



**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex :Male  
**Registration No** : MH010839484 **Lab No** : 31230300532  
**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 14:54  
**Receiving Date** : 11 Mar 2023 12:05

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

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

Blood Group & Rh typing A Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE  
Cell Panel II NEGATIVE  
Cell Panel III NEGATIVE  
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 11

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

Dr Himanshu Lamba



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Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

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**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex :Male  
**Registration No** : MH010839484 **Lab No** : 32230304029  
**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 16:56  
**Receiving Date** : 11 Mar 2023 12:05

## BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

**HbA1c (Glycosylated Hemoglobin)**

**7.1 #**

As per American Diabetes Association (ADA)  
% **[4.0-6.5] HbA1c in %**  
Non diabetic adults  $\geq$  18years  $<$  5.7  
Prediabetes (At Risk ) 5.7-6.4  
Diagnosing Diabetes  $\geq$  6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 157 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.

Specimen Type : Serum

### THYROID PROFILE, Serum

|  |                |                              |                      |
|--|----------------|------------------------------|----------------------|
| T3 - Triiodothyronine (ECLIA)              | 1.40           | ng/ml                        | [0.70-2.04]          |
| T4 - Thyroxine (ECLIA)                     | 8.82           | micg/dl                      | [4.60-12.00]         |
| <b>Thyroid Stimulating Hormone (ECLIA)</b> | <b>5.890 #</b> | <b><math>\mu</math>IU/mL</b> | <b>[0.340-4.250]</b> |

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>



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**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 16:56  
**Receiving Date** : 11 Mar 2023 12:00

## BIOCHEMISTRY

| Test Name                       | Result       | Unit         | Biological Ref. Interval   |
|---------------------------------|--------------|--------------|--|
| <b>Lipid Profile (Serum)</b>    |              |              |  |
| TOTAL CHOLESTEROL (CHOD/POD)    | 140          | mg/dl        | [<200]<br>Moderate risk:200-239<br>High risk:>240                                    |
| <b>TRIGLYCERIDES (GPO/POD)</b>  | <b>150 #</b> | <b>mg/dl</b> | <b>[&lt;150]</b><br>Borderline high:151-199<br>High: 200 - 499<br>Very high:>500     |
| HDL - CHOLESTEROL (Direct)      | 39           | mg/dl        | [30-60]  |
| VLDL - Cholesterol (Calculated) | 30           | mg/dl        | [10-40]  |
| LDL- CHOLESTEROL                | 71           | mg/dl        | [<100]<br>Near/Above optimal-100-129<br>Borderline High:130-159<br>High Risk:160-189 |
| T.Chol/HDL.Chol ratio           | 3.6          |              | <4.0 Optimal<br>4.0-5.0 Borderline<br>>6 High Risk                                   |
| LDL.CHOL/HDL.CHOL Ratio         | 1.8          |              | <3 Optimal<br>3-4 Borderline<br>>6 High Risk   |

**Note:**  
 Reference ranges based on ATP III Classifications.  
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



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**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 16:56  
**Receiving Date** : 11 Mar 2023 12:00

## BIOCHEMISTRY

| Test Name                          | Result | Unit  | Biological Ref. Interval |
|------------------------------------|--------|-------|--------------------------|
| <b>LIVER FUNCTION TEST (Serum)</b> |        |       |                          |
| BILIRUBIN-TOTAL (mod.J Groff)**    | 0.40   | mg/dl | [0.10-1.20]              |
| BILIRUBIN - DIRECT (mod.J Groff)   | 0.19   | mg/dl | [<0.2]                   |
| BILIRUBIN - INDIRECT (mod.J Groff) | 0.21   | mg/dl | [0.20-1.00]              |
| SGOT/ AST (P5P,IFCC)               | 28.10  | IU/L  | [5.00-37.00]             |
| SGPT/ ALT (P5P,IFCC)               | 36.50  | IU/L  | [10.00-50.00]            |
| ALP (p-NPP,kinetic)*               | 89     | IU/L  | [45-135]                 |
| TOTAL PROTEIN (mod.Biuret)         | 7.7    | g/dl  | [6.0-8.2]                |
| SERUM ALBUMIN (BCG-dye)            | 4.6    | g/dl  | [3.5-5.0]                |
| SERUM GLOBULIN (Calculated)        | 3.1    | g/dl  | [1.8-3.4]                |
| ALB/GLOB (A/G) Ratio               | 1.48   |       | [1.10-1.80]              |

