



Dear Sir/Madam,

Greetings of the day !

Thank you for choosing us as your preferred healthcare partner.

At Manipal Hospitals, we are devoted towards clinical excellence, patient centricity, and ethical practices. Our healthcare services are aligned towards patient needs. In today's busy life style most people tend to ignore preventive health check-ups. However, it is incredibly important to get your health assessed regularly. Preventive health check-ups along with right lifestyle, will help you lead a longer and healthier life. We are happy to be of support as you take this step.

Please find enclosed your health check reports.

1. Health- check physician report.
2. Clinicians notes (As applicable).
3. Dieticians notes (if applicable).
4. Lab reports.
5. Radiology reports.
6. Other diagnostic reports (as applicable) .

If you have any queries, please contact 011-4967 4967.

To book an appointment call on 9550378619

Thank you,

Hospital Director

HCMCT Manipal Hospitals





MR RAKESH ,38 Yrs year old, Male, has come for Preventive Health Check Up on 14/01/2023

The patient presented with history of Nothing Significant

On clinical examination, the personal history revealed Non Veg Diet, No Alcohol intake, No smoking habit, Irregular exercise routine.

MR RAKESH is presently on No medications. The patient has history of No sulpha drug allergies, No penicillin drug allergies. Other drug allergies were No

The family history revealed BROTHER- DM , UNCLE - DM

On general examination of the patient there was No pallor, No cyanosis, No clubbing, No Pedal oedema, Normal Bones and joints, No Icterus, No Lymph node, Normal Thyroid, Normal oral cavity, Normal skin.

In Systemic examination:

1. The cardio vascular system shows 75 Pulse/ Min, Felt Bilateral peripheral pulses, Absent murmurs, Sinus pulse type. S1 S2 heart sounds were heard.
2. The Respiratory system shows Respiratory Rate Within Normal Limit, Normal Vesicular type of breathing with No adventitious sounds.
3. The Abdominal system shows Normal Liver, Normal Spleen, No other palpable lump.
4. The Central Nervous System showed Normal Higher Cortical function, Normal Cranial Nerves, Normal Motor system, Normal cerebellar function, Normal sensory system and Normal Gait.

The investigation results show BODERLINE INCREASED TSH , SGPT , HBA1C AND FBS.USG ABDOMEN IS SX OF FATTY LIVER GRADE II

Based on physical examination and investigation results,MR RAKESH has been advised for

"1-TAB PROLOMET XL 25 ONCE DAILY AFTER BREAKFAST [BP] "

2-TAB METGEM 500 MG ONCE DAILY AFTER DINNER [DIABETES]

3-CAP EVION 400 ONCE DAILY AFTER LUNCH - 3 MONTHS

4-AVOID SUGAR,HONEY,JAGGERY,MAIDA,REFINED OIL,MANGO,LITCHI,GRAPES,BANANA,CHIKOO

5-BRISK WALK FOR 40 MINUTES DAILY

6-LOW FAT HIGH FIBRE DIET

7-REPEAT FASTING / PP SUGAR AFTER 1 MONTH

Further, MR RAKESH has been advised for regular exercise and dietary modification and



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Name : MR RAKESH
Age [year(s)] / Sex : 38 Yr(s)/Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

PHYSICIAN REPORT

Urine Examination : Normal
Stool Examination :
CBC : Normal
Blood Biochemical Analysis : SGPT - 66
TSH - 5.090
HBA1C - 7.4
SUGAR F /PP - 147 / 111
X-Ray Chest : Normal
ECG : Normal
Treadmill (stress)Test :
Echo Cardiography : MILD LVH , NO RWMA
LVEF- 55 %
GRADE I DIASTOLIC DYSFUNCTION
Ultrasonography : FATTY LIVER GRADE II
ECG :
Audiometry :
Other Tests :
Special Test :

