INDRA DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206

Patient Name	: Mr.VIKAS SINGH	Registered On	: 11/Dec/2021 10:59:54
Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 11:06:24
UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 12:03:29
Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 14:57:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , *Blood*				
Blood Group	A			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , *Blood*				
Haemoglobin	14.80	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	**9.00**	%	1-6	ELECTRONIC IMPEDANCE
Basophils	1.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	44.00	cc %	40-54	
Platelet count				
Platelet Count	2.1	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.80	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.66	fl	80-100	CALCULATED PARAMETER
MCH	30.83	pg	28-35	CALCULATED PARAMETER
MCHC	33.63	%	30-38	CALCULATED PARAMETER
[illegible]	12.50	%	11-16	ELECTRONI
[illegible]	43.50	fL	35-60	ELECTRONI
[illegible]utrophils Count	4,088.00	/cu mm	3000-7000	
[illegible]sinophils Count (AEC)	**657.00**	/cu mm	40-440	

Dr. R.K. Khanna
(MBBS,DCP)

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Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 11:06:24
UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 13:12:55
Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 14:09:27
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , *Plasma*				
Glucose Fasting	97.69	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

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(MBBS,DCP)

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Patient Name	: Mr.VIKAS SINGH	Registered On	: 11/Dec/2021 10:59:54
Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 19:07:18
UHID/MR NO	: CDCA.0000076437	Received	: 12/Dec/2021 11:20:09
Visit ID	: CDCA0238622122	Reported	: 12/Dec/2021 11:52:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP * *Sample:Plasma After Meal*	106.47	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

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(MBBS,DCP)

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DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*				
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	99	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

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DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 15:15:38
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DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * *Sample:Serum*	7.33	mg/dL	7.0-23.0	CALCULATED
Creatinine * *Sample:Serum*	0.87	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * *Sample:Serum*	103.70	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
LDL / HDL Ratio * *Sample:Serum*	**3.27**		< 3.0	CALCULATED
LDL Cholesterol (Bad Cholesterol) * *Sample:Serum*	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
HDL Cholesterol (Good Cholesterol) * *Sample:Serum*	39.83	mg/dl	30-70	DIRECT ENZYMATIC
Uric Acid * *Sample:Serum*	6.60	mg/dl	3.4-7.0	URICASE

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(MBBS,DCP)

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Patient Name	: Mr.VIKAS SINGH	Registered On	: 11/Dec/2021 10:59:57
Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 11:06:24
UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 16:04:56
Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 18:09:03
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
Iron ** *Sample:Serum*	55.30	µg/dl	50-160	FERROZINE DIRECT COLORIMETRIC METHOD
TIBC (total Iron Binding Capacity) ** *Sample:Serum*	378.00	µg/dl	250-400	COLORIMETRIC METHOD
Transferrin Saturation % ** *Sample:Serum*	**14.60**	%	24-40	CALCULATED
Iron ** *Sample:Serum*	55.30	µg/dl	50-160	FERROZINE DIRECT COLORIMETRIC METHOD
TIBC (total Iron Binding Capacity) ** *Sample:Serum*	378.00	µg/dl	250-400	COLORIMETRIC METHOD

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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DEPARTMENT OF BIOCHEMISTRY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
L.F.T.(WITH GAMMA GT) * , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	**36.80**	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**62.80**	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.69	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.09	gm/dl	6.2-8.0	BIRUET
Albumin	4.66	gm/dl	3.8-5.4	B.C.G.
Globulin	2.43	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.92		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	122.94	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	**1.48**	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	**0.56**	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	**0.92**	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , *Serum*				
Cholesterol (Total)	196.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.83	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.90	mg/dl	10-33	CALCULATED
Triglycerides	129.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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(MBBS,DCP)

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UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 13:38:30
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DEPARTMENT OF CLINICAL PATHOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , *Urine*				
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , *Urine*				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

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DEPARTMENT OF CLINICAL PATHOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method

Dr. R.K. Khanna
(MBBS,DCP)

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Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 19:07:18
UHID/MR NO	: CDCA.0000076437	Received	: 12/Dec/2021 12:11:50
Visit ID	: CDCA0238622122	Reported	: 12/Dec/2021 13:13:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, PP STAGE * , *Urine*				
Sugar, PP Stage	ABSENT			

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

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Patient Name	: Mr.VIKAS SINGH	Registered On	: 11/Dec/2021 10:59:56
Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 11:06:24
UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 16:05:24
Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 16:55:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** *Sample:Serum*	0.610	ng/mL	< 1.3	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , *Serum*

T3, Total (tri-iodothyronine)	125.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.81	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimester	
0.5-4.6	µIU/mL	Second Trimester	
0.8-5.2	µIU/mL	Third Trimester	
0.5-8.9	µIU/mL	Adults	55-87 Years
0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)	
1-39	µIU/mL	Child	0-4 Days
1.7-9.1	µIU/mL	Child	2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

