

Name : MR DHARMENDRA KUMAR Age : 35 Yr(s) Sex : Male
Registration No : MH011342703 Lab No : 32230912080
Patient Episode : O03001180188 Collection Date : 28 Sep 2023 18:47
Referred By : REFERRAL DOCTOR Reporting Date : 29 Sep 2023 09:24
Receiving Date : 28 Sep 2023 19:02

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.11	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	8.30	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	6.340 #	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

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

Dr.Himansha Pandey



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000001228
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 09:34

Age : 35 Yr(s) Sex : Male
Lab No : 202309006059
Collection Date : 28 Sep 2023 09:25
Reporting Date : 28 Sep 2023 18:01

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.88	millions/cumm	[4.50-5.50]
HEMOGLOBIN	11.8 #	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.5 #	%	[40.0-50.0]
MCV (DERIVED)	80.9 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.2 #	pg	[25.0-32.0]
MCHC (CALCULATED)	29.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	18.3 #	%	[11.6-14.0]
Platelet count	60 #	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDENCE)	2.64 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	16.0 #	mm/1sthour	[0.



LABORATORY REPORT

Name	: MR DHARMENDRA KUMAR	Age	: 35 Yr(s) Sex :Male
Registration No	: MH011342703	Lab No	: 202309006059
Patient Episode	: H18000001228	Collection Date	: 28 Sep'2023 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 17:56
Receiving Date	: 28 Sep 2023 09:34		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.0 #	%	[0.0-5.6]
			As per American Diabetes Association (A HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	126	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	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MR DHARMENDRA KUMAR	Age	: 35 Yr(s) Sex :Male
Registration No	: MH011342703	Lab No	: 202309006059
Patient Episode	: H18000001228	Collection Date	: 28 Sep 2023 09:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 16:51
Receiving Date	: 28 Sep 2023 09:34		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour	BROWN
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

Microscopic Description

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	NIL
RBC	NIL
Others	NIL



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000001228
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 09:34

Age : 35 Yr(s) Sex : Male
Lab No : 202309006059
Collection Date : 28 Sep 2023 09:25
Reporting Date : 28 Sep 2023 16:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	123	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	67	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	47.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	63.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	2.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too 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



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Receiving Date : 28 Sep 2023 09:34

Age : 35 Yr(s) Sex :Male
Lab No : 202309006059
Collection Date : 28 Sep 2023 09:25
Reporting Date : 28 Sep 2023 16:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	30.2	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	14.1	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.65 #	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	4.3	mg/dl	[4.0-8.5]
SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.17	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	104.6	mmol/L	[101.0-111.0]
eGFR (calculated)	126.0	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 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.			



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Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000001228
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 09:34

Age : 35 Yr(s) Sex : Male
Lab No : 202309006059
Collection Date : 28 Sep 2023 09:25
Reporting Date : 28 Sep 2023 16:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.94	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.27	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.67	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.35	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.43		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	42.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	37.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	80.0	IU/L	[32.0-91.0]
GGT	43.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000001228
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 09:34

Age : 35 Yr(s) Sex : Male
Lab No : 202309006059
Collection Date : 28 Sep 2023 09:25
Reporting Date : 28 Sep 2023 16:38

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.

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

Blood Group & Rh typing A Rh(D) Positive

Technical note:

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

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR DHARMENDRA KUMAR	Age	: 35 Yr(s) Sex :Male
Registration No	: MH011342703	Lab No	: 202309006060
Patient Episode	: H18000001228	Collection Date	: 28 Sep 2023 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 16:39
Receiving Date	: 28 Sep 2023 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)	127.0 #	mg/dl	[70.0-110.0]
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Method: Hexokinase

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, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

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

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR Age : 35 Yr(s) Sex : Male
Registration No : MH011342703 Lab No : 202309006061
Patient Episode : H18000001228 Collection Date : 28 Sep 2023 14:41
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 15:53
Receiving Date : 28 Sep 2023 14:41