Impression

HYPERTENSION
T2 DIABETES MELLITUS
FATTY LIVER GRADE II
SC HYPOTHYROID

Advice

- 1-TAB PROLOMET XL 25 ONCE DAILY AFTER BREAKFAST [BP]
- 2-TAB METGEM 500 MG ONCE DAILY AFTER DINNER [DIABETES]
- 3-CAP EVION 400 ONCE DAILY AFTER LUNCH - 3 MONTHS
- 4-AVOID SUGAR, HONEY, JAGGERY, MAIDA, REFINED OIL, MANGO, LITCHI, GRAPES, BANANA, CHIKOO
- 5-BRISK WALK FOR 40 MINUTES DAILY
- 6-LOW FAT HIGH FIBRE DIET
- 7-REPEAT FASTING / PP SUGAR AFTER 1 MONTH

Examined By :

Anuja Lakra

Dr. Anuja Lakra



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Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

Name : MR RAKESH
Age [year(s)] / Sex : 38 Yr (s) / Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

OPHTHALMOLOGY REPORT

Presenting : -NIL-
Complaints :
Past History : -NIL-
DM : Nil Years HTN : Nil Years

Examination

	Right eye		Left eye	
Vision	6/6p	Without Glasses	6/6p	Without Glasses
Near Vision	N6	Without Glasses	N6	Without Glasses
Color Vision	Normal			
Ant. Segment	Normal		Normal	
Fundus	Deferred		Deferred	

Extra Exams : NONE

Impression

Normal

Advice

Review sos

Examined by :

Dr. Vanuli Bajpai
MBBS, MS



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Name : MR RAKESH
Age [year(s)] / Sex : 38 Yr (s) / Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

DENTAL CHECK REPORT

INTRA ORAL

Dental Type :
Upper / Lower :
Teeth : D - 28,18
 M -
 F -
Gingiva and Pockets :
Mucosa :

Crowding :
Cross Bite :
Calculus and Stains : Mod

IMPRESSIONS

ADVICE

EXTRACTION 18,28 ORALPROPHYLAXIS

Examined by :

Dr Nitika Kaur
CONSULTANT



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 31230100484
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:06
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:21
Receiving Date : 14 Jan 2023 09:49

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 B Rh(D) Positive

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

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.

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

Dr Himanshu Lamba



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104794
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:45
Receiving Date : 14 Jan 2023 09:55

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 7.4 #

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) 166 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.

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	1 [0.70-2.04]
T4 - Thyroxine (ECLIA)	8.30	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	5.090 #	μ IU/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>

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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104794
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:35
Receiving Date : 14 Jan 2023 09:55

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	145	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	133	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	46	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	27	mg/dl	[10-40]
LDL- CHOLESTEROL	72	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.6		<3 Optimal 3-4 Borderline >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.



Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:55

Age : 38 Yr(s) Sex :Male
Lab No : 32230104794
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 11:35

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.36	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.15	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.21	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	30.40	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	66.00 #	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	139 #	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.8	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.7	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.78		[1.10-1.80]

Note:

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

*New born: 4 times the adult value



Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:55

Age : 38 Yr(s) Sex :Male
Lab No : 32230104794
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 11:35

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	12.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.00	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.1	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.2	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.1	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.36	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.0	mmol/l	[95.0-105.0]
eGFR	95.1	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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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104795
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 13:41
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:56
Receiving Date : 14 Jan 2023 14:26

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 111 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

Plasma GLUCOSE-Fasting (Hexokinase) 147 # mg/dl [70-100]

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 33230103110
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:03
Receiving Date : 14 Jan 2023 09:41

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 9.0 /1sthour [0.0-10.0]

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
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6880	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.27	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.2	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	44.8	%	[40.0-50.0]
MCV (Calculated)	85.0	fL	[83.0-101.0]
MCH (Calculated)	28.8	pg	[25.0-32.0]
MCHC (Calculated)	33.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	205000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.8	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	52.6	%	[40.0-80.0]

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Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:41

Age : 38 Yr(s) Sex :Male
Lab No : 33230103110
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 10:29

HAEMATOLOGY

Lymphocytes (Flowcytometry)	39.0	%	[20.0-40.0]
Monocytes (Flowcytometry)	6.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.0	%	[1.0-6.0]
Basophils (Flowcytometry)	0.6 #	%	[1.0-2.0]
IG	0.30	%	

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.

