



**BHAILAL AMIN
GENERAL HOSPITAL**



CONCLUSION OF HEALTH CHECKUP

ECU Number : 171	MR Number : 21366969	Patient Name: ANKIT GUPTA
Age : 38	Sex : Male	Height : 173
Weight : 65	Ideal Weight : 69	BMI : 21.72
Date : 14/11/2022		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

Dietary Assesment

ECU Number : 171 MR Number : 21366969 Patient Name: ANKIT GUPTA
Age : 38 Sex : Male Height : 173
Weight : 65 Ideal Weight : 69 BMI : 21.72
Date : 14/11/2022

Body Type : Normal / Underwight / Overwight
Diet History : Vegetarian / Eggetarian / Mixed
Frequency of consuming fried food : / Day / Week or occasional
Frequency of consuming Sweets : / Day / or occasional
Frequency of consuming outside food : / Day / Week or occasional
Amount of water consumed / day : Glasses / liters

Life style assessment :
Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regalarly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple
- Dring 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.



Patient Name : Mr. ANKIT GUPTA
 Gender / Age : Male / 38 Years 2 Months 23 Days
 MR No / Bill No. : 21366969 / 231046783
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 85524
 Request Date : 12/11/2022 09:18 AM
 Collection Date : 12/11/2022 09:17 AM
 Approval Date : 12/11/2022 02:18 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	14.4	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.74	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	44.4	%	40 - 50
Mean Corpuscular Volume (MCV)	93.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.4	pg	27 - 32
MCH Concentration (MCHC)	32.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	46.9	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.37	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	66	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.16	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.74	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.12	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.31	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	234	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be suggested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



BHAILAL AMIN
GENERAL HOSPITAL

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. ANKIT GUPTA	Type	: OPD
Gender / Age	: Male / 38 Years 2 Months 23 Days	Request No.	: 85524
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSS reference method.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Approval Date : 12/11/2022 03:01 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method
Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	90	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	100	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	28	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.97	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.7	mg/dL	3.4 - 7.2

--- End of Report ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.85	mg/dL	0 - 1
Bilirubin - Direct	0.19	mg/dL	0 - 0.3
Bilirubin - Indirect	0.66	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	18	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	44	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	93	U/L	53 - 128
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	44	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	6.98	gm/dL	6.4 - 8.2
Albumin	4.12	gm/dL	3.4 - 5
Globulin	2.86	gm/dL	3 - 3.2
A : G Ratio	1.44		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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---- End of Report ----

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	70	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	192	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	51	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	141	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	125	mg/dL	1 - 100
VLDL Cholesterol (calculated)	14	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.45		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.76		3.5 - 5

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	0.854	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)	7.11	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1- 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	1.96	microlU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microlU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9
 Pregnancy :
 1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0.0 - 1.0	/hpf	0 - 2
Leucocytes	0.0 - 1.0	/hpf	0 - 5
Epithelial Cells	0.0 - 1.0	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 21366969 Report Date : 12/11/2022

Request No. : 190041272 12/11/2022 9.18 AM

Patient Name : Mr. ANKIT GUPTA

Gender / Age : Male / 38 Years 2 Months 23 Days

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Priyanka Patel

Dr. Priyanka Patel, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0937



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21366969 Report Date : 12/11/2022
Request No. : 190041288 12/11/2022 9.18 AM
Patient Name : Mr. ANKIT GUPTA
Gender / Age : Male / 38 Years 2 Months 23 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Clinical profile : Prev CT s/o liver hemangiomas

Liver is normal in size and increased in echopattern. Tow Hypo echoic area are seen measures 68x62 mm in segment V-VI--right lobe and 38x45 mm in segment IVa --left lobe--atypical hemangiomas. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

Fatty liver with liver heterogeneous echo textured lesions--hemangiomas.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist





ECU

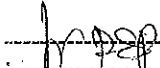
Patient No. : 21366969 Report Date : 12/11/2022
Request No. : 190041301 12/11/2022 9.18 AM
Patient Name : Mr. ANKIT GUPTA
Gender / Age : Male / 38 Years 2 Months 23 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 65%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTION
5. NO MITRAL / AORTIC STENOSIS, INTACT IAS // IVS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLOL KANERIA, M.D., D.M., CARD.

