

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. PRAMANICK RAJ ARSHI	Order No	: 1000102721
UHID	: UHJ A24007788	Registered On	: 09/11/2024 08:39:27 AM
Age/Sex	: 35/Years Male	Collected On	: 09/11/2024 08:56:35 AM
Ward / Bed No	:	Reported On	: 09/11/2024 01:05:56 PM
Reference	: Dr. Ashmitha Padma	Bill No	: OPBJ A240010514
Station	: At Hospital	Mobile No	: 8617639756
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	90	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	101	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	5.0	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
<b>Estimated Average Glucose (eAG)</b> (Method: Calculated)	97	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method:CLIA)	1.06	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method:CLIA)	10.26	ng/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method:CLIA: Ultra-sensitive)	4.66	μIU/mL	0.34-5.60
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method:CHOD-POD)	116	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method:Enzymatic GPO-POD)	84	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	45.4	mg/dL	< 40 - Low ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method: Calculated)	53.80	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	16.80	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	2.56		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	1.19		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	70.60	mg/dL	< 130
<b>URIC ACID</b> (Method:Uricase - POD(Enzymatic))	6.2	mg/dL	3.5-7.2
<b>CREATININE</b> (Method:Modified Jaffe, Kinetic)	0.81	mg/dL	0.9-1.3
<b>LIVER FUNCTION TEST</b>			Sample: Serum
<b>TOTAL BILIRUBIN</b> (Method:Dichlorophenyl Diazotization) Remarks: Kindly correlate with clinical findings	3.13	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.60	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	2.53	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method:BIURET)	7.3	g/dL	6.6-8.3
<b>ALBUMIN</b> (Method:BCG)	4.63	g/dL	3.5-5.2
<b>GLOBULIN</b> (Method: Calculated)	2.67	g/dL	2.3-3.5

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AG RATIO (Method: Calculated)	1.73		2:1
SERUM SGOT (Method:IFCC without P5P)	34	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	31	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	100	U/L	50-116
GGT (Method:IFCC)	16	U/L	< 55



**Dr. Varsha Shree R**  
M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC No : 103567

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HAEMATOLOGY
**COMPLETE BLOOD COUNT(CBC)**

Sample: Whole blood (EDTA)

<b>HAEMOGLOBIN</b> (Method:Photometric Measurement: Oxyhemoglobin method)	12.15	g/dL	13.5-17.5
<b>PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT)</b> (Method: Calculated)	39.1	%	42-52
<b>TOTAL WBC COUNT (TLC)</b> (Method:Coulter Principle)	6520	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
<b>NEUTROPHILS</b> (Method:Optical/Impedance)	65.59	%	40-75
<b>LYMPHOCYTES</b> (Method:Optical/Impedance)	20.86	%	20-45
<b>EOSINOPHILS</b> (Method:Optical/Impedance)	5.54	%	0-6
<b>MONOCYTES</b> (Method:Optical/Impedance)	7.84	%	2-10
<b>BASOPHILS</b> (Method:Optical/Impedance)	0.17	%	0-2
<b>RED BLOOD CORPUSCLES(RBC)</b> (Method:Coulter Principle)	6.22	million/cum	4.5-5.9
<b>MCV</b> (Method:Derived from RBC Histogram) Remarks: Correlate clinically. In view of low RBC indices and increased RBC counts, kindly evaluate for iron deficiency status and hemoglobinopathy	62.9	fL	78-100
<b>MCH</b> (Method: Calculated)	19.5	pg	27-31
<b>MCHC</b> (Method: Calculated)	31.1	g/dL	31-37
<b>RDW - CV</b> (Method: Calculated)	18.4	%	11.5-14.5