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

Dr.Lakshita singh



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 38230100806
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:19
Receiving Date : 14 Jan 2023 10:44

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	6.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.020	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	PRESENT TRACE	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	OCCASIONAL /hpf	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 38230100806
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:19
Receiving Date : 14 Jan 2023 10:44

CLINICAL PATHOLOGY

Interpretation:

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.

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

Dr.Lakshita singh



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NAME	RAKESH	STUDY DATE	14-01-2023 10:21:37
AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 12:32:24	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (14.5cm) and shows grade II 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 and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. 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 16.1cc in volume.

No significant free fluid is detected.

Impression:

Grade II fatty liver.

Kindly correlate clinically



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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.

Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

NAME	RAKESH	STUDY DATE	14-01-2023 10:21:37
AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 12:32:24	REFERRED BY	Dr. Health Check MHD

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



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Human Care Medical Charitable Trust



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NAME	RAKESH	STUDY DATE	14-01-2023 10:21:37
AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 12:32:24	REFERRED BY	Dr. Health Check MHD



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NAME	RAKESH	STUDY DATE	14-01-2023 10:13:37
AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 12:10:49	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.

Kindly correlate clinically.



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NAME	RAKESH	STUDY DATE	14-01-2023 10:13:37
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Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist



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NAME	RAKESH	STUDY DATE	14-01-2023 10:13:37
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010712433

