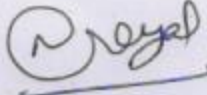


BIOCHEMICAL ANALYSIS

ESR	15*
MCV	78.8*
MCH	26.1*
CHOLESTEROL	226.0*
S. TRIGLYCERIDES	283.4*

REMARKS : Medically FIT/UNFIT

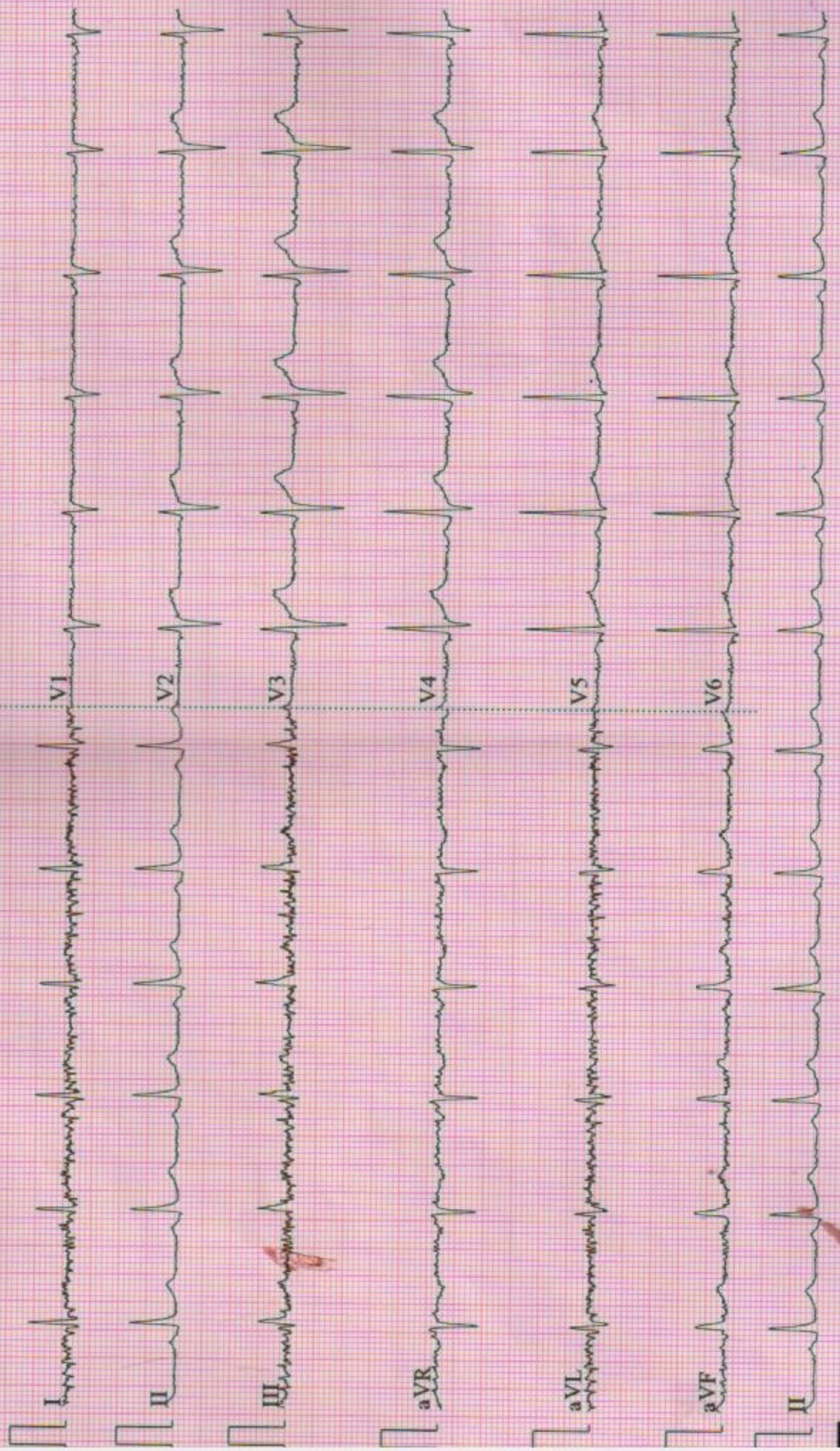

GENERAL PHYSICIAN

Review in OPD 50s.

