



**BIOCHEMICAL ANALYSIS;**

HAEMOGLOBIN	11.0
ESR	14
RBC	5.8
MCV	62.8
MCH	19.4
MCHC	31.0
SGPT	45.3
S.BILIRUBIN (TOTAL)	5.33
S. BILIRUBIN (DIRECT)	0.51

Advice: Regular Exercise  
Low fat diet



GENERAL PHYSICIAN

Review in OPD for

31/07/24

Himanshu Chugh / 29yr / Male

Pt. came for regular annual health check-up.

CLL :-  $\downarrow$  afebrile x 3-4 yrs

Past history :- Not significant.

Personal history :- Mixed Preo

ECG - S Bradycardia.  $\odot$  P/dep.

Family history :- Father has T2DM & HTN.

Allergic history :- Allergic to milk.

O/E :- Pt. is conscious & oriented.

PIA :- Soft & non-tender.

Resp :- B/C equal air entry.

CNS :-  $\odot$  Fx A S.

Hemanshu chug

M

30.7.24

2972

VE 6/12  
6/12

VE gl 6/19  
6/19

NV 6/19  
6/19

Crow vs WM  
WM

L

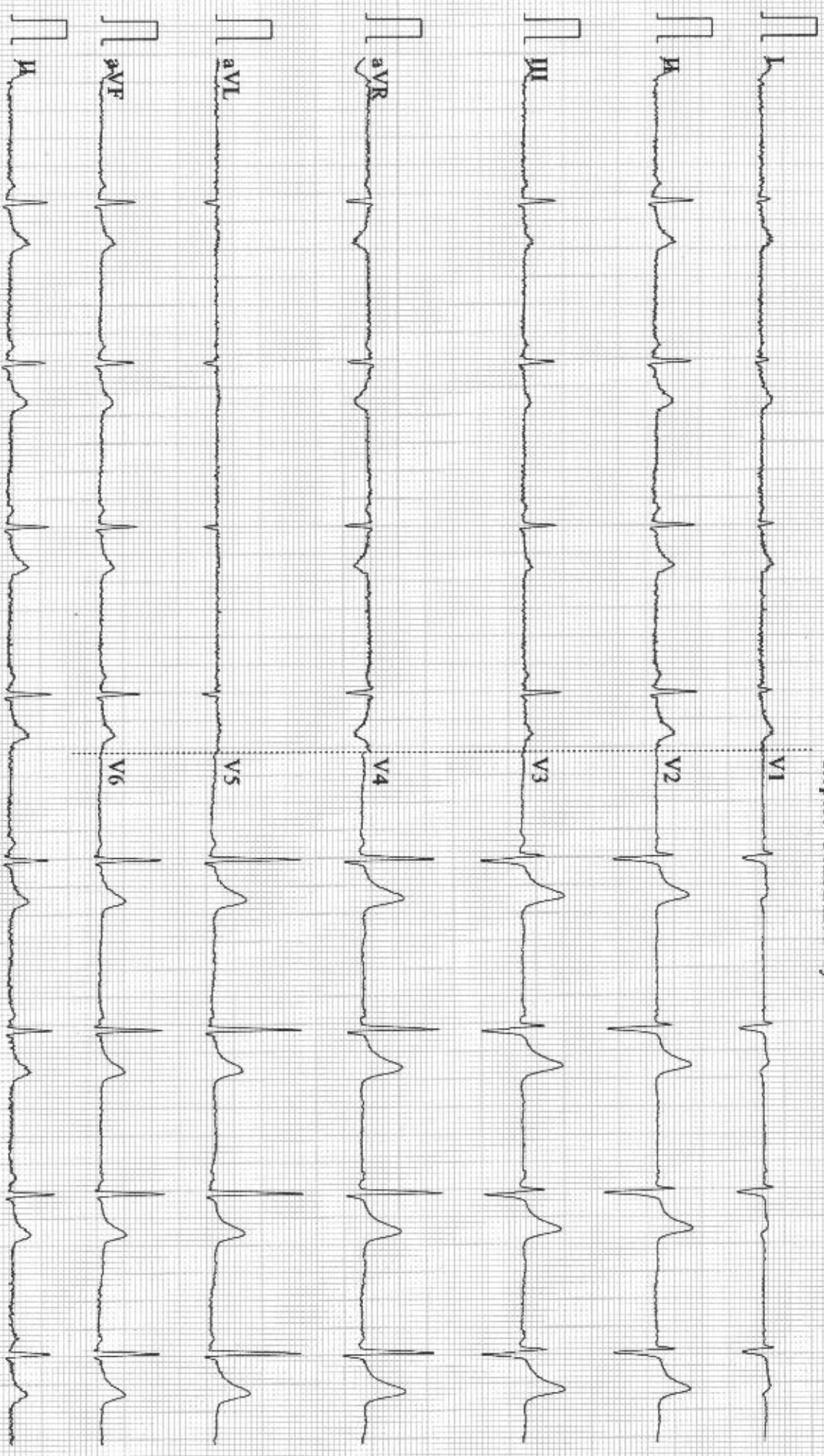
Hand Ref

LV: /0  
himanshu  
Male 29 Years  
Req. No. :