mr. rakesh

1/14/2023 9:26:16 AM

38 Years

Male

Rate 75 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 140

QRSD 90

QT 374

QTc 418

--AXIS--

P 60

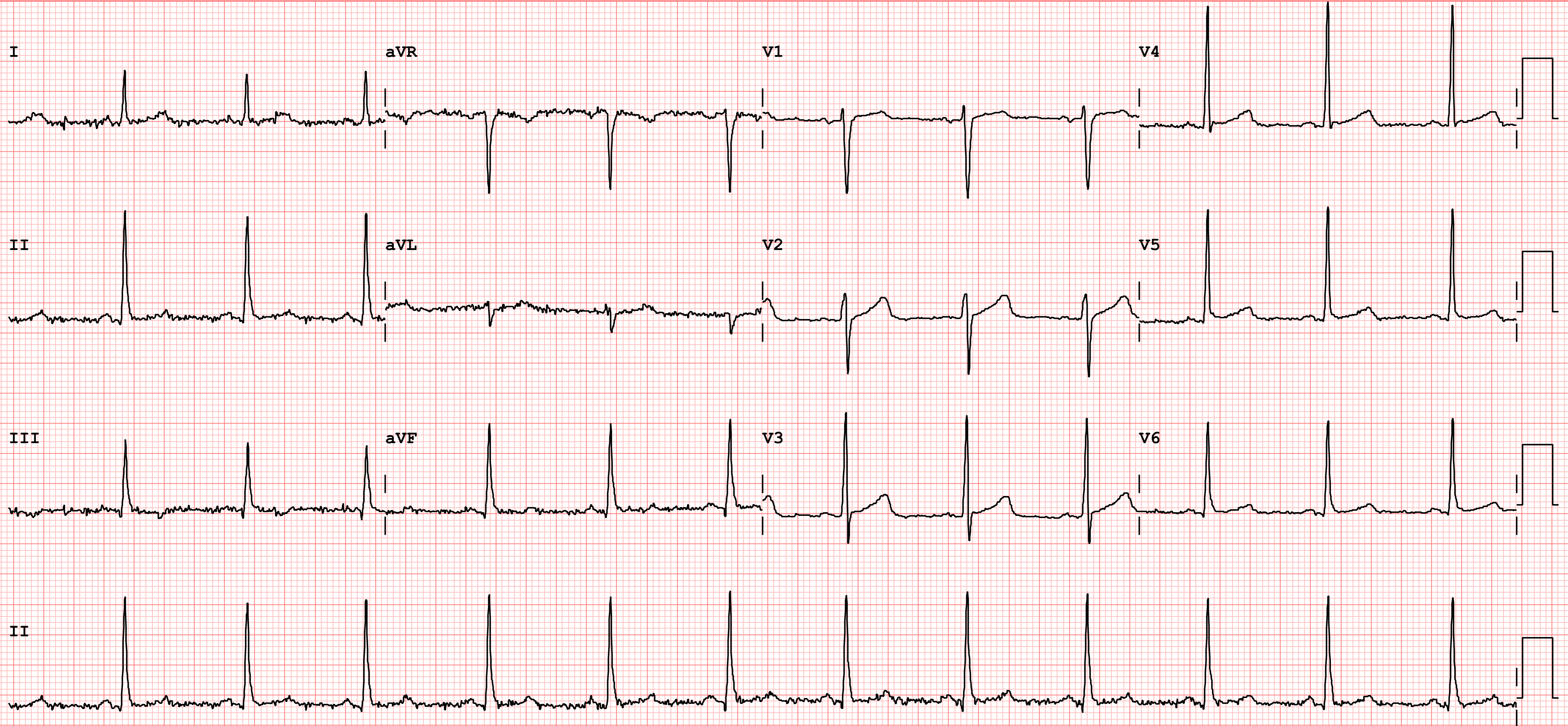
QRS 67

T 7

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



Dear Sir/Madam,

Greetings of the day !

Thank you for choosing us as your preferred healthcare partner.

At Manipal Hospitals, we are devoted towards clinical excellence, patient centricity, and ethical practices. Our healthcare services are aligned towards patient needs. In today's busy life style most people tend to ignore preventive health check-ups. However, it is incredibly important to get your health assessed regularly. Preventive health check-ups along with right lifestyle, will help you lead a longer and healthier life. We are happy to be of support as you take this step.

Please find enclosed your health check reports.

1. Health- check physician report.
2. Clinicians notes (As applicable).
3. Dieticians notes (if applicable).
4. Lab reports.
5. Radiology reports.
6. Other diagnostic reports (as applicable) .

If you have any queries, please contact 011-4967 4967.

To book an appointment call on 9550378619

Thank you,

Hospital Director

HCMCT Manipal Hospitals





MR RAKESH ,38 Yrs year old, Male, has come for Preventive Health Check Up on 14/01/2023

The patient presented with history of Nothing Significant

On clinical examination, the personal history revealed Non Veg Diet, No Alcohol intake, No smoking habit, Irregular exercise routine.

MR RAKESH is presently on No medications. The patient has history of No sulpha drug allergies, No penicillin drug allergies. Other drug allergies were No

The family history revealed BROTHER- DM , UNCLE - DM

On general examination of the patient there was No pallor, No cyanosis, No clubbing, No Pedal oedema, Normal Bones and joints, No Icterus, No Lymph node, Normal Thyroid, Normal oral cavity, Normal skin.

In Systemic examination:

1. The cardio vascular system shows 75 Pulse/ Min, Felt Bilateral peripheral pulses, Absent murmurs, Sinus pulse type. S1 S2 heart sounds were heard.
2. The Respiratory system shows Respiratory Rate Within Normal Limit, Normal Vesicular type of breathing with No adventitious sounds.
3. The Abdominal system shows Normal Liver, Normal Spleen, No other palpable lump.
4. The Central Nervous System showed Normal Higher Cortical function, Normal Cranial Nerves, Normal Motor system, Normal cerebellar function, Normal sensory system and Normal Gait.

