

ID: 21472

Name: MR GIJO

Birth date: / /

35 years

Sex: M cm kg mmHg

1100 Sinus rhythm

7102 Moderate right axis deviation [90 deg. < QRS axis = < 100 deg.]

Indication:

Symptoms:

History:

Heart rate 61 bpm
 R int 168 ms
 RS dur 90 ms
 T/QTc(E) int 382/ 386 ms
 /QRS/T axis 50/ 91/ 55 °
 V5/SV1 amp 1.48/ 0.85 mV
 V5+SV1 amp 2.33 mV

0102 ARTIFACT PRESENT

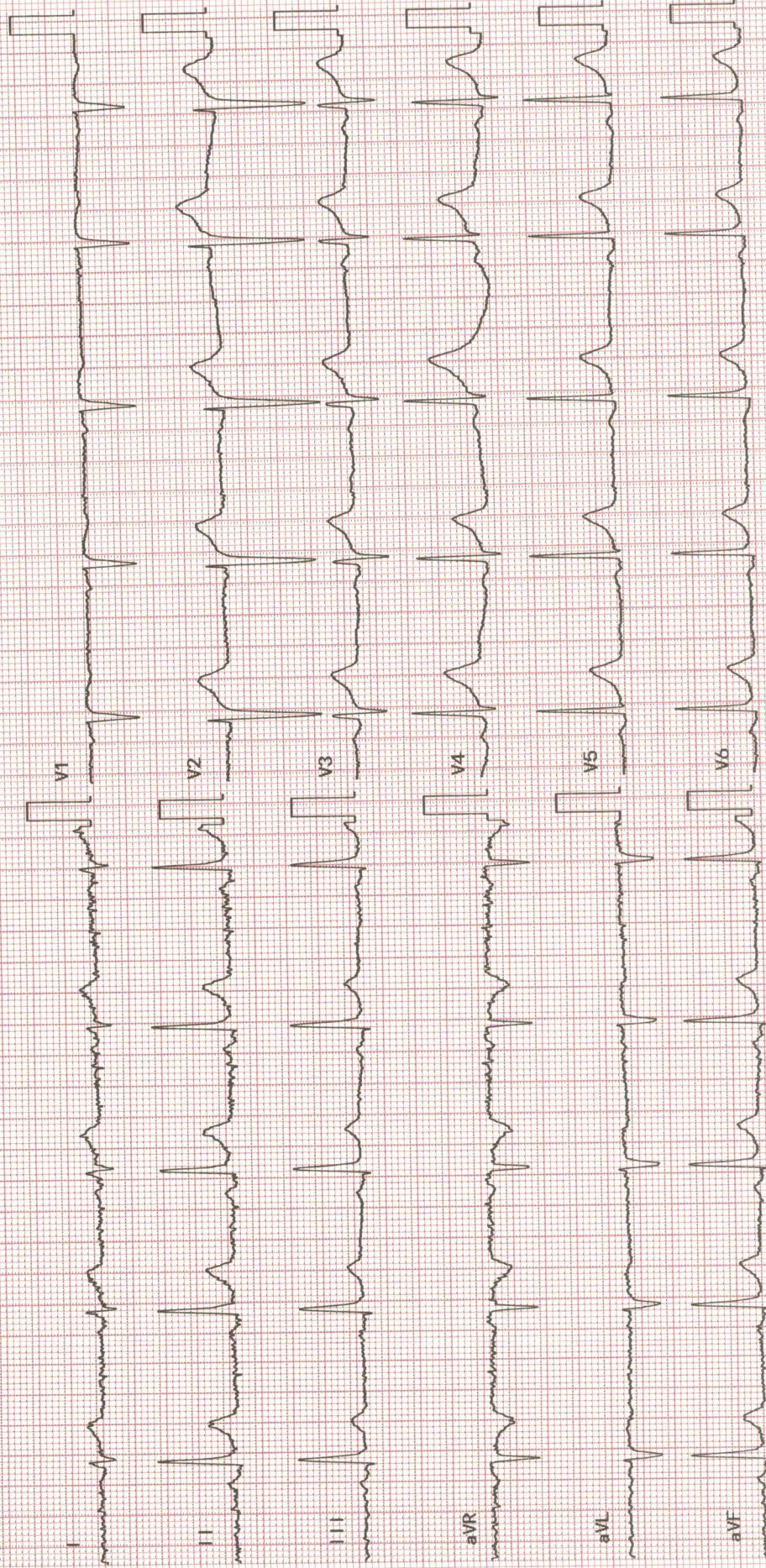
9110 ** normal ECG **

Unconfirmed Report

Reviewed by:

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

10 mm/mV





NABH



NABL



No.1



UNITED HOSPITAL

Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

| | | | |
|-----------------------------|---|---------------------|---------------------------------|
| Patient Name | : Mr.GIJO VERGHESE | UHID | : UHJA23021472 |
| Age / Sex | : 35 Years / Male | OP NO/Reg Dt | : 28-03-2024 08:36 AM |
| Spouse / Father Name | : . | Department | : |
| Address | : ., , Bengaluru Urban, Karnataka, INDIA, | Referred By | : |
| | | Consultant | : Dr.Preventive Health Check Up |
| | | KMC No. | : |

Complaints / Findings / Observations :

wt - 76.5
 HT - 168cm
 Bp - 100/70
 SpO2 - 98
 PR - 61b/m

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor

| | | | |
|-----------------------|------------------------------|---------------------|-----------------------|
| Patient name : | Mr. GIJO VERGHESE | Date : | 28/03/24 |
| Age : | 35 years GENDER: MALE | Patient ID : | 21472 |
| Ref by : | DR. CMO | OP/ IP : | HEALTH CHECKUP |

2D- ECHOCARDIOGRAPHY

M – MODE AND DOPPLER MEASUREMENTS

| (c.m) | (c.m) | (cm/sec) | |
|--------------------|-----------------------|------------------------------|-------------|
| AO : 2.5 (2.5-3.7) | LVIDD : 4.2 (3.5-5.5) | MV EV : 0.85 | AV : 56.8 |
| LA : 3.1 (1.9-4.0) | LVIDS : 2.3 (2.4-4.2) | AV : 1.32 | MR : NORMAL |
| RA : 2.3 (<4.4) | IVSD : 0.8 (0.6-1.1) | PV : 0.62 | AR : NORMAL |
| RV : 2.0 (<3.5) | IVSS : 1.1 (0.9-1.2) | TV EV : ---- | PR : NORMAL |
| TAPSE: 1.9 (>1.6) | LVPWD : 0.9 (0.6-1.1) | Diastolic Function : NO LVDD | |
| | LVPWS : 1.1 (0.9-1.2) | | TR : NORMAL |
| | EF : 60% | | |

DESCRIPTIVE FINDINGS

| | |
|----------------------|-----------------------------|
| Left Ventricle | : NORMAL |
| Right Ventricle | : NORMAL |
| Left Atrium | : NORMAL |
| Right Atrium | : NORMAL |
| Wall motion analysis | : NO RWMA |
| Mitral Valve | : NORMAL, MILD MR |
| Aortic Valve | : NORMAL |
| Tricuspid Valve | : NORMAL |
| Pulmonary Valve | : NORMAL |
| IAS | : INTACT |
| IVS | : INTACT |
| Pericardium | : NORMAL |
| Other Findings | : IVC NORMAL AND COLLAPSING |

IMPRESSION:

NORMAL CHAMBER DIMENSIONS
MILD MITRAL REGURGITATION
NORMAL LV SYSTOLIC FUNCTION EF : 60%
NORMAL LV DIASTOLIC FUNCTION
NO PULMONARTERY HYPERTENSION
NO REGIONAL WALL MOTION ABNORMALITIES
NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION
BRADYCARDIA NOTED DURING STUDY (HR-51bpm)


VANITHA

DEPARTMENT OF RADIODIAGNOSIS

| | | | |
|------|---------------|-------------|--------------|
| Name | Gijo Verghese | Date | 28/03/24 |
| Age | 35 years | Hospital ID | UHJA23021472 |
| Sex | Male | Ref. | Health check |

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, 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 (9.6 x 3.4 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

Left Kidney is normal in size (9.9 x 4.3 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

Retroperitoneum - Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is minimally distended.

Prostate is normal in echopattern and size, measures ~ 15.2 cc.

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

IMPRESSION:

- No definite sonological abnormality detected.