21-01-2024 10:01:41 AM  
HR : 50 bpm  
P : 96 ms  
PR : 135 ms  
QRS : 89 ms  
QT/QTc/Bz : 442/405 ms  
PQRS/T : 68/78/56 °  
RV5/SV1 : 1.633/0.452 mV

Diagnosis Information:  
Sinus Bradycardia

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.22 SEMIP V1.92 DMKAL HOSPITAL

Name	: Mr. HIMANSHU CHUGH	MR No	: UH038765
Age/Gender	: 29 Y/M	Visit ID	: OP051019
Admitting Doctor	:	Order Date	: 31-07-2024 09:28
		Report Date	: 31-07-2024 11:51

## Radiology Report

### Ultrasound

#### ULTRASOUND WHOLE ABDOMEN

- Liver :** Liver is normal in size and echotexture. No focal lesion seen.  
No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is partially contracted.  
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size , shape and echotexture.  
No Peripancreatic collection seen.
- Kidneys :** **Right kidney:-** is normal in size ,shape & position.  
Echotexture of sinus & cortex normal. No calyceal dilatation seen.  
No calculus/mass lesion seen.Corticomedullary differentiation maintained.  
**Left kidney:-** is normal in size ,shape & position.  
Echotexture of sinus & cortex normal. No calyceal dilatation seen.  
**Renal concretion are noted .Corticomedullary differentiation maintained**
- Spleen :** **The Spleen is enlarged in size approx 127mm** with normal shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No calculus/mass lesion seen.
- PROSTATE :** Is normal in size and echotexture.  
No free fluid seen. No collection seen.
- IMPRESSION :** **Left renal concretions.**  
**Mild splenomagaly**

Please correlate clinically.

DR ARUSHI BIARTIYA  
CONSULTANT RADIOLOGIST

Technician  
UMKAL Hospital Pvt. Ltd

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Ph.: 0124-4 666 555 Mobile : 88600 77501  
Emergency Ph No.: 0124 4100000

Verified By



HIMANSHU 29M OPD MED

31/Jul/2024 10:42:24

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:42:49

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:43:44

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:44:25

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:45:29

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)

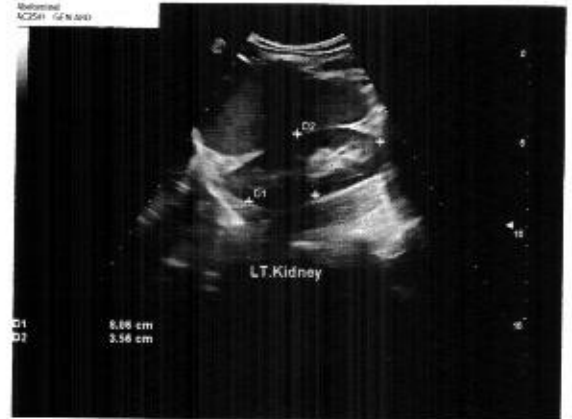


HIMANSHU 29M OPD MED

31/Jul/2024 10:45:55

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:46:15

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



HIMANSHU 29M OPD MED

31/Jul/2024 10:46:15

Sex: M Age: 29.00 Hgt: 171.00 Wgt: 75.00

Abdominal AC2541 (G-N-ADD)