ID: 187
 om parkash kumar
 Male 42Years
 Req. No. :
 23-03-2024 09:56:48 AM
 HR : 71 bpm
 P : 120 ms
 PR : 148 ms
 QRS : 110 ms
 QT/QTcBz : 398/434 ms
 P/QRS/T : -41/67/67 °
 RV5/SV1 : 1.414/0.489 mV

Diagnosis Information:
 Sinus Rhythm
 Normal ECG

Report Confirmed by:



23/03/24

Om Bakhat Kumar / 43yr / male

PR = 74/min

BP = 134/81 mmHg

ECA = TUNL

• Pt. came for regular annual health check up.

CC :- NO Bkth complaints.

• Kclko Usticam x 25-30yr

Past Hx :- Kclko haemorrhoids x 5-10 yr.

no h/o TDM / mnl T3 / cool / CKD / epilepsy / asthma.

Personal Hx :- Mixed Diet

• No addiction.

⊙ sleep

Family Hx :- not significant.

Allergic Hx :- Allergic to dust.

Obs :- Pt. is conscious & oriented w/o time, place & person.

PIA :- RFL & non-tender.

CVS :- ⊙ R A S2.

Resp :- Bl - equal air entry.

CVS :- NAD.

Prakash Kumar

M 424. 23.3.24

V5616
6/6

NV5 N-12
N-9

Color MS5 WM
WM

Rawly.



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

Laboratory Report

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Whole Blood			
BLOOD GROUP (ABO & RH TYPING)	"A" POSITIVE		
Sample Type: Serum			
CBC WITH ESR			
HAEMOGLOBIN	13.4	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	7,700	cell/cum	4000 - 11000
D.L.C - POLYMORPHS	66	%	40 - 75
LYMPHOCYTES	28	%	20 - 45
EOSINOPHILS	04	%	01 - 06
MONOCYTES	02	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	15 *	mm/1st	0 - 9
RED BLOOD CELLS	5.1	Millions	3.5 - 5.5
PLATELET COUNT	1.7	lakh/cum	1.5 - 4.5
P.C.V	40.5	%	35 - 50
M.C.V	78.8 *	fL	80 - 96
M.C.H	26.1 *	pg	27 - 32
M.C.H.C	33.1	%	32 - 36

End of the report

Palani

Checked By
Lab Technician

Verified By

PR

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Emergency Ph No.: 0124 4100000

DR. PRIYAVART MEHARWAL

Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:50

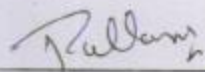
Laboratory Report

Hematology

PERIPHERAL BLOOD SMEAR

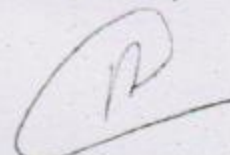
SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.

End of the report



Checked By
Lab Technician

Verified By



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
SERUM LIPID PROFILE 1514			
CHOLESTEROL	226.0 *	mg/dl	150 - 200
SERUM TRIGLYCERIDES	283.4 *	mg/dl	70 - 170
HDL CHOLESTEROL	44.7	mg/dl	30 - 88
LDL CHOLESTEROL	124.7	mg/dl	upto - 150
VLDL CHOLESTEROL	56.6 *	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	5.0 *	ref.cut	upto - 4.96
LDL/HDL RATIO	2.7	ref.cut.	upto - 4.96

Sample Type: Serum

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
KFT			
BLOOD UREA	30.2	mg/dl	10 - 50
SERUM CREATININE	0.88	mg/dl	0.6 - 1.2
SERUM URIC ACID	6.0	mg/dl	3.5 - 7.0
SERUM SODIUM	139.2	mEq/l	135 - 155
SERUM POTASSIUM	4.0	mEq/l	3.5 - 5.5
SERUM CALCIUM	9.3	mg/dl	8.6 - 10.6

Sample Type: Urine

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
G.G.T.P. 1533			
G.G.T.P.	17.2	U/ML	upto - 47