### Note:

\*\*NEW BORN:Vary according to age (days), body wt & gestation of baby

\*New born: 4 times the adult value





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**Receiving Date** : 11 Mar 2023 12:00

## BIOCHEMISTRY

| Test Name                        | Result | Unit            | Biological Ref. Interval |
|----------------------------------|--------|-----------------|--------------------------|
| <b>KIDNEY PROFILE (Serum)</b>    |        |                 |                          |
| BUN (Urease/GLDH)                | 11.00  | mg/dl           | [8.00-23.00]             |
| SERUM CREATININE (mod.Jaffe)     | 0.90   | mg/dl           | [0.80-1.60]              |
| SERUM URIC ACID (mod.Uricase)    | 5.7    | mg/dl           | [3.5-7.2]                |
| SERUM CALCIUM (NM-BAPTA)         | 9.9    | mg/dl           | [8.6-10.0]               |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.4    | mg/dl           | [2.3-4.7]                |
| SERUM SODIUM (ISE)               | 139.0  | mmol/l          | [134.0-145.0]            |
| SERUM POTASSIUM (ISE)            | 4.70   | mmol/l          | [3.50-5.20]              |
| SERUM CHLORIDE (ISE / IMT)       | 101.2  | mmol/l          | [95.0-105.0]             |
| eGFR                             | 97.2   | 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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**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 16:57  
**Receiving Date** : 11 Mar 2023 12:00

## BIOCHEMISTRY

| Test Name                | Result | Unit  | Biological Ref. Interval |
|--------------------------|--------|-------|--------------------------|
| TOTAL PSA, Serum (ECLIA) | 0.464  | ng/mL | [<3.500]                 |

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 6 of 11

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex :Male  
**Registration No** : MH010839484 **Lab No** : 32230304030  
**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 14:32  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 12 Mar 2023 12:20  
**Receiving Date** : 11 Mar 2023 15:52

## BIOCHEMISTRY

Specimen Type : Plasma

**PLASMA GLUCOSE - PP**

**Plasma GLUCOSE - PP (Hexokinase)** 251 # mg/dl [70-140]

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

Specimen Type : Serum/Plasma

**Plasma GLUCOSE-Fasting (Hexokinase)** 136 # mg/dl [70-100]

Page 7 of 11

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**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex : Male  
**Registration No** : MH010839484 **Lab No** : 33230302410  
**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 15:28  
**Receiving Date** : 11 Mar 2023 12:03

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 8.0 /1sthour [0.0-12.0]

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name   | Result          | Unit          | Biological Ref. Interval |
|---|-----------------|---------------|--------------------------|
| <b>COMPLETE BLOOD COUNT (EDTA Blood)</b>                |                 |               |                          |
| <b>WBC Count (Flow cytometry)</b>                       | <b>10060 #</b>  | <b>/cu.mm</b> | <b>[4000-10000]</b>      |
| RBC Count (Impedence)                                   | 5.26            | million/cu.mm | [4.50-5.50]              |
| Haemoglobin (SLS Method)                                | 14.8            | g/dL          | [13.0-17.0]              |
| Haematocrit (PCV)<br>(RBC Pulse Height Detector Method) | 45.6            | %             | [40.0-50.0]              |
| MCV (Calculated)  | 86.7            | fL            | [83.0-101.0]             |
| MCH (Calculated)  | 28.1            | pg            | [25.0-32.0]              |
| MCHC (Calculated)                                       | 32.5            | g/dL          | [31.5-34.5]              |
| <b>Platelet Count (Impedence)</b>                       | <b>148000 #</b> | <b>/cu.mm</b> | <b>[150000-410000]</b>   |
| RDW-CV (Calculated)                                     | 13.9            | %             | [11.6-14.0]              |
| <b>DIFFERENTIAL COUNT</b>                               |                 |               |                          |
| Neutrophils (Flowcytometry)                             | 65.7            | %             | [40.0-80.0]              |
| Lymphocytes (Flowcytometry)                             | 24.3            | %             | [20.0-40.0]              |