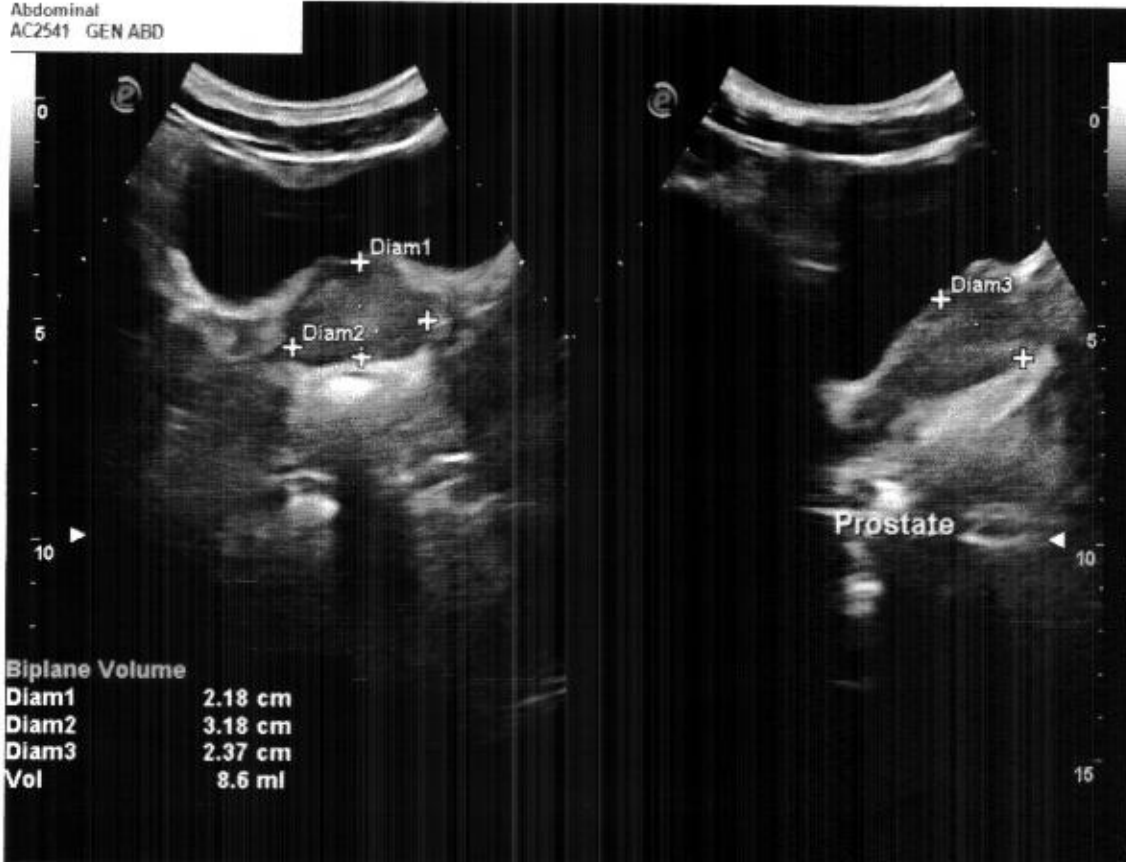
HIMANSHU 29/M OPD MED

31/Jul/2024 10:48:23

B Res-L G 45 %  
TEI D 152 mm X/M C1/1  
PRC 11/2/2/0 PRS 3

P 100% MI 1.1  
TIS 0.1

Abdominal  
AC2541 GEN ABD



HIMANSHU 29/M OPD MED

31/Jul/2024 10:53:25

B Res-L G 50 %  
TEI D 169 mm X/M C1/1  
PRC 11/2/2/0 PRS 3

P 100% MI 1.1  
TIS 0.1

Abdominal  
AC2541 GEN ABD





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Age/Gender	: 29 Y/M	Visit ID	: OP051019
Admitting Doctor	:	Order Date	: 31-07-2024 09:28
		Report Date	: 31-07-2024 16:23

## Radiology Report

### X-Ray

#### CHEST X-RAY PA VIEW

#### Finding -

**Haziness is noted in right para cardiac region.**

Trachea appears in the midline.

**Both hila appear prominent.**

Cardiac size appears normal.

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**  
*Arushi*  
**CONSULTANT RADIOLOGIST**

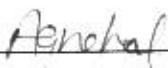
Name	: Mr. HIMANSHU CHUGH	MR No	: UH038765
Age/Gender	: 29 Y/M	Visit ID	: OP051019
Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:20
Lab ID No	: LAB068130	Sample Received on	:
		Report Released on	: 31-07-2024 13:22

## Laboratory Report

### Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Whole Blood			
<b>BLOOD GROUP (ABO &amp; RH TYPING)</b>	"O" POSITIVE		
Sample Type: Whole Blood			
<b>CBC WITH ESR</b>			
HAEMOGLOBIN	11.0 *	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	4,900	cell/cum	4000 - 11000
D.L.C = POLYMORPHS	50	%	40 - 75
LYMPHOCYTES	42	%	20 - 45
EOSINOPHILS	05	%	01 - 06
MONOCYTES	03	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	14 *	mm/1st	0 - 9
RED BLOOD CELLS	5.8 *	Millions	3.5 - 5.5
PLATELET COUNT	2.6	lakh/cum	1.5 - 4.5
P.C.V	36.5	%	35 - 50
M.C.V	62.8 *	fl	80 - 96
M.C.H	19.4 *	pg	27 - 32
M.C.H.C	31.0 *	%	32 - 36