Sample Type: Serum

Pallavi

Checked By
Lab Technician

Verified By

CP



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

LFT 1513

S.G.O.T	35.2	U/L	upto - 40
S.G.P.T	40.6	U/L	upto - 45
S. BILIRUBIN (TOTAL)	0.66	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.23	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	76.0	U/L	60 - 170
TOTAL PROTEINS	6.9	g/dl	6.5 - 8.0
ALBUMIN	3.8	g/dl	3.5 - 5.5
GLOBUMIN	3.1	g/dl	2.3 - 3.5
A:G RATIO	1.2:1		1.5 - 2.5

End of the report

[Signature]

Checked By
Lab Technician

Verified By

[Signature]



Mr. OM PRAKASH KUMAR

Panel : Umkal Hospital

Patient ID

: 012403230303

A-520, Sushant Lok-I, Gurugram, Haryana
122022

Quality Care Affordable For All

Collected

: 23 Mar 2024 03:16 PM

Analysed

: 23 Mar 2024 03:16 PM

Reported

: 23 Mar 2024 03:16 PM

Status

: Final



10094815

42 Years/Male

Referred By : -

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
Prostate Specific Antigen (Total) PSA (Serum, CMIA)	0.26	ng/ml	0.0-4.0

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
> 26	8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations.





Mr. OM PRAKASH KUMAR

Panel : Umkal Hospital
A-520, Sushant Lok-I, Gurugram, Haryana
122022

Collected
Analysed
Reported
Status

: 012-403230305
: 23 Mar 2024 02:06 PM
: 23 Mar 2024 03:16 PM
: 23 Mar 2024 03:16 PM
: Final



10094815

42 Years/Male

Referred By : -

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
TFT (Thyroid Function Test) Total			
Triiodothyronine, Total (T3) <small>(Serum, CMIA)</small>	56	ng/dL	70-204
Thyroxine, Total (T4) <small>(Serum, CMIA)</small>	3.60	ug/dL	4.6-10.5
TSH Ultra Sensitive <small>(Serum, CMIA)</small>	1.31	µU/ml	0.35-5.5

Comment
T₃ or 3,5,3 triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T₄). The determination of it in serum is essential in assessing thyroid functions. T₃ is secreted by thyroid glands and circulates in the blood stream, mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.
T₄ or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, triiodothyronine (T₃) and other inactive metabolites such as reverse T₃.
TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.

Reference Ranges for T3, T4 and TSH (Age Wise and During Pregnancy):

Age	Total T4 (µg/dl)
0 - 6 days	11.8 - 22.6
1w - 2w	9.9 - 16.6
1 - 4 months	7.2 - 14.4
4 months - 1 years	7.8 - 16.5
1 - 5 years	7.3 - 15.0
5 - 10 years	6.4 - 13.3
10 - 15 years	5.6 - 11.7
15 - 60 years (Male)	4.6 - 10.5
15 - 60 years (Female)	5.5 - 11.0
>60 years	5.0 - 10.7

Age	Total T3 (ng/dl)
0 - 3 days	100 - 740
4 days - 11 months	105 - 245
4 - 5 years	105 - 269
6 - 10 years	94 - 241
11 - 15 years	82 - 213
16 - 20 years	80 - 210
20 - 50 years	70 - 204
50 - 90 years	40 - 181

Age	TSH (µU/ml)
0 - 4 days	1 - 39.0
5 days - 90 days	1.7 - 9.1
91 days - 20 years	0.7 - 6.4
21 - 54 years	0.35 - 5.5
>54 years	0.5 - 8.9

Pregnancy Trimester	TSH (µU/ml)
First Trimester	0.10 - 2.5
Second Trimester	0.20 - 3.0
Third Trimester	0.30 - 3.0

*** End Of Report ***



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

Laboratory Report

Biochemistry

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
HbA1c (Glycated Haemoglobin)	5.3	%	4.0 - 6.2

REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

Ref Range for HBA1c (In %):

Non diabetic Adults (Age \geq 18 years) < 5.7

At risk (Pre-Diabetic) : 5.7- 6.4

Diagnosing Diabetes: \geq 6.5

HbA1c goals in treatment of diabetes:

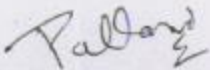
Ages 0-6 years: 7.6% - 8.4%

Ages 6-12 years: <8%

Ages 13-19 years: <7.5%

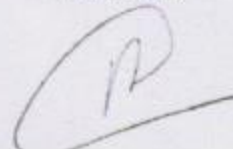
Adults: <7%

End of the report



Checked By
Lab Technician

Verified By



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
BLOOD SUGAR - FASTING			
BLOOD SUGAR FASTING	110.2 *	mg/dl	70 - 110
Sample Type: Serum			
BLOOD SUGAR - PP 1465			
BLOOD SUGAR PP 1465	138.8	mg/dl	70 - 140

End of the report

Fallam

Checked By
Lab Technician

Verified By

PR

Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine URINE SUGAR FASTING	NIL		
Sample Type: Urine URINE SUGAR PP Urine Sugar PP	NIL		

CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine URINE ROUTINE & MICROSCOPIC 1383			
COLOUR	P.YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.020		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			

Palani

Checked By
Lab Technician

Verified By

CP



Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Sample Collected on	: 23-03-2024 08:25
Lab ID No	: LAB065213	Sample Received on	:
		Report Released on	: 23-03-2024 12:25

PUS CELLS	2-3	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	1-2	/HPF	0 - 05
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHER	NIL		

End of the report

Rallam
Checked By
Lab Technician

Verified By

CP

Name	: Mr. OM PRAKASH KUMAR	MR No	: UH037259
Age/Gender	: 42 Y/M	Visit ID	: OP048251
Admitting Doctor	:	Order Date	: 23-03-2024 10:55
		Report Date	: 23-03-2024 12:58

Radiology Report

Ultrasound

ULTRASOUND WHOLE ABDOMEN

Gaseous Abdomen

- Liver :** Liver is enlarged in size measuring 160 mm with fatty liver Grade II.
No focal lesion seen.No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is well distended. No echoreflexive calculi seen.
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size and shape **with echogenic pancreas.**
No Peripancreatic collection seen.
- Kidneys :** Are normal in size ,shape & position.Echotexture of sinus & cortex normal.
B/L Mild Pelvicalyceal dilatation seen due to over distended bladder.
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
- Spleen :** The Spleen is normal size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No
calculus/mass lesion seen.B/L
- PROSTATE :** Is normal in size and echotexture.**Small foci of calcification is noted .**
No free fluid seen. No collection seen.

IMPRESSION : Mild Hepatomegaly with fatty liver Grade II.

Please correlate clinically.

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST



Name : Mr. OM PRAKASH KUMAR
Age/Gender : 42 Y/M
Admitting Doctor :

MR No : UH037259
Visit ID : OP048251
Order Date : 23-03-2024 10:55
Report Date : 23-03-2024 12:19

Radiology Report

X-Ray

CHEST X-RAY PA VIEW

Finding -

Bronchovascular markings appear prominent in perihilar region.

Trachea appears in the midline.

Right hilum appear prominent.

Cardiac size appears prominent.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

Please correlate clinically

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

TRANSTHORACIC ECHOCARDIOGRAPHY

Name: Mr. Om Prakash	MR No: UH037259
Age / Sex: 42Y/M	LAB No. : OP048251
Referred by: MED	Date: 23/03/2024, Time: 03:00pm
Reason: To evaluate cardiac status	

Echocardiography done on Digital Mylab X7 with AI Technology.

	VALUES	NORMAL RANGE		VALUES	NORMAL RANGE
AORTA	24	17-40mm	IVS (ed)	9.2	06-11mm
			(es)	12.2	
LT. ATRIUM	36	17-40mm	PW (ed)	9.2	06-11mm
			(es)	13.2	
RT. VENTRICLE	24	15-30mm	EF	60%	50-80%
LT. VENTRICLE (ed)	42	35-55mm	FS		28-42%
(es)	36				

MORPHOLOGICAL DATA:-

MITRAL VALVE:- Normal

AORTIC VALVE:- Normal

TRICUSPID VALVE:-Normal

PUL.VALVE:-Normal

RT.VENTRICLE:-Normal

LT. VENTRICLE:- Normal

VENT.SEPTUM:- Normal

PUL.ARTERY. Normal

AORTA:-Normal

RT.ATRIUM:-Normal

LT.ATRIUM:- Normal

MR. OM PRAKASH 42 /YRS/M/OP048251

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:-

Normal LV size and function with estimated LVEF of 60%. No Regional Wall Motion Abnormality. Right Atrium & Left Atrium is normal. Right Ventricle is normal. Mild Tricuspid Regurgitation. No Mitral Regurgitation, No Aortic Regurgitation. No LA/LV clot or pericardial effusion.