Dr. Elluru Santosh Kumar
Consultant Radiologist



NABH



NABL



No.1



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DEPARTMENT OF RADIODIAGNOSIS

| | | | |
|-------------|---------------|--------------------|--------------|
| Name | Gijo Verghese | Date | 28/03/24 |
| Age | 35 years | Hospital ID | UHJA23021472 |
| Sex | Male | Ref. | Health check |

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

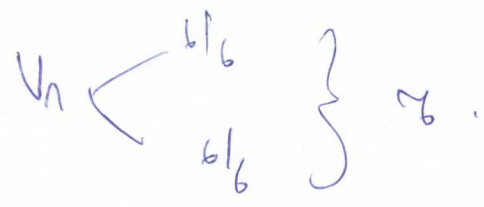
- **No radiographic abnormality.**

Dr. Elluru Santosh Kumar
Consultant Radiologist

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| Address : ., ., Bengaluru Urban, Karnataka, INDIA, | Referred By : |
| | Consultant : Dr.Preventive Health Check Up |
| | KMC No. : |

Complaints / Findings / Observations :



nil systemic

Investigations:

H/O TB eye in the past

OU normal.

Treatment / Care of Plan / Provisional Diagnosis :

I=mbis OU CD 0.3:1
 (RA eye)

Follow Up Advice :

OU Normal


Signature of the Doctor

DEPARTMENT OF LABORATORY MEDICINE

| | | | |
|---------------|----------------------------------|---------------|--------------------------|
| Patient Name | : Mr. GIJ O VERGHESE | Order No | : 1000080313 |
| UHID | : UHJ A23021472 | Registered On | : 28/03/2024 08:36:04 AM |
| Age/Sex | : 35/Years Male | Collected On | : 28/03/2024 09:16:54 AM |
| Ward / Bed No | : | Reported On | : 28/03/2024 04:26:48 PM |
| Reference | : Dr. Preventive Health Check Up | Bill No | : OPBJ A230026581 |
| Station | : At Hospital | Mobile No | : 9946993848 |
| Payer Name | : Mediwheel | Report Status | : Final Report |

| Test Name | Result | Unit | Bio. Ref. Interval |
|---|--------|--------|--|
| <u>BIOCHEMISTRY</u> | | | |
| FASTING GLUCOSE (Method: Hexokinase) | 92 | mg/dL | ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes |
| POST PRANDIAL GLUCOSE (Method: Hexokinase) | 133 | mg/dL | 70-140 |
| GLYCOSYLATED HAEMOGLOBIN (HBA1C) | | | Sample: Whole blood (EDTA) |
| HBA1C (Method: HPLC) | 5.4 | % | ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes |
| Estimated Average Glucose (eAG) (Method: Calculated) | 108.28 | mg/dL | |
| THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH) | | | Sample: Serum |
| TOTAL T3 (Method: CLIA) | 0.92 | ng/mL | 0.87-1.78 |
| TOTAL T4 (Method: CLIA) | 9.25 | ng/dL | 5.1-14.1 |
| THYROID STIMULATING HORMONE (TSH) (Method: CLIA: Ultra-sensitive) | 1.11 | μIU/mL | 0.34-5.60 |
| LIPID PROFILE | | | Sample: Serum |
| TOTAL CHOLESTEROL (Method: CHOD-POD) | 220 | mg/dL | ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High |
| TRIGLYCERIDES (Method: Enzymatic GPO-POD) | 102 | mg/dL | < 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High |
| HDL CHOLESTEROL (Method: ENZYMATIC METHOD) | 44.7 | mg/dL | < 40 - Low ≥ 60 - High |

DEPARTMENT OF LABORATORY MEDICINE

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| LDL CHOLESTEROL (Method:ENZYMATIC METHOD) | 155 | mg/dL | <100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high |
| VLDL CHOLESTEROL (Method: Calculated) | 20.39 | mg/dL | < 30 |
| TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated) | 4.9 | | Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 |
| LDL/HDL CHOLESTEROL RATIO (Method: Calculated) | 3.46 | | < 2.5 Optimal |
| NON HDL CHOLESTEROL (Method: Calculated) | 175.3 | mg/dL | < 130 |
| URIC ACID (Method:Uricase - POD(Enzymatic)) | 5.4 | mg/dL | 3.5-7.2 |
| BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic) | 12 | mg/dL | 7.93-20.07 |
| CREATININE (Method:Modified Jaffe, Kinetic) | 1.11 | mg/dL | 0.9-1.3 |
| LIVER FUNCTION TEST | | | |
| TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization) | 1.2 | mg/dL | 0.3-1.2 |
| DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization) | 0.20 | mg/dL | 0.0-0.2 |
| INDIRECT BILIRUBIN (Method: Calculated) | 1.0 | mg/dL | 0.2-1.0 |
| TOTAL PROTEIN (Method:BIURET) | 6.8 | g/dL | 6.6-8.3 |
| ALBUMIN (Method:BCG) | 4.51 | g/dL | 3.5-5.2 |
| GLOBULIN (Method: Calculated) | 2.29 | g/dL | 2.3-3.5 |