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PLATELET COUNT (Method:Electrical Impedance)	0.92	Lakhs/Cum	1.5-4.5
MEAN PLATELET VOLUME (MPV) (Method:Derived from PLT Histogram)	10.03	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	39.9	fl	9-19
ABSOLUTE NEUTROPHIL COUNT (ANC) (Method: Calculated)	4280	Cells/Cum	1500-7500
ABSOLUTE EOSINOPHIL COUNT (AEC) (Method: Calculated)	360	Cells/Cum	40-440
ABSOLUTE LYMPHOCYTE COUNT (ALC) (Method: Calculated)	1360	Cells/Cum	1000-4000
ABSOLUTE MONOCYTE COUNT (AMC) (Method: Calculated)	510	Cells/Cum	200-1000
ABSOLUTE BASOPHIL COUNT (ABC) (Method: Calculated)	10	Cells/Cum	20-100
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	12	mm/hour	1-15
<b>BLOOD GROUPING &amp; RH TYPING</b>			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Method)	B		
Rh Factor (Method:Agglutination Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY
**URINE EXAMINATION, ROUTINE**

Sample: Urine

**PHYSICAL EXAMINATION**

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.5		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030

**CHEMICAL EXAMINATION**

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

**MICROSCOPIC EXAMINATION**

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EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	0-2	/HPF	0-5
RBCs	0-2	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
<b>URINE SUGAR, FASTING</b> (Method:GOD-POD)	Absent		
<b>URINE SUGAR (POST PRANDIAL)</b>	Absent		

Verified By  
Rashmita

---End of Report---



**Dr. Varsha Shree R**  
M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC No : 103567

1110 33 19410551 2 061194

10-24007788

Name: MR. PRAMANICK

Sex: M

kg

Indication:

Symptoms:

History:

Heart rate

R int

RS dur

P/Q/Tc(E) int

/QRS/T axis

V5/SV1 amp

V5+SV1 amp

min/s

bpm

ms

ms

ms

ms

°

mV

mV

Birth date:

/

83

142

94

346/386

74/-25/39

0.70/0.69

1.40

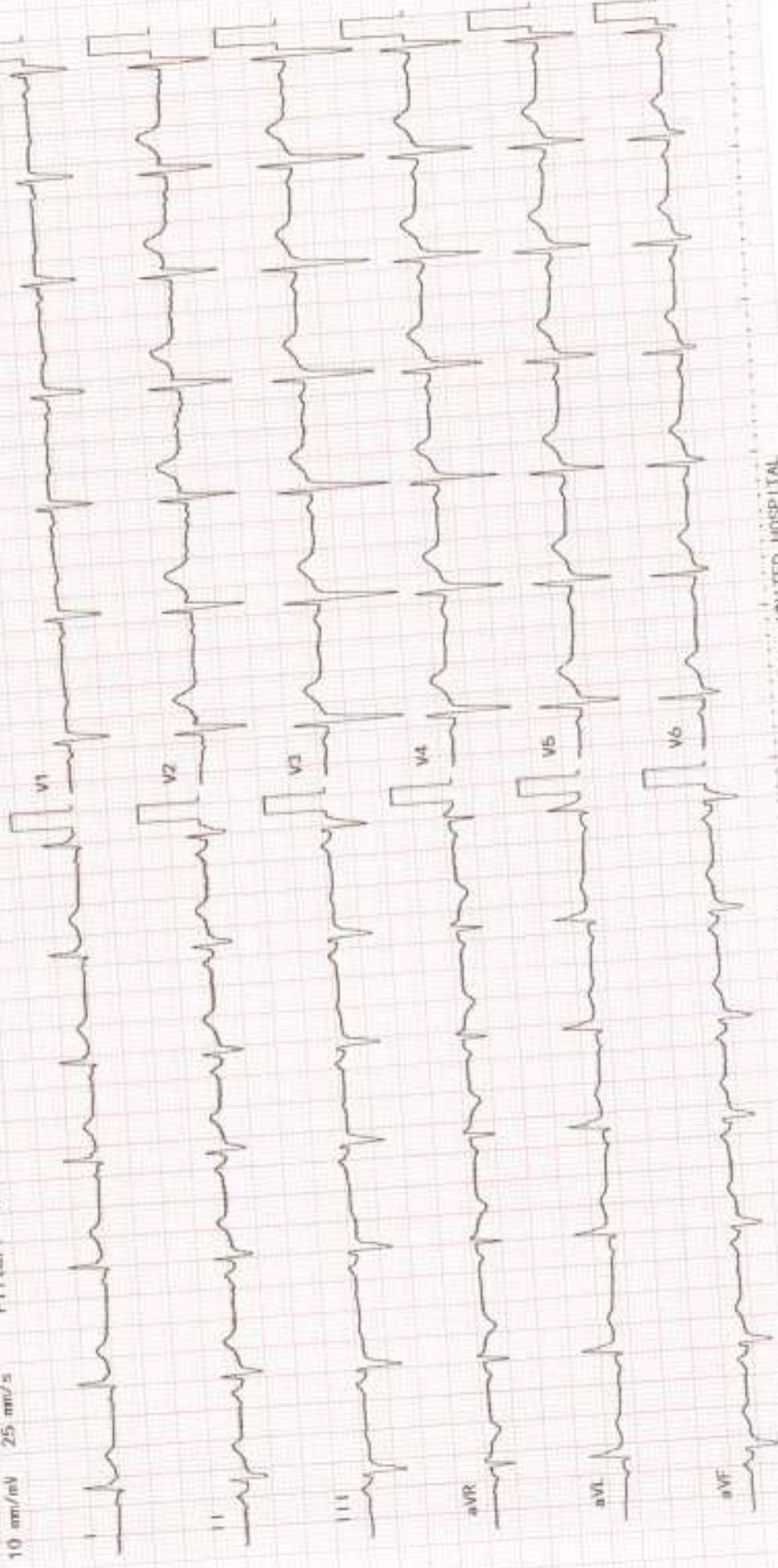
10 mm/mV 25 mm/s

Filter: H50 D 35 Hz

10 mm/mV

1100 Sinus rhythm  
7202 Moderate left axis deviation [-30 deg. =< QRS axis < -20 deg.]  
9110 \*\* normal ECG \*\*

Unconfirmed Report  
Reviewed by:







NABH



No.1

Patient name :	Mr. PRAMANICK RAJARSHI	Date :	09/11/24
Age :	35 years GENDER: MALE	Patient ID :	24007788
Ref by :	CMO	OP/IP :	HEALTH CHECK

**2D- ECHOCARDIOGRAPHY**  
**M - MODE AND DOPPLER MEASUREMENTS**

(c.m)	(c.m)	(cm/sec)		
AO : 2.6 (2.5-3.7)	LVIDD : 4.4 (3.5-5.5)	MV EV : 0.6	AV : 0.5	MR : NORMAL
LA : 2.8 (1.9-4.0)	LVIDS : 2.9 (2.4-4.2)	AV : 0.9		AR : NORMAL
RA : 1.9 (<4.4)	IVSD : 0.9 (0.6-1.1)	PV : 0.7		PR : NORMAL
RV : 1.5 (<3.5)	IVSS : 1.0 (0.9-1.2)	TV EV : -----	AV : -----	TR : TRIVIAL TR, PASP-30mmHg
TAPSE : 1.8 (>1.6)	LVPWD 0.9 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 1.0 (0.9-1.2)			
	EF : 60%			

**DESCRIPTIVE FINDINGS**

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis:	NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL

**IMPRESSION :**

NORMAL CHAMBER DIMENSIONS  
 NORMAL LV SYSTOLIC FUNCTION EF : 60%  
 NORMAL LV DIASTOLIC FUNCTION  
 NO PULMONARY ARTERY HYPERTENSION  
 NO REGIONAL WALL MOTION ABNORMALITIES  
 NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

**DR. RAHUL PATIL**  
 CONSULTANT CARDIOLOGIST



NABH



No.1

## DEPARTMENT OF RADIODIAGNOSIS

Name	Pramanick Rajarshi	Date	09/11/24
Age	35 years	Hospital ID	UHJA24007788
Sex	Male	Ref.	Health check