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	106.0	mg/dl	[80.0-140.0]

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

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

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Dharmendra KUMAR	STUDY DATE	28/09/2023 10:18AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011342703
ACCESSION NO.	R6169722	MODALITY	US
REPORTED ON	28/09/2023 11:23AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 129 mm) but shows coarse echotexture with irregular margins along with caudate lobe and left lobe hypertrophy suggesting chronic liver parenchymal disease. Multiple heterogeneous hypoechoic nodules are seen disseminated in both lobes of liver with the largest one measuring 14 x 10 mm suggestive of multiple cirrhotic nodules (ADV: CECT-Abdomen Triple Phase study for further evaluation).

SPLEEN: appears enlarged in size (measures 141 mm) but normal in shape and echotexture. Multiple collaterals are seen at splenic hilum. Splenic vein is dilated and measures 10.5 mm.

PORTAL VEIN: Appears dilated and measures 13.9 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal (~2.7) 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 99 x 46 mm.

Left Kidney: measures 95 x 46 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 33 x 24 x 24 mm with volume 10 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Chronic liver parenchymal disease with multiple heterogeneous hypoechoic nodules seen disseminated in both lobes of liver suggestive of multiple cirrhotic nodules (ADV: CECT-Abdomen Triple Phase study for better lesion characterisation).

-Splenomegaly.

-Dilated portal and splenic veins with multiple collaterals at splenic hilum.

Recommend clinical correlation.

Manica

RADIOLOGY REPORT

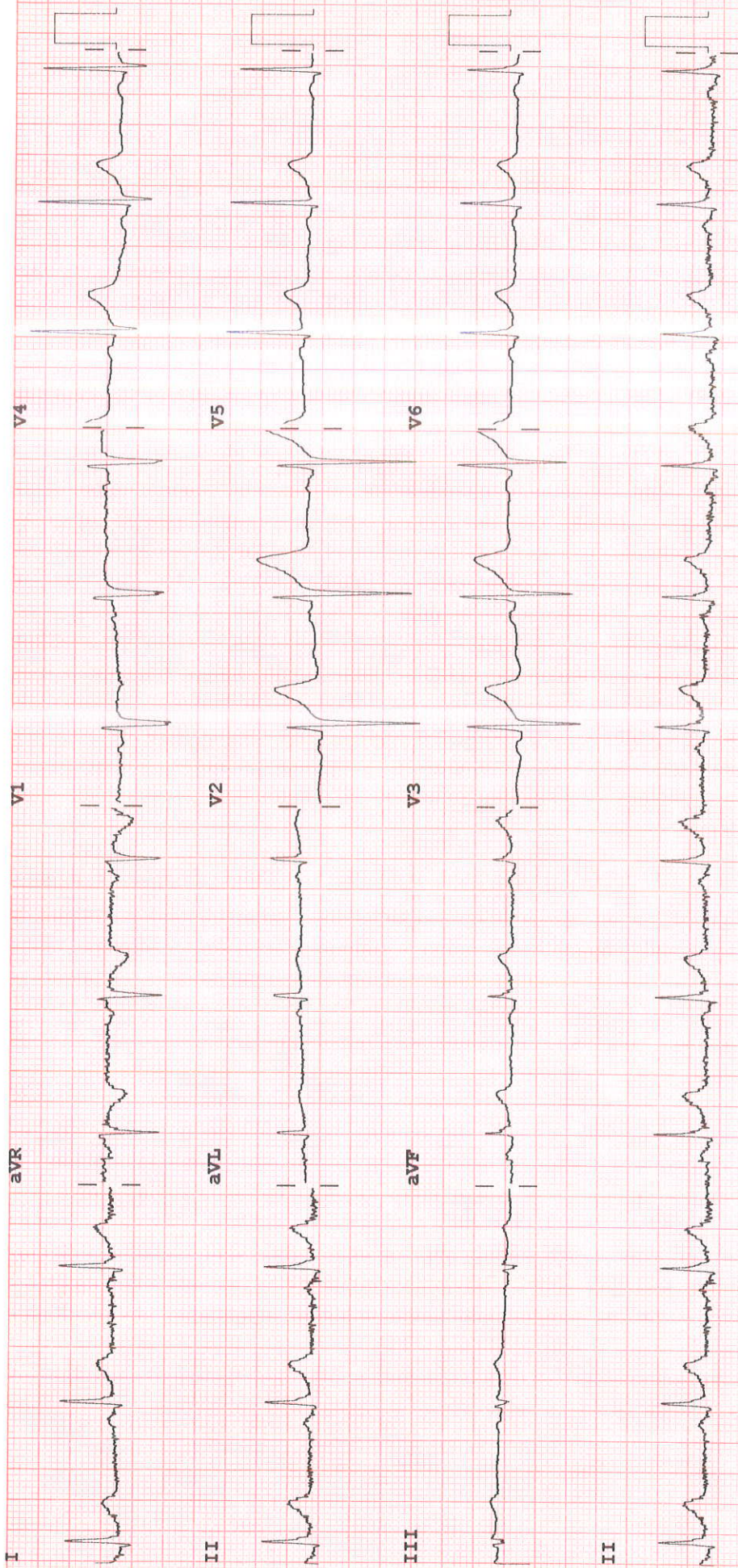
NAME	MR Dharmendra KUMAR	STUDY DATE	28/09/2023 10:18AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH011342703
ACCESSION NO.	R6169722	MODALITY	US
REPORTED ON	28/09/2023 11:23AM	REFERRED BY	HEALTH CHECK MGD

