UNITED HOSPITAL
Care Par Excellence

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. PRASHANTH D	Order No	: 1000074328
UHID	: UHJA23019007	Registered On	: 24/02/2024 08:34:03 AM
Age/Sex	: 35/Years Male	Collected On	: 24/02/2024 08:55:10 AM
Ward / Bed No	:	Reported On	: 24/02/2024 01:57:22 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230023501
Station	: At Hospital	Mobile No	: 7382225519
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
	BIOCHEMISTRY		
FASTING GLUCOSE (Method: Hexokinase)	97	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	106	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	5.2	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	102.54	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.08	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	11.21	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	3.02	ı IU/mL	0.34-5.60
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	190	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	117	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	39.9	mg/dL	< 40 - Low ≥ 60 - High

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	126.7	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	23.39	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.7		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	3.1		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	150.1	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	7.9	mg/dL	3.5-7.2
CREATININE (Method:Modified Jaffe, Kinetic)	1.04	mg/dL	0.9-1.3
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.77	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.14	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.64	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.3	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.34	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.95	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.46		2:1

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Test Name	Result	Unit	Bio. Ref. Interval
SERUM SGOT (Method:IFCC without P5P)	26	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	31	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	89	U/L	50-116
GGT (Method:IFCC)	15	U/L	< 55

Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

UNITED HOSPITAL
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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	15.66	g/dL	13.5-17.5
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	46.8	%	42-52
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	6790	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	57.24	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	33.52	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	4.50	%	0-6
MONOCYTES (Method:Optical/Impedance)	4.55	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.19	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	5.53	million/cum	4.5-5.9
MCV (Method:Derived from RBC Histogram)	84.7	fL	78-100
MCH (Method: Calculated)	28.3	pg	27-31
MCHC (Method: Calculated)	33.5	g/dL	31-37
RDW - CV (Method: Calculated)	13.6	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.43	Lakhs/Cum	1.5-4.5

UNITED HOSPITAL
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MC-5013

DEPARTMENT OF LABORATORY MEDICINE

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Station	: At Hospital	Mobile No	: 7382225519
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.80	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	19.3	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	20	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)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen.N

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

UNITED HOSPITAL
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DEPARTMENT OF LABORATORY MEDICINE

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Station	: At Hospital	Mobile No	: 7382225519
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CLINICAL PATHOLOGY

Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE			
PHYSICAL EXAMINATION			
VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.5		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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Test Name	Result	Unit	Bio. Ref. Interval
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	Nil		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		
URINE SUGAR (POST PRANDIAL)	Absent		

Verified By
NAGARATNA

---End of Report---

Naveen.N
Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

ID:23019007 24-Feb-2024 AM8:48:57

Name:mr.prashanth d

ex:M Birth date: 35 years 1100 Sinus rhythm

cm kg / mmHg 9110 ** normal ECG **

edication:

ymptoms:

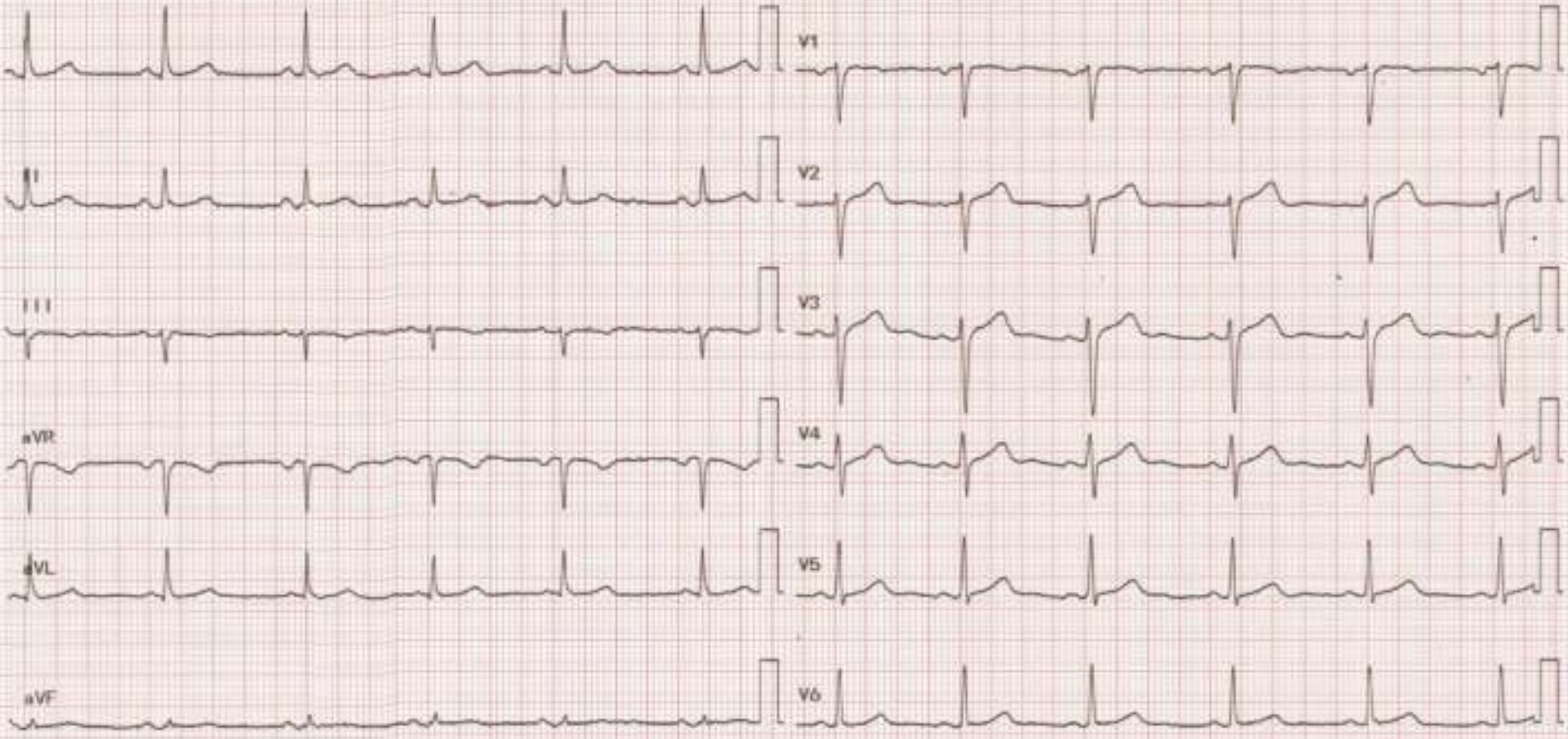
istory:

ent. rate	69	bpm
R int	144	ms
RS dur	84	ms
T/QTc(E) int	380/ 400	ms
P/QRS/T axis	32/ 9/ 21	°
V5/SV1 amp	1.02/ 0.91	mV
V5+SV1 amp	1.93	mV

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H60 D 35 Hz 10 mm/mV



2350K 03-08 07-01 Dept.: Exam: UNITED HOSPITAL

NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Patient name :	Mr. PRASHANTH D	Date :	24/02/24
Age :	35 years GENDER: MALE	Patient ID :	19007
Ref by :	DR. CMO	OP/ IP :	HEALTH CHECKUP

2D- ECHOCARDIOGRAPHY

M – MODE AND DOPPLER MEASUREMENTS

(c.m)	(c.m)	(cm/sec)		
AO : 2.4 (2.5-3.7)	LVIDD : 3.9 (3.5-5.5)	MV EV : 79.1	AV : 63.1	MR : NORMAL
LA : 3.3 (1.9-4.0)	LVIDS : 2.6 (2.4-4.2)	AV : 111		AR : NORMAL
RA : 2.0 (<4.4)	IVSD : 1.0 (0.6-1.1)	PV : 62.1		PR : NORMAL
RV : 2.2 (<3.5)	IVSS : 0.9 (0.9-1.2)	TV EV : ----	AV : ----	TR : NORMAL
TAPSE: 1.7 (>1.6)	LVPWD : 2.6 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 1.1 (0.9-1.2)			
	EF : 60%			

DESCRIPTIVE FINDINGS

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis	: NO RWMA
Mitral Valve	: NORMAL
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
NORMAL LV SYSTOLIC FUNCTION EF : 60%
NORMAL LV DIASTOLIC FUNCTION
NO PULMONARTERY HYPERTENSION
NO REGIONAL WALL MOTION ABNORMALITIES
NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

DR. RAHUL S PATIL
CONSULTANT CARDIOLOGIST

NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	: **Mr.PRASHANTH D**	**UHID**	: **UHJA23019007**
Age / Sex	: 35 Years / Male	OP NO/Reg Dt	: 24-02-2024 08:34 AM
Spouse / Father Name	: CHITTAMMA CHITRAJU	Department	: Health check
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	: Corporate
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr. Vignesh

Complaints / Findings / Observations : ENT Prescription

Came for Routine ENT Checkup.

Investigations:

Treatment / Care of Plan / Provisional Diagnosis : Ear, Nose, throat, oral cavity } within Normal limits.

Follow Up Advice :

DR. VIGNESH J
MBBS, DLO(MANIPAL), DNB(BANGALORE)
ENT, HEAD AND NECK CANCER SURGEON
REG. NO: 92095

Signature of the Doctor

NABH NABL No.1

UNITED HOSPITAL
Care For Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	**: Mr.PRASHANTH D**	**UHID**	**: UHJA23019007**
Age / Sex	: 35 Years / Male	OP NO/Reg Dt	: 24-02-2024 08:34 AM
Spouse / Father Name	: CHITTAMMA CHITRAJU	Department	: Health check
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	: corporate
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr.Shwetha

Complaints / Findings / Observations : Ophthomology prescription

Routine Eye test

VA < 6/6 (RE) . NAD

Investigations:

AS < 0

Treatment / Care of Plan / Provisional Diagnosis : fundus < 0

Dry : Normal study

Follow Up Advice :

Yearly once

Signature of the Doctor

24/2/24

NABH NABL No.1

UNITED HOSPITAL
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Jayanagar, Bangalore

Out Patient Record

Patient Name	: **Mr.PRASHANTH D**	**UHID**	: UHJA20019007
Age / Sex	: 35 Years / Male	OP NO/Reg Dt	: 24-02-2024 08:34 AM
Spouse / Father Name	: CHITTAMMA CHITRAJU	Department	: Health check corporate
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr. Anuleeha

Complaints / Findings / Observations :

Routine health check up

Wt - 96.3
HT - 177
Bp - 130/81
SPO2 - 99
PR - 74.

Investigations:

Treatment / Care of Plan / Provisional Diagnosis : Adv physical activities

Follow Up Advice : Medically fit

Signature of the Doctor

UNITED HOSPITAL
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Jayanagar, Bangalore
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NABH NABL No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Prashanth D	**Date**	24/02/24
Age	35 years	**Hospital ID**	UHJA23019007
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 size, course and 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 (9.9 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.
Left Kidney is normal in size (11.5 x 4.6 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 ~ 13.9 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

DEPARTMENT OF RADIODIAGNOSIS

Name	Prashanth D	**Date**	24/02/24
Age	35 years	**Hospital ID**	UHJA23019007
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