The investigation results show BODERLINE INCREASED TSH , SGPT , HBA1C AND FBS.USG ABDOMEN IS SX OF FATTY LIVER GRADE II

Based on physical examination and investigation results,MR RAKESH has been advised for

"1-TAB PROLOMET XL 25 ONCE DAILY AFTER BREAKFAST [BP] "

2-TAB METGEM 500 MG ONCE DAILY AFTER DINNER [DIABETES]

3-CAP EVION 400 ONCE DAILY AFTER LUNCH - 3 MONTHS

4-AVOID SUGAR,HONEY,JAGGERY,MAIDA,REFINED OIL,MANGO,LITCHI,GRAPES,BANANA,CHIKOO

5-BRISK WALK FOR 40 MINUTES DAILY

6-LOW FAT HIGH FIBRE DIET

7-REPEAT FASTING / PP SUGAR AFTER 1 MONTH

Further, MR RAKESH has been advised for regular exercise and dietary modification and



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Name : MR RAKESH
Age[year(s)] / Sex : 38 Yr(s)/Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

PHYSICIAN REPORT

Urine Examination : Normal
Stool Examination :
CBC : Normal
Blood Biochemical Analysis : SGPT - 66
TSH - 5.090
HBA1C - 7.4
SUGAR F /PP - 147 / 111
X-Ray Chest : Normal
ECG : Normal
Treadmill (stress)Test :
Echo Cardiography : MILD LVH , NO RWMA
LVEF- 55 %
GRADE I DIASTOLIC DYSFUNCTION
Ultrasonography : FATTY LIVER GRADE II
ECG :
Audiometry :
Other Tests :
Special Test :

Impression

HYPERTENSION
T2 DIABETES MELLITUS
FATTY LIVER GRADE II
SC HYPOTHYROID

Advice

- 1-TAB PROLOMET XL 25 ONCE DAILY AFTER BREAKFAST [BP]
- 2-TAB METGEM 500 MG ONCE DAILY AFTER DINNER [DIABETES]
- 3-CAP EVION 400 ONCE DAILY AFTER LUNCH - 3 MONTHS
- 4-AVOID SUGAR, HONEY, JAGGERY, MAIDA, REFINED OIL, MANGO, LITCHI, GRAPES, BANANA, CHIKOO
- 5-BRISK WALK FOR 40 MINUTES DAILY
- 6-LOW FAT HIGH FIBRE DIET
- 7-REPEAT FASTING / PP SUGAR AFTER 1 MONTH

Examined By :

Anuja Lakra

Dr. Anuja Lakra



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Registered Office : Sector-6,Dwarka, New Delhi- 110075

Name : MR RAKESH
Age [year(s)] / Sex : 38 Yr (s) / Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

OPHTHALMOLOGY REPORT

Presenting : -NIL-
Complaints :
Past History : -NIL-
DM : Nil Years HTN : Nil Years

Examination

	Right eye		Left eye	
Vision	6/6p	Without Glasses	6/6p	Without Glasses
Near Vision	N6	Without Glasses	N6	Without Glasses
Color Vision	Normal			
Ant. Segment	Normal		Normal	
Fundus	Deferred		Deferred	

Extra Exams : NONE

Impression

Normal

Advice

Review sos

Examined by :

Dr. Vanuli Bajpai
MBBS, MS



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Name : MR RAKESH
Age [year(s)] / Sex : 38 Yr (s) / Male
Reg No : MH010712433

Report Date : 14/01/2023
Episode No : H03000051422

DENTAL CHECK REPORT

INTRA ORAL

Dental Type :
Upper / Lower :
Teeth : D - 28,18
 M -
 F -
Gingiva and Pockets :
Mucosa :

Crowding :
Cross Bite :
Calculus and Stains : Mod

IMPRESSIONS

ADVICE

EXTRACTION 18,28 ORALPROPHYLAXIS

Examined by :

Dr Nitika Kaur
CONSULTANT



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 31230100484
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:06
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:21
Receiving Date : 14 Jan 2023 09:49

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 B Rh(D) Positive

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

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.