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

**HEALTH CHECK RECORD**

Hospital No: MH011342703	Visit No: H18000001228
Name: MR DHARMENDRA KUMAR	Age/Sex: 35 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 28/09/2023 01:12PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - H/O DM X 3-4 YRS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	18	18
FUNDUS EXAMINATION	C:D=0.3 HNRR C:D 0.4HNRR	
OPTIC DISC	MILD DISC PALLOR ++	
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT
	NO DR CHANGES SEEN	

ADVISE / TREATMENT
E/D NST 4 TIMES DAILY BE
REVIEW AFTER 6 MTH

Anant Vir Jain

DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmogy)"
Reg. No.: 18126

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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Helpline: 99996 51125**Dr. Anant Vir Jain**, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma**Dr. Shishir Narain**, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis



TAX INVOICE

Hospital No :	MH011342703	Episode No. :	P18000030717
Name :	MR DHARMENDRA KUMAR	Date/Time :	28/09/2023 02:15PM
Age/ Sex :	35 Y/Male	Department :	PHARMACY MGD
GSTIN :	09AACCC2943F1ZU	Doctor :	Referral Doctor MGD
Payor Name :			

S.No.	Item	MFG	HSN	QTY	MRP	Disc. Tax.Val	CGST	SGST	Total
1	NST 0.4% 0.3% EYE DROP SHASHIKA PH HE9328[30/03/25]		30049099	1	249.00	0.00 222.32	6.00% 13.34	6.00% 13.34	249
2	AMLOPRES 5 MG TABLET 30S (AMLODIPINE 5 MG),CIPLA LTD SN30643[31/03/26]	Cip	30049072	30	2.80	0.00 75	6.00% 4.50	6.00% 4.50	84
						17.84		17.84	333.00
							Round Off		0.00
							Total		333.00

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Terms and Conditions :

- Returns of items will be accepted and refunds made on producing the original Pharmacy bill, between 10:00 Am 12:30 Am and 2:00 Pm to 4:30 pm within 7 days of purchase
- Return of items will not be accepted on Sundays and General Holidays
- Items will be accepted for refund, provided the items are good condition and will exclude requiring refrigeration and loose tablets.
- Pharmacy reserves the right to reject of an item and their decision will be final.
- Subject to Bengaluru jurisdiction.

* Note: Unless otherwise stated, tax on this invoice is not payable under reverse charge.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-616 5666

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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