### ULTRASOUND ABDOMEN AND PELVIS

#### FINDINGS:

**Liver** is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in caliber. **CBD** is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

**Spleen** is normal in size, shape, contour and echopattern. No focal lesion.

**Right Kidney** is normal in size (9.6 x 3.7 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Left Kidney** is normal in size (9.0 x 4.2 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Retroperitoneum** - Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

**Urinary Bladder** is distended, normal in contour and wall thickness. No evidence of calculi.

**Prostate** is normal in echopattern and size, measures ~ 7.7 cc.

No ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

*There is an abdominal wall subcutaneous lipoma measuring 1.3 x 0.5 cms in the right lumbar region.*

#### IMPRESSION:

- No significant sonological abnormality detected.



**Dr. Elluru Santosh Kumar**  
 Consultant Radiologist



NABH



No.1



**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Pramanick Rajarshi	<b>Date</b>	09/11/24
<b>Age</b>	35 years	<b>Hospital ID</b>	UHJA24007788
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA – VIEW)**

**FINDINGS:**

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- No radiographic abnormality.

**Dr. Elluru Santosh Kumar**  
Consultant Radiologist



**UNITED  
HOSPITAL**

*Care With Excellence*  
Jayanagar, Bangalore

### Out Patient Record

NABH

No.1

Patient Name : Mr.PRAMANICK RAJARSHI

UHID : UHJA24007788

Age / Sex : 35 Years / Male

OP NO/Reg Dt : 09-11-2024 08:39 AM

Spouse / Father Name : SIMA PRAMANICK HALDAR

Department :

Address : Bengaluru Urban, Karnataka, INDIA

Referred By :

Consultant : Dr.Ashmitha Padma MBBS, MD  
(GENERAL MEDICINE), PGDCC,FEM

KMC No. : 02M1087

Complaints / Findings / Observations :

HT - 174 cm  
WT - 64.4 kg  
BP - 127/87  
PR - 88b/m  
SpO2 - 99%

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor

UNITED HOSPITAL (A Unit of United Brothers Healthcare Services Private Limited)



No. 1

Pramanick Rajeshwari  
35 Yrs / Male



UNITED HOSPITAL

Care For Excellence  
Jayanagar, Bangalore

Ophthalmology  
9/11/24  
Dr. Shwetha



and system.

Mg ov seal

Fund's ov CD  $\rightarrow$  3/1  
(injected) [FA-F]

Fl. ov chrysalis

9/11/24

UNITED HOSPITAL (A Unit of United Brothers Healthcare Services Private Limited)



**Out Patient Record**

No.1  
 Patient Name: Mr. PRAMANICK RAJARSHI UHID: UHJA24007788  
 Sex: 35 Years / Male OP NO/Reg Dt: 09-11-2024 08:30 AM  
 Age / Father Name: SIMA PRAMANICK HALDAR Department:  
 Address: Bengaluru Urban, Karnataka, INDIA, Referred By:  
 Consultant: Dr. Ashmita Padma, MBBS, MD (GENERAL MEDICINE), PGDCC, FEM  
 KMC No: 02M1087

**Complaints / Findings / Observations :**

Hb may noted

Hb - 14.0 gm  
 Hct - 44.4 %  
 BP - 127/84 mmHg  
 PR - 88 bpm  
 SpO2 - 99 %

Pris Thalassemi comes

NO comorbis

H/O rashes - not on Rx

US: 28 wks Jcture Ct

Advice

**Investigations:**

T. Bilirubin 3.13 mg/dl

Urea (N)  
 Cr, CB - non significant  
 Cholesterol

**Management / Care of Plan / Provisional Diagnosis :**

Hb - 12.5 g/dl

(1) Life style modifications as advised

(2) Review 308

(3) T. pan-D Hct x 7 days (B/R)

**Follow Up Advice :**

Signature of the Doctor