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

Dr Himanshu Lamba



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104794
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:45
Receiving Date : 14 Jan 2023 09:55

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)

7.4 #

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)

166

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.

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)

1.30

ng/ml

1

[0.70-2.04]

T4 - Thyroxine (ECLIA)

8.30

micg/dl

[4.60-12.00]

Thyroid Stimulating Hormone (ECLIA)

5.090 #

μ IU/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>

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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104794
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:35
Receiving Date : 14 Jan 2023 09:55

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	145	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	133	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	46	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	27	mg/dl	[10-40]
LDL- CHOLESTEROL	72	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.6		<3 Optimal 3-4 Borderline >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.



Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:55

Age : 38 Yr(s) Sex :Male
Lab No : 32230104794
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 11:35

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.36	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.15	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.21	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	30.40	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	66.00 #	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	139 #	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.8	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.7	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.78		[1.10-1.80]

Note:

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

*New born: 4 times the adult value



Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:55

Age : 38 Yr(s) Sex :Male
Lab No : 32230104794
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 11:35

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	12.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.00	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.1	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.2	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.1	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.36	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.0	mmol/l	[95.0-105.0]
eGFR	95.1	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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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 32230104795
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 13:41
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:56
Receiving Date : 14 Jan 2023 14:26

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 111 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

Plasma GLUCOSE-Fasting (Hexokinase) 147 # mg/dl [70-100]

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 33230103110
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:03
Receiving Date : 14 Jan 2023 09:41

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 9.0 /1sthour [0.0-10.0]

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
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6880	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.27	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.2	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	44.8	%	[40.0-50.0]
MCV (Calculated)	85.0	fL	[83.0-101.0]
MCH (Calculated)	28.8	pg	[25.0-32.0]
MCHC (Calculated)	33.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	205000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.8	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	52.6	%	[40.0-80.0]

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Name : MR RAKESH
Registration No : MH010712433
Patient Episode : H03000051422
Referred By : HEALTH CHECK MHD
Receiving Date : 14 Jan 2023 09:41

Age : 38 Yr(s) Sex :Male
Lab No : 33230103110
Collection Date : 14 Jan 2023 09:05
Reporting Date : 14 Jan 2023 10:29

HAEMATOLOGY

Lymphocytes (Flowcytometry)	39.0	%	[20.0-40.0]
Monocytes (Flowcytometry)	6.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.0	%	[1.0-6.0]
Basophils (Flowcytometry)	0.6 #	%	[1.0-2.0]
IG	0.30	%	

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.

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

Dr.Lakshita singh



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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 38230100806
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:19
Receiving Date : 14 Jan 2023 10:44

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	6.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.020	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	PRESENT TRACE	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	OCCASIONAL /hpf	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

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Name : MR RAKESH **Age** : 38 Yr(s) Sex :Male
Registration No : MH010712433 **Lab No** : 38230100806
Patient Episode : H03000051422 **Collection Date** : 14 Jan 2023 09:05
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:19
Receiving Date : 14 Jan 2023 10:44

CLINICAL PATHOLOGY

Interpretation:

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.

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

Dr.Lakshita singh



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NAME	RAKESH	STUDY DATE	14-01-2023 10:21:37
AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 12:32:24	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (14.5cm) and shows grade II 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 and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. 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 16.1cc in volume.

No significant free fluid is detected.

Impression:

Grade II fatty liver.

Kindly correlate clinically



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



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AGE / SEX	038Yrs / M	HOSPITAL NO.	MH010712433
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 12:10:49	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.

Kindly correlate clinically.