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**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 13:01  
**Receiving Date** : 11 Mar 2023 12:03

## HAEMATOLOGY

|  |              |        |                           |
|--|--------------|--------|---------------------------|
| Monocytes (Flowcytometry)                        | 7.1          | %      | [2.0-10.0]                |
| Eosinophils (Flowcytometry)                      | 2.4          | %      | [1.0-6.0]                 |
| <b>Basophils (Flowcytometry)</b>                 | <b>0.5 #</b> | %      | <b>[1.0-2.0]</b>          |
| IG   | 0.30         | %      |                           |
| Neutrophil Absolute(Flourescence flow cytometry) | 6.6          | /cu mm | [2.0-7.0]x10 <sup>3</sup> |
| Lymphocyte Absolute(Flourescence flow cytometry) | 2.4          | /cu mm | [1.0-3.0]x10 <sup>3</sup> |
| Monocyte Absolute(Flourescence flow cytometry)   | 0.7          | /cu mm | [0.2-1.2]x10 <sup>3</sup> |
| Eosinophil Absolute(Flourescence flow cytometry) | 0.2          | /cu mm | [0.0-0.5]x10 <sup>3</sup> |
| Basophil Absolute(Flourescence flow cytometry)   | 0.1          | /cu mm | [0.0-0.1]x10 <sup>3</sup> |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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

Dr.Lakshita singh



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**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex :Male  
**Registration No** : MH010839484 **Lab No** : 38230300767  
**Patient Episode** : H03000052874 **Collection Date** : 11 Mar 2023 11:26  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 10:36  
**Receiving Date** : 11 Mar 2023 14:12

## CLINICAL PATHOLOGY

| Test Name   | Result       | Biological Ref. Interval |
|---|--------------|--------------------------|
| <b>ROUTINE URINE ANALYSIS</b>   |              |                          |
| <b>MACROSCOPIC DESCRIPTION</b>  |              |                          |
| Colour (Visual)   | PALE YELLOW  | (Pale Yellow - Yellow)   |
| Appearance (Visual)   | CLEAR        |                          |
| <b>CHEMICAL EXAMINATION</b>   |              |                          |
| Reaction[pH]<br>(Reflectancephotometry(Indicator Method))                             | 6.0          | (5.0-9.0)                |
| Specific Gravity<br>(Reflectancephotometry(Indicator Method))                         | 1.015        | (1.003-1.035)            |
| Bilirubin   | Negative     | NEGATIVE                 |
| Protein/Albumin<br>(Reflectance photometry(Indicator Method)/Manual SSA)              | Negative     | (NEGATIVE-TRACE)         |
| Glucose<br>(Reflectance photometry (GOD-POD/Benedict Method))                         | NOT DETECTED | (NEGATIVE)               |
| Ketone Bodies<br>(Reflectance photometry(Legal's Test)/Manual Rotheras)               | NOT DETECTED | (NEGATIVE)               |
| Urobilinogen<br>Reflectance photometry/Diazonium salt reaction                        | NORMAL       | (NORMAL)                 |
| Nitrite   | NEGATIVE     | NEGATIVE                 |
| Reflectance photometry/Griess test  |              |                          |
| Leukocytes  | NIL          | NEGATIVE                 |
| Reflectance photometry/Action of Esterase   |              |                          |
| BLOOD<br>(Reflectance photometry(peroxidase))   | NIL          | NEGATIVE                 |
| <b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b> |              |                          |
| WBC/Pus Cells   | 1-2 /hpf     | (4-6)                    |
| Red Blood Cells   | NIL          | (1-2)                    |
| Epithelial Cells  | 1-2 /hpf     | (2-4)                    |
| Casts   | NIL          | (NIL)                    |
| Crystals  | NIL          | (NIL)                    |
| Bacteria  | NIL          |                          |
| Yeast cells   | NIL          |                          |

### Interpretation:



**Name** : MR HARSH ANAND **Age** : 53 Yr(s) Sex :Male  
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## CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**Ketones:** Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