COLOR FLOW MAPPING: -

No Mitral Regurgitation.
No Aortic Regurgitation.
Mild Tricuspid Regurgitation

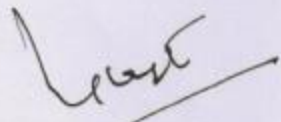
DOPPLER STUDIES: -

MV E: 0.86m/sec, A: 0.58m/sec.
AV: 1.20m/sec.
TV: Normal
PV: Normal.

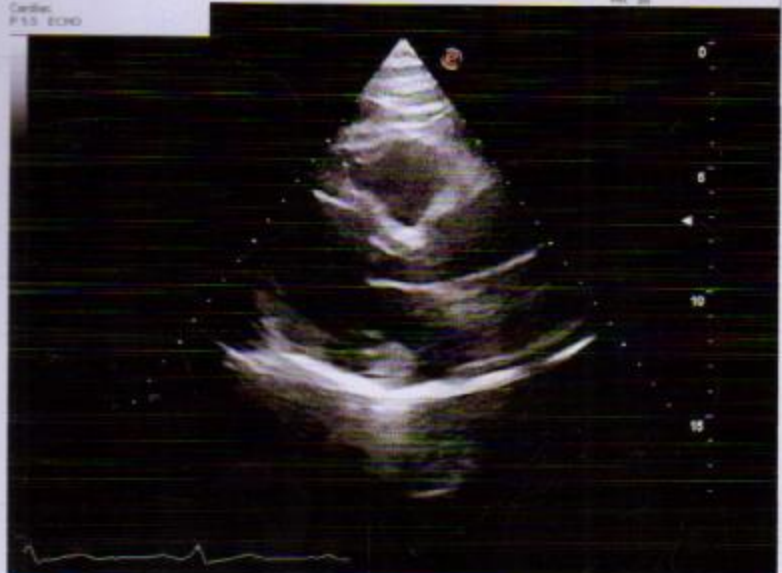
IMPRESSION: -

Heart Rate 76 bpm .

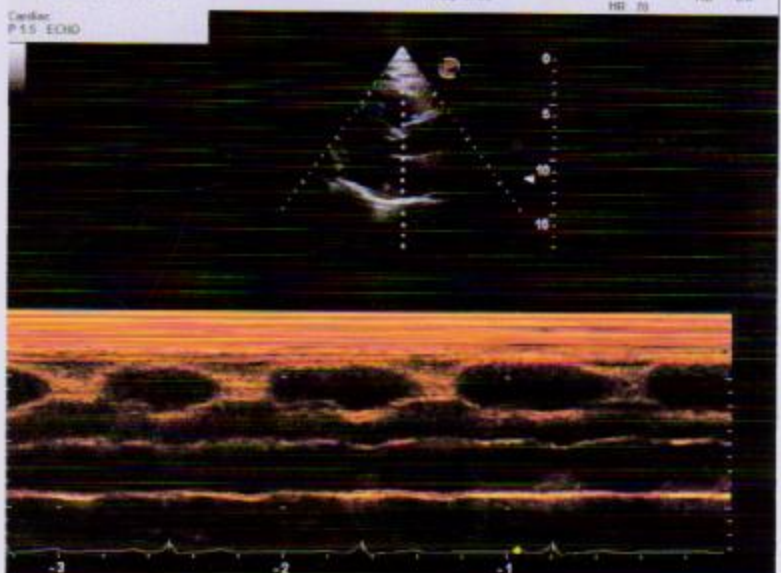
1. Normal LV size and function with estimated LVEF of 60%.
2. No Regional Wall Motion Abnormality.
3. RA, LA, RV are normal..
4. Mild Tricuspid Regurgitation
5. No Mitral Regurgitation.
6. No Aortic regurgitation.
7. No LA/LV clot or pericardial effusion.