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Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist



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010712433

mr. rakesh

1/14/2023 9:26:16 AM

38 Years

Male

Rate 75 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 140

QRSD 90

QT 374

QTc 418

--AXIS--

P 60

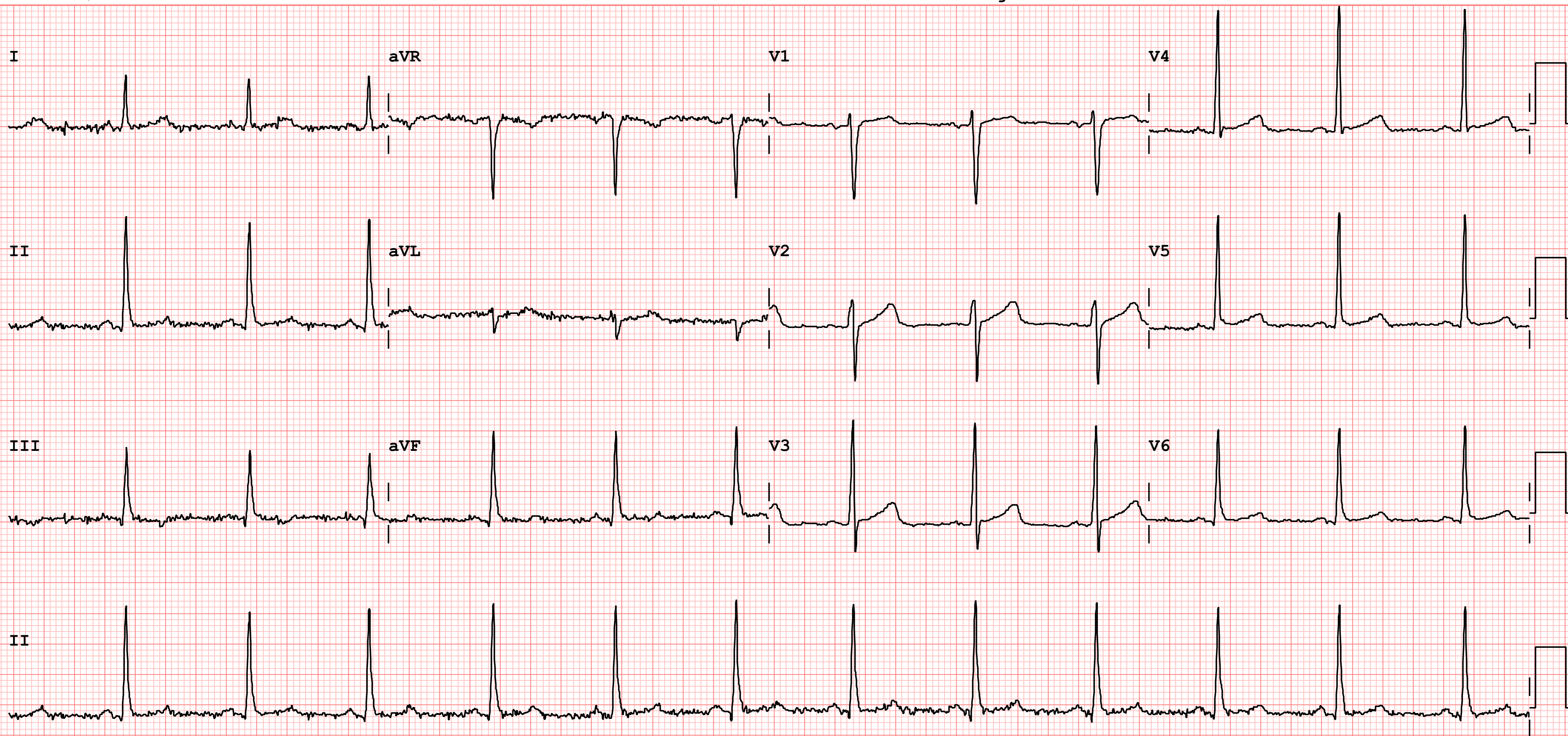
QRS 67

T 7

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?