Sample: Serum

DEPARTMENT OF LABORATORY MEDICINE

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| AG RATIO (Method: Calculated) | 1.96 | | 2:1 |
| SERUM SGOT (Method:IFCC without P5P) | 23 | U/L | < 50 |
| SERUM SGPT (Method:IFCC without P5P) | 18 | U/L | < 50 |
| ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer) | 79 | U/L | 50-116 |
| GGT (Method:IFCC) | 20 | U/L | < 55 |
| PROSTATE SPECIFIC ANTIGEN (PSA) (Method:CLIA) | 1.30 | 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.

| | | | |
|---|------|-------|--|
| VITAMIN D (25-OH) (Method:CLIA) | 11.1 | ng/mL | <20 ng/mL - Deficient 20-29 ng/mL - Insufficient 30-100 ng/mL - Sufficient >100 ng/mL - Toxic |
|---|------|-------|--|

Interpretation Notes

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. Less severe vitamin D inadequacy may lead to secondary hyperparathyroidism and subsequently increasing the risk of osteoporosis. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

| | | | |
|-------------------------------------|-----|-------|--------|
| VITAMIN B12 (Method:CLIA) | 144 | pg/mL | 75-807 |
|-------------------------------------|-----|-------|--------|

DEPARTMENT OF LABORATORY MEDICINE

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Interpretation Notes

Vitamin B12 or Cobalamin assay helps to diagnose the cause of anemia or neuropathy; to evaluate nutritional status in some patients; to monitor effectiveness of treatment for B12 deficiency. Vitamin B12 is necessary for normal RBC formation, tissue and cellular repair, and DNA synthesis. Vitamin B12 is also important for nerve health; a deficiency in either B12 or Folate can lead to macrocytic anemia. Interpretation of the result should be considered in relation to clinical circumstances. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity.



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) | 15.44 | g/dL | 13.5-17.5 |
| PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated) | 45.4 | % | 42-52 |
| TOTAL WBC COUNT (TLC) (Method:Coulter Principle) | 5920 | Cells/Cum | 4000-11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS (Method:Optical/Impedance) | 44.55 | % | 40-75 |
| LYMPHOCYTES (Method:Optical/Impedance) | 43.60 | % | 20-45 |
| EOSINOPHILS (Method:Optical/Impedance) | 4.14 | % | 0-6 |
| MONOCYTES (Method:Optical/Impedance) | 7.36 | % | 2-10 |
| BASOPHILS (Method:Optical/Impedance) | 0.35 | % | 0-2 |
| RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle) | 4.86 | million/cum | 4.5-5.9 |
| MCV (Method:Derived from RBC Histogram) | 93.4 | fL | 78-100 |
| MCH (Method: Calculated) | 31.8 | pg | 27-31 |
| MCHC (Method: Calculated) | 34.0 | g/dL | 31-37 |
| RDW - CV (Method: Calculated) | 12.7 | % | 11.5-14.5 |
| PLATELET COUNT (Method:Electrical Impedance) | 2.50 | Lakhs/Cum | 1.5-4.5 |

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| MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram) | 7.40 | fl | 9-13 |
| PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated) | 18.0 | fl | 9-19 |
| ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method) | 08 | mm/hour | 1-15 |
| BLOOD GROUPING & RH TYPING Sample: Whole blood (EDTA) | | | |
| ABO Group (Method:Agglutination Gel Method) | O | | |
| Rh Factor (Method:Agglutination Gel Method) | Negative | | |

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE

Sample: Urine

PHYSICAL EXAMINATION

| | | | |
|------------------|-------------|----|-------------|
| VOLUME | 20 | mL | |
| COLOUR | Pale Yellow | | |
| APPEARANCE | Clear | | |
| PH | 5.5 | | 5.0-8.0 |
| SPECIFIC GRAVITY | 1.030 | | 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


DEPARTMENT OF LABORATORY MEDICINE

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| EPITHELIAL CELLS | 4-6 | /HPF | 0-5 |
| PUS CELLS | 2-4 | /HPF | 0-5 |
| RBCs | Nil | /HPF | 0-2 |
| CASTS | Nil | /LPF | |
| CRYSTALS | Nil | | |
| OTHERS | NA | | |
| URINE SUGAR, FASTING (Method:GOD-POD) | Absent | | |
| URINE SUGAR (POST PRANDIAL) | Absent | | |

Verified By
Rashmita

---End of Report---



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*NABL renewal under process.