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DEPARTMENT OF IMMUNOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 13:50:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBsAg Australia Antigen ELISA) * *Sample:Serum*	NEGATIVE	Index Value	< 0.178 Negative 0.178-0.195 Equivocal > 0.195 Positive	ELISA

Interpretation:
This is the initial detectable marker found in serum in the incubation period of HBV infection. The titer of HbsAg peaks at or shortly after the on set of elevated serum enzymes. The clinical improvement and decrease in enzyme concentration is paralleled by fall in HbsAg titers and subsequently disappearance. The duration of HbsAg positivity is variable depending upon the clinical course of disease. HbsAg is detected in serum a month after the exposure, peaking in the preicteric phase and disappearing 1 - 13 weeks after the onset of enzyme abnormalities. Persistence of HbsAg after the complete clinical recovery indicates a carrier state. Vaccination against HBV does not cause HbsAg positivity. Causes of HbsAg positivity are acute HBV infection and reactivation of chronic HBV infection.

HCV-Total antibodies to Hepatitis C Virus (Anti HCV) * *Sample:Serum*	NEGATIVE		< 0.333 Negative 0.333-0366 Equivocal > 0.366 Positive	ELISA

Interpretation:
The hepatitis C virus HCV is now the cause of 90% post transfusion hepatitis it is also found in drug addicts and also contributes to sporadic acute viral hepatitis –HCV is a RNA flavi virus and the incubation period may be short (1-4 weeks) or long (6-12 weeks . chronicity of infection is reported in > 10 % . The frequency of post transfusion hepatitis can be definitely reduced with help of serological assays available for HCV

Note: - HCV RNA test by using PCR Assay is helpful as an additional or confirmatory test.

Dr. R.K. Khanna
(MBBS,DCP)

INDRA DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206

Patient Name	: Mr.VIKAS SINGH	Registered On	: 11/Dec/2021 10:59:56
Age/Gender	: 29 Y 0 M 22 D /M	Collected	: 11/Dec/2021 11:06:24
UHID/MR NO	: CDCA.0000076437	Received	: 11/Dec/2021 16:05:24
Visit ID	: CDCA0238622122	Reported	: 11/Dec/2021 16:55:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

Test Name	Result	Unit	Bio. Ref. Interval	Method
Vitamin B12 (Cyanocobalamin) ** *Sample:Serum*	297.00	pg/ml	211-911 pg/ml	CLIA

Interpretation:
Vitamin B12 is an important vitamin. people with strict vegeterian diet have more percentage of B12 deficiency vitamin B12 deficiency causes neurological damage, backache, diarrhea shortness of breath , weakness, chestpain, loss of appetite and menstural disorders.

Vitamin D(25 hydroxy) ** *Sample:Serum*	26.35	ng/ml	0-20 Deficiency 20-30 Insufficiency 30-100 Sufficiency > 100 Toxicity	CLIA

Interpretation:
Vitamin D is fat soluble steroid. Two forms of Vitamin D are biologically relevant Vitamin D3 (Cholecalciferol) and Vitamin D2 (Ergocalciferol). Vitamin D deficiency is a cause of secondary hyperparathyroidisum. The measurement of Vitamin D status provides preventive and therapeutic interventions. Vitamin D defeiciency is realated to impaired bone metabolism (like rickets, osteoporosis, osteomalacia).
Most of the vitamin D (25-OH), measurable in serum, is vitamin D3 (25-OH) whereas vitamin D2(25-OH) reaches measurable levels only in patients taking vitamin D2 supplements. Vitamin D2 is considered to be less effective.

Ferritin ** *Sample:Serum*	96.90	ng/ml	20-300	CLIA

Interpretation:

Iron depletion appears to be the only condition associated with reduced serum ferritin Concentration. Increases are observed not only in the presence of increase iron stores but also in the liver disorders, inflammatory conditions, leukemia, Hodgkin's disease and certain other malignancies in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance of ferritin from plasma synthesis of ferritin by tumor cells or expansion of the iron storage compartment induced by erythropoiesis.

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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DEPARTMENT OF X-RAY

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

Dr. Vandana Gupta
MBBS,DMRD,DNB

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DEPARTMENT OF ULTRASOUND

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- **Liver is normal in size measuring 13.9 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.**

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (3.3 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (10.8 x 4.6 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (9.9 x 5.5 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

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DEPARTMENT OF ULTRASOUND

BOB ANNUAL HEALTH CHECKUP LKO MALE 2D ECHO

SPLEEN

- The spleen is normal in size (10.4 cm) and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

- The prostate gland is normal in texture and size measures 2.8 x 2.6 x 2.5 cm (vol- 10.3 cc).

IMPRESSION

- **Grade-I fatty liver.**

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
2D ECHO, STOOL, ROUTINE EXAMINATION, ECG / EKG

Dr. Vandana Gupta
MBBS,DMRD,DNB