Dr. Umesh Gupta
MD, DM (Cardiology)
MACCP, FICA (USA)
Chief Cardiologist

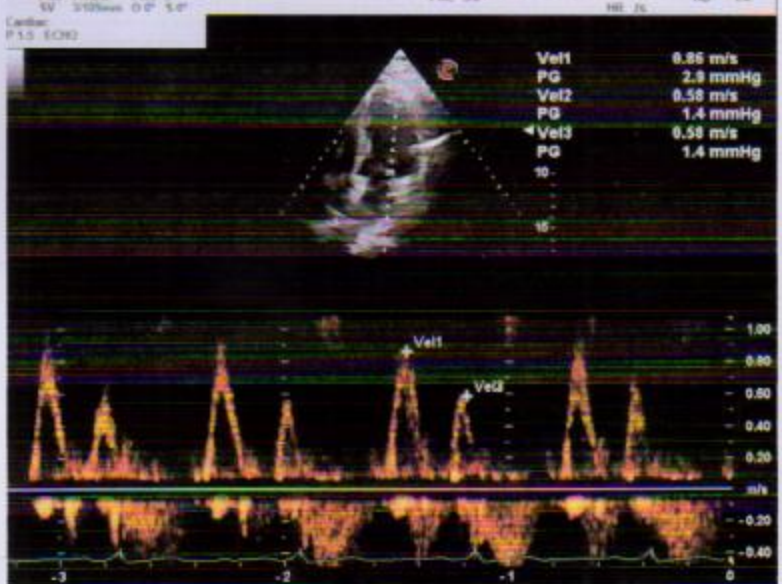
OM PRAKASH 42M
 23/Mar/2024 13:24:56
 P 100% MI 1.2 TI 0.3
 HR 80



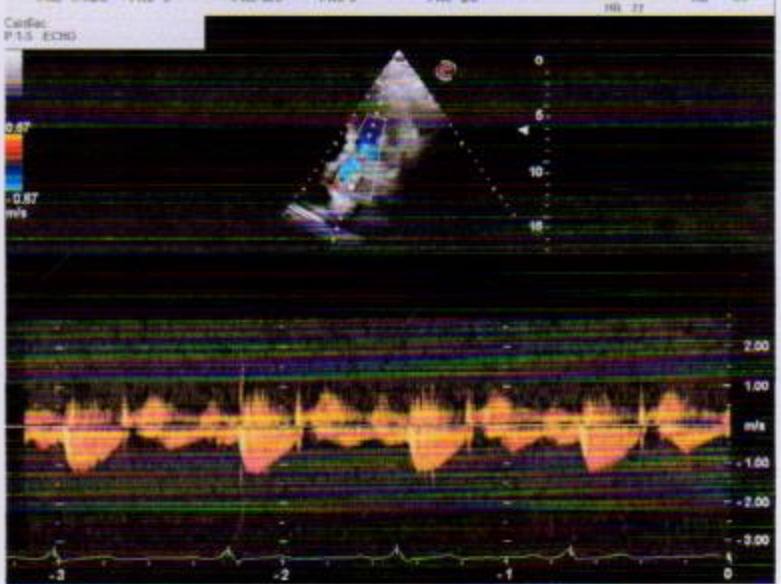
OM PRAKASH 42M
 23/Mar/2024 13:26:25
 P 100% MI 0.7 TI 0.3 HR 70



OM PRAKASH 42M
 23/Mar/2024 13:30:29
 PW 2.5 MHz G 50% P 100% MI 0.4 TI 0.2 HR 75
 PRF 5.1 kHz WF 300 Hz PRF 30



OM PRAKASH 42M
 23/Mar/2024 13:31:03
 CFME 2.0 MHz G 50% CWF 2.1 MHz G 50% P 100% MI 0.0 TI 1.1 HR 77
 PRF 7.1 kHz WF 2 PRF 6.1 kHz WF 5 PRF 20



OM PRAKASH 42M
 23/Mar/2024 13:29:18
 P 100% MI 1.2 TI 0.3 HR 80



OM PRAKASH 42M
 23/Mar/2024 13:29:06
 P 100% MI 1.2 TI 0.3 HR 77