**Nitrite:** Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

**Specific gravity:** Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

Page 11 of 11

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

Dr.Lakshita singh



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Rate 80 . Sinus tachycardia.....rate> 99  
 . Ventricular premature complex.....V complex w/ short R-R interval  
 PR 120 . ST elev, probable normal early repol pattern.....ST elevation, age<55  
 QRS 90 . Artifact in lead(s) I,II,III,aVR,aVL,aVF,V3 and baseline wander in lead(s) V1,V3  
 QT 364  
 QTc 420

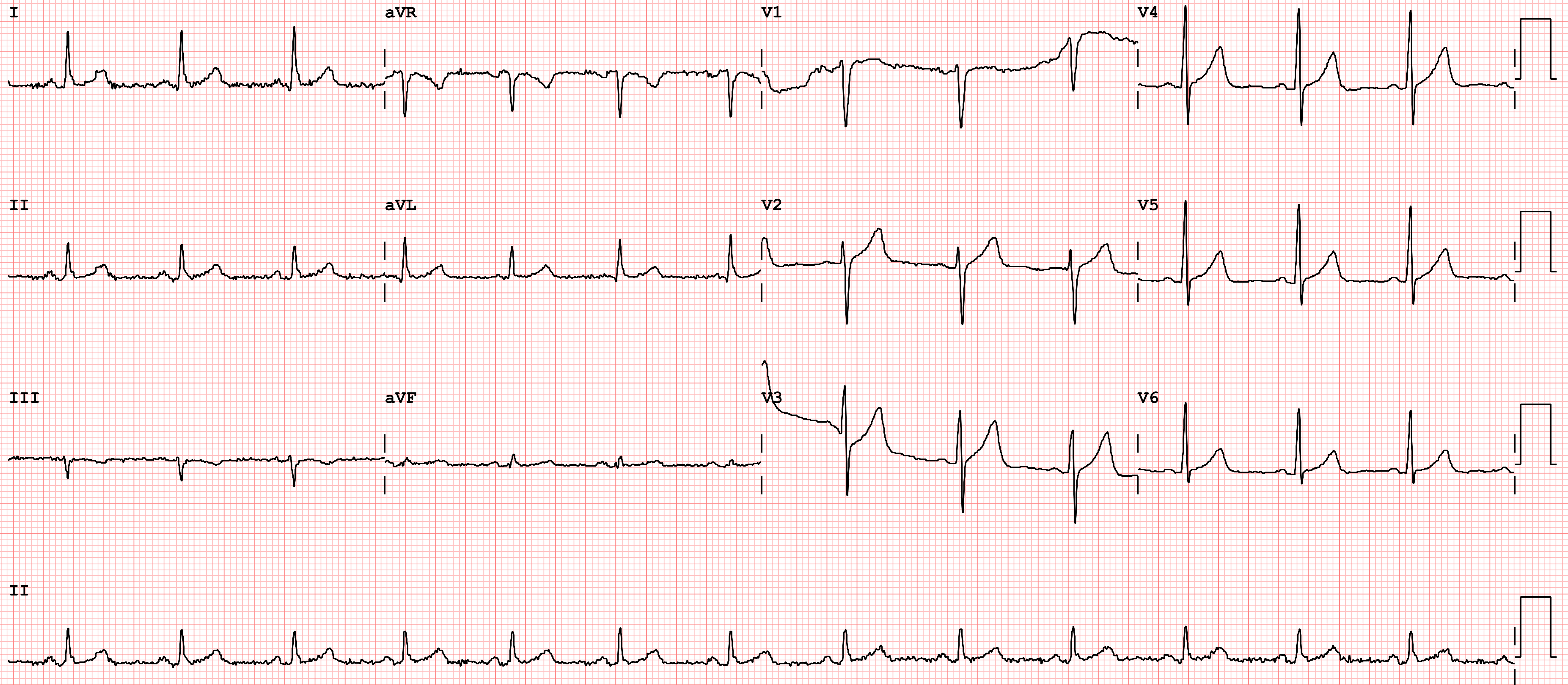
--AXIS--

P 43  
 QRS 9  
 T 16

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



|                |                     |                                |                      |
|----------------|---------------------|--------------------------------|----------------------|
| NAME           | Harsh ANAND         | STUDY DATE                     | 11-03-2023 12:19:33  |
| AGE / SEX      | 053Yrs / M          | HOSPITAL NO.                   | MH010839484          |
| REFERRING DEPT | OPD                 | MODALITY/Procedure Description | US /Echo-Cardiogram  |
| REPORTED ON    | 11-03-2023 13:18:09 | REFERRED BY                    | Dr. Health Check MHD |

