. Ref. interval	Unit
HAEMATOLOGY				
Blood Group <i>Sample EDTA Whole Blood</i>	O			
Rh Factor <i>Method : Tube Agglutination</i>	POSITIVE			

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Test Name	Result	Status	Bio. Ref. interval	Unit
BIOCHEMISTRY				
Blood Glucose (Fasting & PP), Sod.Fluoride				
Blood Sugar Fasting <i>Method : GOD/POD</i>	100		70-110	mg/dL
Urine For Glucose Fasting	NIL		NIL	
Blood Sugar PP	122		75-140	mg/dL
Urine For Glucose PP	NIL		NIL	

NOTE:

- 1) The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dl and /or a random/ 2hr postglucose value of ≥ 200 mg/dL on least 2 occasions.
- 2) Very high glucose levels (> 450 mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / PP	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	>126	>200

Note :- Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

Gamma G.T. 41 9.00-62.0 U/L

Comment

GGT is an enzyme present in liver, kidney, and pancreas.

It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility - follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake.
- confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased in - Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis

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- Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol

LIVER FUNCTION TEST (LFT), Serum

Serum Bilirubin (Total)	0.6	0.2-1.3	mg/dL
<i>Method : Diphylline, Diazonium salt</i>			
Serum Bilirubin (Direct)	0.2	0.0-0.3	mg/dl
<i>Method : Dual Wevelength - Reflectance Spectrophotometry</i>			
Serum Bilirubin (Indirect)	0.40	0.0-1.1	mg/dl
<i>Method : Dual Wevelength - Reflectance Spectrophotometry</i>			
Serum Total Protein	7.5	6.6-8.3	gm/dl
<i>Method : Biuret</i>			
Serum Albumin	4.1	3.50-5.0	gm/dl
<i>Method : Bromocresol Green</i>			
Serum Globulin	3.40	High 0.0-3.0	g/dL
<i>Method : Calculated</i>			
A/G Ratio	1.21	1.2-2.0	
<i>Method : Calculated</i>			
Serum SGOT (AST)	20	15-46	U/l
<i>Method : Multipoint Rate with P-5-P</i>			
Serum SGPT (ALT)	29	0.0-49	IU/L
<i>Method : Multipoint Rate / UV with P-5-P</i>			
Serum Alk.Phosphatase	98	38-126	U/L
<i>Method : PNP/AMP Buffer</i>			

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

KIDNEY FUNCTION TEST (KFT), Serum

Serum Urea	25	10-43	mg/dL
<i>Method : Urease, Colorimetric</i>			
Serum Creatinine	0.9	0.6-1.3	mg/dL
<i>Method : Enzmatic (Creatinine amidohydeolase)</i>			
Serum Uric Acid	6.2	3.5-8.5	mg/dL
<i>Method : Uricase, Colorimetric</i>			
Serum Sodium	139.0	137.0-145.0	mmol/L

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Method : ISE Direct

Serum Potassium 3.8 3.5-5.1 mmol/L

Method : ISE Direct

Blood Urea Nitrogen 11.7 4.6-20.0 mg/dL

Method : Calculated

Serum Calcium 9.9 8.4-10.2 mg/dL

Method : Arsenazo III

Serum Total Protein 7.5 6.6-8.3 gm/dl

Method : Biuret

Serum Albumin 4.1 3.50-5.0 gm/dl

Method : Bromocresol Green

Serum Globulin **3.40** High 0.0-3.0 g/dL

Method : Calculated

A/G Ratio 1.21 1.2-2.0

Method : Calculated

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

Lipid Profile

Total Lipids 715 400-1000 mg/dL

Method : Calculated

Serum Triglycerides **171** High 0.0-150 mg/dL

Method : Colorimetric-Lip/Gluceronol kinase

Serum Total Cholesterol **220** High 0.0-200 mg/dL

Method : Colorimetric - cholesterol oxidase

Serum HDL Cholesterol **39** Low 40-60 mg/dL

Method : Colorimetric:non HDL precipitation

VLDL Cholesterol **34** High 0-32 mg/dL

Method : Calculated

LDL Cholesterol **147** High 0-100 mg/dL

Method : Calculated

Cholesterol / HDL Ratio **5.6** High 3.0-4.4 mg/dL

Method : Calculated

Total cholesterol (mg /dL)	
<200	Desirable
200-239	Borderline High
>= 240	High

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HDL Cholesterol (mg/dL)	
<40	Low
>60	High
LDL Cholesterol (mg /dL)	
<100	Optimal
100-129	Near optimal /Above optimal
130-159	Borderline High
160-189	High
>190	Very High
Male Triglycerides (mg/ dL)	
<150	Normal
150-199	Borderline High
200-499	High
>500	Very High
Female Triglycerides (mg/ dL)	
<150	Normal
150-179	Borderline High
180-450	High
>450	Very High
Cholesterol HDL Ratio	
3.3-4.4	Low Risk
4.5-7.1	Average Risk
7.2-11.0	Moderate Risk
>11.0	High Risk

Interpretation:- Cholesterol: There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

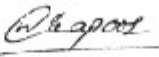
Triglycerides: Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake. Hyperlipidemias (specially types I, IV & V; > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

HDL-cholesterol: It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity. Lack of exercise. Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

LDL Cholesterol: Major risk factors that modify LDL Goals are:

- * Cigarette smoking.
- * Hypertension (BP \geq 140/90 or on antihypertensive medication)
- * Low HDL cholesterol (<40 mg/dl)
- * Family history of premature CHD (CHD in a male first degree relative <55 years / CHD)

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DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist
DR. HEMANT KAPOOR
MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Lab NO	072307220005	Sr.No	504
NAME	MR.SUNIL KUMAR	Ref. BY	APOLLO
Age / Sex	39 YRS/MALE	Sample Coll DATE	22/Jul/2023 10:44AM
S/O	NARAYAN SINGH	Approved ON	22/Jul/2023 04:46PM
DATE	22/Jul/2023 10:43AM	Printed ON	22/Jul/2023 04:57PM
		B A.4910	

in a female first degree relative < 65 years)

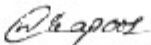
* Age (men >=45; women >55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

The tests marked with '*' are not in the scope of NABL Accreditation.

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Test Name	Result	Status	Bio. Ref. interval	Unit
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CLINICAL PATHOLOGY

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	20			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.010		1.010 - 1.025	

Chemical Examination

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

Microscopic Examination:

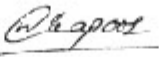
Pus Cells.	1-2		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

MUCUS THREAD PRESENT.

*** End Of Report ***

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