ECU/21/0366969
38 Years

12-NOV-22

11:03:17 AM MR. ANKIT GUPTA
Male

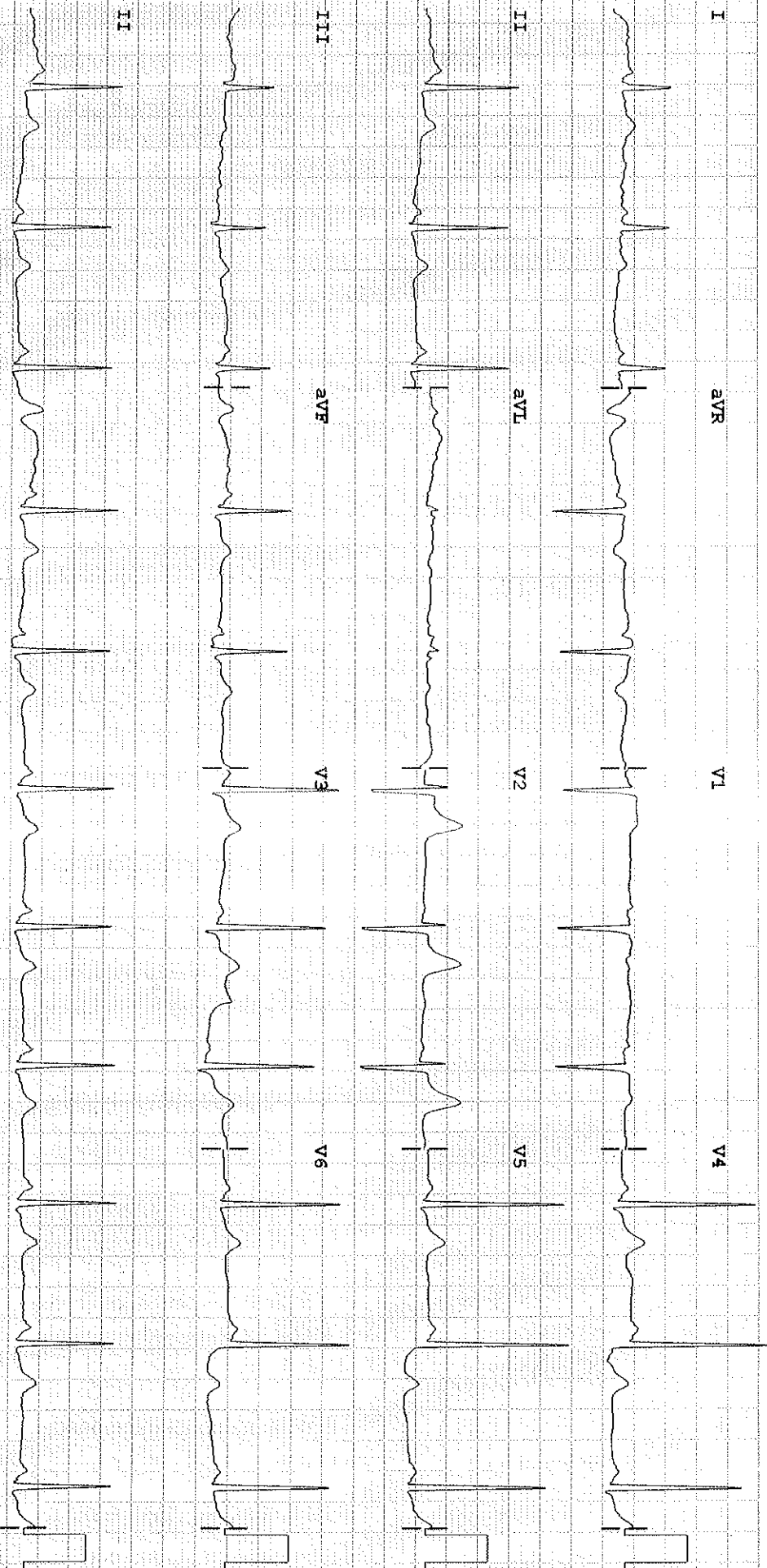


SRM'S ANKIT GUPTA HOSPITAL
AN ISO: NABL 0120 Accredited Institute

Doctor MANISH MITTAL

Rate 65
PR 140
QRSD 90
QT 376
QTc 391

--AXIS--
P 66
QRS 52
T 56



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

F 50~ 0.5-150 Hz W

PH08

P2



**BHAILAL AMIN
GENERAL HOSPITAL**



ECU Number : 171
Age : 38
Weight : 65
Date : 14/11/2022

MR Number : 21366969
Sex : Male
Ideal Weight : 69

Patient Name: ANKIT GUPTA
Height : 173
BMI : 21.72

Past H/O : COVID-19---2022

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : MOTHER: HYPERTENSION

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 112/70 mm Hg

Pulse : 76/MIN REG

Others : SPO2-98%

C.V.S : CLINICALLY NAD

R.S. : CLINICALLY NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 171 MR Number : 21366969 Patient Name: ANKIT GUPTA
Age : 38 Sex : Male Height : 173
Weight : 65 Ideal Weight : 69 BMI : 21.72
Date : 14/11/2022

Ophthalmic Check Up :	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	.	.
Vision With Glasses	6*-/6 N.5	6/6 N.5
Final Correction	SAME AS PATIENT S OWN	.
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

Orthopeadic Check Up :

Ortho Consultation
Ortho Advice

ENT Check Up :

Ear
Nose
Throat
Hearing Test
ENT Advice

General Surgery Check Up :

General Surgery
Abdominal Lump
Hernia
External Genitals
PVR
Proctoscopy
Any Other
Surgical Advice