

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. DEEPAK KUMAR YADAV	Order No : 1000078989
UHID : UHJ A23020997	Registered On : 23/03/2024 09:23:06 AM
Age/Sex : 53/Years Male	Collected On : 23/03/2024 09:27:03 AM
Ward / Bed No :	Reported On : 23/03/2024 04:15:09 PM
Reference : Dr. Preventive Health Check Up	Bill No : OPBJ A230025990
Station : At Hospital	Mobile No : 7317752459
Payer Name : Mediwheel	Report Status : Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	146	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	231	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	6.6	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
<b>Estimated Average Glucose (eAG)</b> (Method: Calculated)	142.71	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method: CLIA)	1.08	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method: CLIA)	10.43	ng/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method: CLIA: Ultra-sensitive)	2.96	μIU/mL	0.34-5.60
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method: CHOD-POD)	182	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method: Enzymatic GPO-POD)	80	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method: ENZYMATIC METHOD)	41.3	mg/dL	< 40 - Low ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	124.7	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	16.00	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	4.4		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	3.0		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	140.7	mg/dL	< 130
<b>URIC ACID</b> (Method:Uricase - POD(Enzymatic))	7.7	mg/dL	3.5-7.2
<b>BUN/CREATININE RATIO</b>			Sample: Serum
<b>BLOOD UREA NITROGEN(BUN)</b> (Method:Urease GLDH - Kinetic)	12	mg/dL	7.93-20.07
<b>CREATININE</b> (Method:Modified Jaffe, Kinetic)	0.75	mg/dL	0.9-1.3
<b>BUN/CRE-RATIO</b> (Method: Calculated)	15		12~20 : 1
<b>LIVER FUNCTION TEST</b>			Sample: Serum
<b>TOTAL BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	1.03	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.22	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	0.82	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method:BIURET)	6.5	g/dL	6.6-8.3

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ALBUMIN (Method:BCG)	3.97	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.52	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.56		2:1
SERUM SGOT (Method:IFCC without P5P)	28	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	33	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	69	U/L	50-116
GGT (Method:IFCC)	32	U/L	< 55
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b> (Method:CLIA)	0.47	ng/mL	< 4.0

Interpretation Notes

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of malignant disease nor should serum PSA be used alone as a screening test for malignant disease. For diagnostic purposes, the results obtained by immunometric assay should always be used in combination with the clinical examinations, patient medical history and other findings. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

<b>UREA</b> (Method:Urease GLDH - Kinetic)	25.9	mg/dL	17-43
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**Dr. Shobha Emmanuel**  
MBBS, M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC:66136

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HAEMATOLOGY

## COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	14.30	g/dL	13.5-17.5
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	44.1	%	42-52
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	5700	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS (Method:Optical/Impedance)	61.90	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	26.92	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	2.82	%	0-6
MONOCYTES (Method:Optical/Impedance)	8.25	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.11	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	5.07	million/cum	4.5-5.9
MCV (Method:Derived from RBC Histogram)	87.0	fL	78-100
MCH (Method: Calculated)	28.2	pg	27-31
MCHC (Method: Calculated)	32.4	g/dL	31-37
RDW - CV (Method: Calculated)	14.3	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.71	Lakhs/Cum	1.5-4.5

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MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.79	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	18.7	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	18	mm/hour	1-20
<b>BLOOD GROUPING &amp; RH TYPING</b>			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Gel Method )	B		
Rh Factor (Method:Agglutination Gel Method )	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY

## URINE EXAMINATION, ROUTINE

Sample: Urine

## PHYSICAL EXAMINATION

VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.0		5.0-8.0
SPECIFIC GRAVITY	1.025		1.005-1.030

## CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

## MICROSCOPIC EXAMINATION


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EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	NA		
<b>URINE SUGAR, FASTING</b> (Method:GOD-POD)	Absent		
<b>URINE SUGAR (POST PRANDIAL)</b>	Absent		

Verified By  
NAGARATNA

---End of Report---



**Dr. Shobha Emmanuel**  
MBBS, M.D(Pathology)  
CONSULTANT PATHOLOGIST  
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\*NABL renewal under process.

Name: mr deepak kumar

Birth date: / /

53 years

1100 Sinus rhythm

6220 Possible left atrial enlargement [-0.1 mV Pwave in lead V1/V2]

7200 Abnormal left axis deviation [-90 deg. < QRS axis < -30 deg.]

0102 ARTIFACT PRESENT

9130 \*\* borderline ECG \*\*

ex: M cm kg mmHg

bedication:

symptoms:

history:

lent: rate 92 bpm

R int 140 ms

RS dur 90 ms

TF/QTc(E) int 350/400 ms

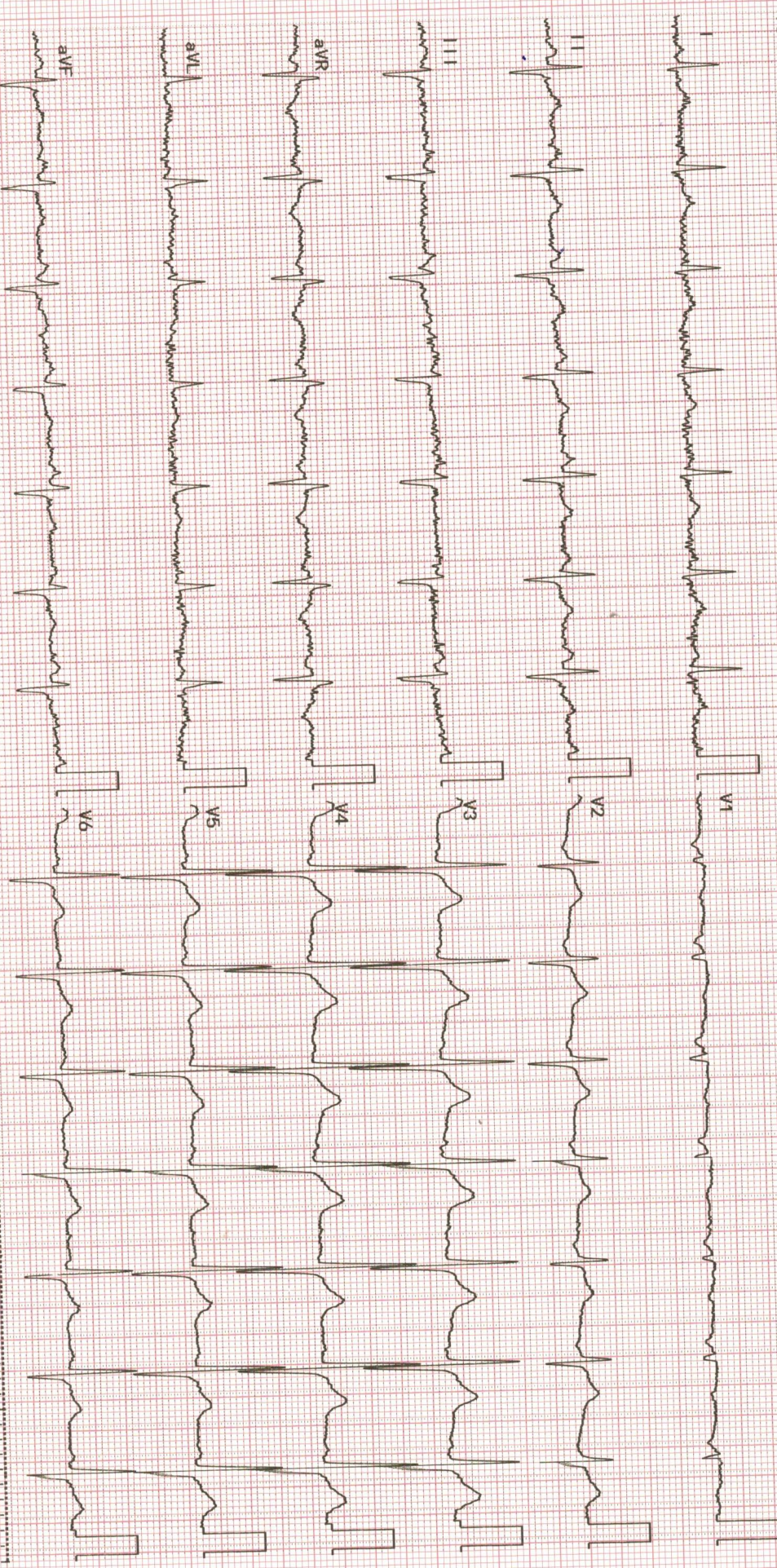
V/QRST axis 63/-38/28

N5/SV1 amp 1.56/0.20 mV

N5+SV1 amp 1.76 mV

10 mm/mV 25 mm/s Filter: H50 D 35 Hz

10 mm/mV



Unconfirmed Report  
Reviewed by:

2350K 03-08 07-01

Dept.:

Exam: UNITED HOSPITAL





NABH



NABL



No.1

**UNITED  
HOSPITAL**Care Par Excellence  
Jayanagar, Bangalore**DEPARTMENT OF RADIODIAGNOSIS**

Name	Deepak Kumar Yadav	Date	23/03/24
Age	53 years	Hospital ID	UHJA23020997
Sex	Male	Ref.	Healthcheck

**ULTRASOUND ABDOMEN AND PELVIS****FINDINGS:**

**Liver is enlarged in size (17 cms) and shows moderate to severe increased echopattern.** No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

**Gall bladder lumen shows a shadowing calculus measuring 12.5 mm.** There is no evidence of wall thickening or pericholecystic fluid.

**Pancreas** - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

**Spleen** is normal in size, shape, contour and echopattern. No focal lesion.

**Right Kidney** is normal in size (12.1 x 5.0 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Left Kidney** is normal in size (12.2 x 3.8 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Retroperitoneum** - Obscured by bowel gas.

**Urinary Bladder** is distended, normal in contour and wall thickness. No evidence of calculi, mass or mural lesion.

**Prostate** is normal in size, measures ~ 22 cc. Few calcific foci are seen.

No ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

**IMPRESSION:** *Suboptimal evaluation due to poor acoustic window from thick body habitus.*

- Gall bladder calculus. No evidence of cholecystitis.
- Mild hepatomegaly with moderate to severe fatty infiltration (Grade III).



NABH



NABL



No.1



**UNITED  
HOSPITAL**

Care Par Excellence  
Jayanagar, Bangalore

**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Deepak Kumar Yadav	<b>Date</b>	23/03/24
<b>Age</b>	53 years	<b>Hospital ID</b>	UHJA23020997
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA – VIEW)**

**FINDINGS:**

Bilateral lung fields are normal.

*There is elevation of the right dome of diaphragm.*

Left costo-phrenic angle is normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- Elevation of the right dome of diaphragm – likely due to hepatomegaly / diaphragmatic eventration.
- No other radiographic abnormality.

**Dr. Elluru Santosh Kumar**  
Consultant Radiologist