## 2D ECHOCARDIOGRAPHY REPORT

### Findings:

|  | End diastole | End systole |
|--|--------------|-------------|
| IVS thickness (cm)                             | 1.1          | 1.3         |
| Left Ventricular Dimension (cm)                | 4.7          | 3.0         |
| Left Ventricular Posterior Wall thickness (cm) | 1.0          | 1.2         |

|  |      |
|--|------|
| Aortic Root Diameter (cm)              | 2.7  |
| Left Atrial Dimension (cm)             | 3.4  |
| Left Ventricular Ejection Fraction (%) | 55 % |

|                                      |   |                                     |
|--------------------------------------|---|-------------------------------------|
| LEFT VENTRICLE                       | : | Normal in size. No RWMA. LVEF=55 %  |
| RIGHT VENTRICLE                      | : | Normal in size. Normal RV function. |
| LEFT ATRIUM                          | : | Normal in size                      |
| RIGHT ATRIUM                         | : | Normal in size                      |
| MITRAL VALVE                         | : | Trace MR.                           |
| AORTIC VALVE                         | : | Normal                              |
| TRICUSPID VALVE                      | : | Trace TR, PASP~ 20 mmHg             |
| PULMONARY VALVE                      | : | Normal                              |
| MAIN PULMONARY ARTERY & ITS BRANCHES | : | Appears normal.                     |

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

|                |                     |                                |                      |
|----------------|---------------------|--------------------------------|----------------------|
| NAME           | Harsh ANAND         | STUDY DATE                     | 11-03-2023 12:19:33  |
| AGE / SEX      | 053Yrs / M          | HOSPITAL NO.                   | MH010839484          |
| REFERRING DEPT | OPD                 | MODALITY/Procedure Description | US /Echo-Cardiogram  |
| REPORTED ON    | 11-03-2023 13:18:09 | REFERRED BY                    | Dr. Health Check MHD |

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening  
DOPPLER STUDY

| VALVE     | Peak Velocity (cm/sec) | Maximum P.G. (mmHg) | Mean P. G. (mmHg) | Regurgitation | Stenosis |
|-----------|------------------------|---------------------|-------------------|---------------|----------|
| MITRAL    | E=66<br>A=84           | -                   | -                 | Trace         | Nil      |
| AORTIC    | 133                    | -                   | -                 | Nil           | Nil      |
| TRICUSPID | -                      | N                   | N                 | Trace         | Nil      |
| PULMONARY | 73                     | N                   | N                 | Nil           | Nil      |

### **SUMMARY & INTERPRETATION:**

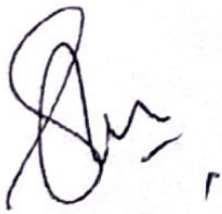
- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 20 mmHg
- Grade-I diastolic dysfunction
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*

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|                |                     |                                   |                      |
|----------------|---------------------|-----------------------------------|----------------------|
| NAME           | Harsh ANAND         | STUDY DATE                        | 11-03-2023 12:19:33  |
| AGE / SEX      | 053Yrs / M          | HOSPITAL NO.                      | MH010839484          |
| REFERRING DEPT | OPD                 | MODALITY/Procedure<br>Description | US /Echo-Cardiogram  |
| REPORTED ON    | 11-03-2023 13:18:09 | REFERRED BY                       | Dr. Health Check MHD |



**DR. SAMANJOY MUKHERJEE**  
MD, DM  
CONSULTANT CARDIOLOGIST



**DR. JYOTIRMAYA SAHOO**  
MD, DM CARDIOLOGY  
ASSOCIATE CONSULTANT

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|                |                     |                    |                                 |
|----------------|---------------------|--------------------|---------------------------------|
| NAME           | Harsh ANAND         | STUDY DATE         | 11-03-2023 12:42:11             |
| AGE / SEX      | 053Yrs / M          | HOSPITAL NO.       | MH010839484                     |
| REFERRING DEPT | OPD                 | MODALITY/Procedure | US /Ultrasound abdomen n pelvis |
| REPORTED ON    | 11-03-2023 14:34:28 | REFERRED BY        | Dr. Health Check MHD            |

## USG WHOLE ABDOMEN

### Findings:

**Liver is enlarged in size (~15.8 cm) and shows grade I fatty changes.** No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.  
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.  
Spleen is normal in size (~8 cm) and echopattern.