\*\*\*End of the report\*\*\*

  
Checked By  
Lab Technician

Verified By

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Emergency Ph No.: 0124 4100000

  
DR. PRIYAVART MEHARWAL  
MBBS, MD  
Pathologist

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		Report Released on	: 31-07-2024 12:33

## Laboratory Report

### Hematology

#### PERIPHERAL BLOOD SMEAR

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

**IMP:- MILD MICROCYTIC HYPOCHROMIC ANEMIA**

\*\*\*End of the report\*\*\*

*Aanchal*

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Lab Technician

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*CP*

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Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:20
Lab ID No	: LAB068130	Sample Received on	:
		Report Released on	: 31-07-2024 13:08

## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
<b>SERUM LIPID PROFILE 1514</b>			
CHOLESTEROL	153.2	mg/dl	150 - 200
SERUM TRIGLYCERIDES	108.3	mg/dl	70 - 170
HDL CHOLESTEROL	36.7	mg/dl	30 - 88
LDL CHOLESTEROL	94.9	mg/dl	upto - 150
VLDL CHOLESTEROL	21.6	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	4.1	ref.cut	upto - 4.96
LDL/HDL RATIO	2.5	ref.cut	upto - 4.96
Sample Type: Serum			
<b>KFT</b>			
BLOOD UREA	31.7	mg/dl	10 - 50
SERUM CREATININE	0.97	mg/dl	0.6 - 1.2
SERUM URIC ACID	5.5	mg/dl	3.5 - 7.0
SERUM SODIUM	142.0	mEq/l	135 - 155
SERUM POTASSIUM	4.0	mEq/l	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.6 - 10.6
Sample Type: Serum			
<b>G.G.T.P. 1533</b>			
G.G.T.P.	19.2	U/ML	upto - 47

Sample Type: Serum

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Lab Technician

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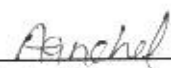
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Age/Gender	: 29 Y/M	Visit ID	: OP051019
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Lab ID No	: LAB068130	Sample Received on	:
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**LFT 1513**

S.G.O.T	39.0	U/L	upto - 40
S.G.P.T	45.3 *	U/L	upto - 45
S. BILIRUBIN (TOTAL)	5.33 *	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.51 *	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	108.0	U/L	60 - 170
TOTAL PROTEINS	6.6	g/dl	6.5 - 8.0
ALBUMIN	4.2	g/dl	3.5 - 5.5
GLOBUMIN	2.4	g/dl	2.3 - 3.5
A:G RATIO	1.7:1		1.5 - 2.5

\*\*\*End of the report\*\*\*

  
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		Report Released on	: 31-07-2024 13:19

## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
<b>BLOOD SUGAR - FASTING</b>			
BLOOD SUGAR FASTING	90.4	mg/dl	70 - 110
Sample Type: Serum			
<b>BLOOD SUGAR - PP 1465</b>			
BLOOD SUGAR PP 1465	114.9	mg/dl	70 - 140

\*\*\*End of the report\*\*\*

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Lab ID No	: LAB068130	Sample Received on	:
		Report Released on	: 31-07-2024 13:11

## Laboratory Report

### Biochemistry

#### T3, T4, TSH

Tests	Results	Biological Reference Range	Units
Triiodothyronine, Total (T3) (Serum,CMIA)	1.31	1.30 - 3.10	nmol/mL
Thyroxine, Total (T4) (Serum,CMIA)	79.8	59 - 154	nmol/mL
TSH Ultra Sensitive (Serum,CMIA)	1.87	0.27 - 4.8	μIU/mL

#### 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, tri-iodothyronine (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.

HBAIC 1510

Test Name	Value	Unit	Bio Ref.Interval
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Lab ID No	: LAB068130	Sample Received on	:
		Report Released on	: 31-07-2024 13:11

**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\*\*\*

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## Laboratory Report

### Biochemistry

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

### CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
<b>URINE ROUTINE &amp; MICROSCOPIC 1383</b>			
COLOUR	P. YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.015		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			

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PUS CELLS	1-2	/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\*\*\*

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