Both kidneys are normal in position, size (RK ~ 9.4 x 3.9 cm and LK ~ 10.6 x 5.3 cm) and outline.  
Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in shape and echopattern. It measures approx. 21 cc in volume

No significant free fluid is detected.

**Impression: Hepatomegaly with Grade I fatty liver**

**Kindly correlate clinically**



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|                |                     |                    |                                 |
|----------------|---------------------|--------------------|---------------------------------|
| NAME           | Harsh ANAND         | STUDY DATE         | 11-03-2023 12:42:11             |
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| REPORTED ON    | 11-03-2023 14:34:28 | REFERRED BY        | Dr. Health Check MHD            |

**Dr. Nipun Gumber MD, DMC No. 90272**  
**Associate Consultant**

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Observation Profile: **Paediatric Vitals** [Across All Episodes] [+ New](#)

|                                 |                       |
|---------------------------------|-----------------------|
| Observation Item                | 11/03/2023<br>11:35   |
| Temperature °F                  |                       |
| Route                           |                       |
| Height Centimeter               | <a href="#">161.7</a> |
| Estimated height by Ulna Length |                       |
| Weight Kilogram                 | <a href="#">89.3</a>  |
| Pre / Post Dialysis             |                       |
| Estimated weight by MUAC        |                       |
| Head Circumference (cm)         |                       |
| Respirations minute             |                       |
| Heart Rate                      |                       |
| Systolic BP mmHg                | <a href="#">130</a>   |
| Diastolic BP mmHg               | <a href="#">70</a>    |

MRObservations.ListEMR 0.016785 (secs), 45120 (lines), 2273 (globals)

Observation Profile: **Height/Weight** [Across All Episodes] [+ New](#)

| Observation Item <a href="#">+</a> | Normal Reference Range | 11/03/2023<br>11:35  |
|------------------------------------|------------------------|--|
| Height Centimeter                  | 20 - 250               | <a href="#">161.7</a>  |
| Estimated height by Ulna Length    |                        |  |
| Weight Kilogram                    | 20 - 150               | <a href="#">89.3</a>   |
| Pre / Post Dialysis                |                        |  |
| Estimated weight by MUAC           |                        |  |
| Body Surface Area m2               |                        | <a href="#">1.94</a>   |
| Ideal Body Weight (calculated)     |                        | <a href="#">58.46</a>  |
| Kilogram                           |                        |  |
| Comments                           |                        |  |
| Execution Notes                    |                        |  |
| Patient Location                   |                        | HEALTH CHECK MHD   |
| Alerts                             |                        |  |
| Last Update Details                |                        | 11/03/2023 11:37<br>Neetu Malik<br>MANIPAL HOSPITAL<br>DWARKA<br>Vital Signs MHE |

|                |                     |                                   |                         |
|----------------|---------------------|-----------------------------------|-------------------------|
| NAME           | Harsh ANAND         | STUDY DATE                        | 11-03-2023 11:59:10     |
| AGE / SEX      | 053Yrs / M          | HOSPITAL NO.                      | MH010839484             |
| REFERRING DEPT | OPD                 | MODALITY/Procedure<br>Description | CR /Xray chest PA (CXR) |
| REPORTED ON    | 11-03-2023 13:41:09 | REFERRED BY                       | Dr. Health Check MHD    |

## X-RAY CHEST - PA VIEW

### Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

### Impression:

No significant abnormality seen.

Kindly correlate clinically



**Dr. Abhinav Pratap Singh DNB, DMC**  
**Reg No. 58170**  
**Associate Consultant, Dept. of Radiology**  
**& Imaging**

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|                |                     |                                   |                         |
|----------------|---------------------|-----------------------------------|-------------------------|
| NAME           | Harsh ANAND         | STUDY DATE                        | 11-03-2023 11:59:10     |
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| REFERRING DEPT | OPD                 | MODALITY/Procedure<br>Description | CR /Xray chest PA (CXR) |
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