

CONCLUSION OF HEALTH CHECKUP

ECU Number : 10162

Age : 48

Weight : 104

Date : 14/03/2024

MR Number : 23231305

Sex : Male

Ideal Weight : 61

Patient Name: RAJEEV RANJAN

Height : 163

BMI : 39.14

- Fatty Liver
 - Hepato spleno megaly
 - Dyslipidemia (TG ↑)
 - Hypothyroidism
 - Conts - Regular medication for Hypothyroidism & Dyslipidemia
 - Advice for fibroscan for Fatty Liver
 - strict Diet control for Dyslipidemia mainly TG
 - Life style modification.
- Dr. Manish Mittal

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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ECU Number : 10162 MR Number : 23231305 Patient Name: RAJEEV RANJAN
Age : 48 Sex : Male Height : 163
Weight : 104 Ideal Weight : 61 BMI : 39.14
Date : 14/03/2024

Past H/O : K/C/O HYPOTHYROIDISM , DYSLIPIDSAEMIA

Present H/O : NO MEDICAL COMPLAIN AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO
Gen.Exam. : G.C.GOOD
B.P : 140/90
Pulse : 68
Others : SPO2 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



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Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6 WITH - 5.00 D SPH

Vision With Glasses

N.6 + 2.50 D SPH

N.6 + 2.50 D SPH ADD

Final Correction

-

-

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. RAJEEV RANJAN
 Gender / Age : Male / 48 Years 1 Months 18 Days
 MR No / Bill No. : 23231305 / 242090458
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 207666
 Request Date : 14/03/2024 09:10 AM
 Collection Date : 14/03/2024 09:48 AM
 Approval Date : 14/03/2024 03:00 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.3	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.43	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	41.2	%	40 - 50
Mean Corpuscular Volume (MCV)	93.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.0	pg	27 - 32
MCH Concentration (MCHC)	32.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.6	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	4.06	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	51	%	40 - 80
Lymphocytes	37	%	20 - 40
Eosinophils	7	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	2.07	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.48	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.28	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.21	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.7	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	112	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	Few large platelets seen.		
ESR	24	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Arnee Soni
MD (Path)

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Ameet Soni
MD (Path)

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	119	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	151	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	6.3	%	
estimated Average Glucose (e AG) *	134.11	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Hazy		
Triglycerides	450	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High</i>			
Total Cholesterol	186	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.)</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High</i>			
HDL Cholesterol	35	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600)</i>			
<i>< 40 Low</i>			
<i>> 60 High</i>			
Non HDL Cholesterol (calculated)	151	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High</i>			
LDL Cholesterol	108	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600)</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High</i>			
VLDL Cholesterol (calculated)	90	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.09		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.31		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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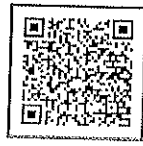
Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.57	mg/dL	0 - 1
Bilirubin - Direct	0.10	mg/dL	0 - 0.3
Bilirubin - Indirect	0.47	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	65	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	66	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	97	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	39	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.40	gm/dL	6.4 - 8.2
Albumin	4.22	gm/dL	3.4 - 5
Globulin	3.18	gm/dL	3 - 3.2
A : G Ratio	1.33		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

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MD (Path)

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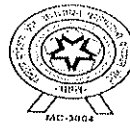
Type : OPD
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	30	mg/dL	10 - 45
BUN	14.02	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.69	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	9.0 R/C	mg/dL	3.4 - 7.2

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. RAJEEV RANJAN
 Gender / Age : Male / 48 Years 1 Months 18 Days
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.08	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	8.68	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	2.30	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20-99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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--- End of Report ---

Dr. Ameer Soni
MD (Path)



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PSA (Prostate Specific Antigen)

Test	Result	Units	Biological Ref. Range
Total PSA	0.293	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.
 Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.5		4.6 - 8.0
Specific Gravity	1.018		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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- Computerized Radiography
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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231305 Report Date : 14/03/2024
 Request No. : 190107904 14/03/2024 9.10 AM
 Patient Name : Mr. RAJEEV RANJAN
 Gender / Age : Male / 48 Years 1 Months 18 Days

X-Ray Chest AP

Both lung fields are clear.

Right costophrenic sinus appear clear. Left costophrenic sinus appears blunted-p/o pleural thickening.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED



Dr. Priyanka Patel, MD.
 Consultant Radiologist





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Multi-Detector CT Scan

Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231305 Report Date : 14/03/2024

Request No. : 190107934 14/03/2024 9.10 AM

Patient Name : **Mr. RAJEEV RANJAN**

Gender / Age : Male / 48 Years 1 Months 18 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is enlarged in size (16.5 cm) and increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.

Spleen is enlarged size (13 cm) and normal in echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Grade II fatty liver.**
- **Hepatosplenomegaly.**

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Harsh Sanjay Vyas,
Consultant Radiologist



Patient No. : 23231305 Report Date : 14/03/2024
Request No. : 190107925 14/03/2024 9.10 AM
Patient Name : Mr. RAJEEV RANJAN
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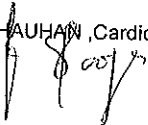
Echo Doppler Screening

MITRAL VALVE : TRIVIAL MR , NO MS
AORTIC VALVE : TRILEAFLET, NORMAL , NO AR , NO AS
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY, LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : Grade I diastolic dysfunction
TRIVIAL TR, MR , NO PAH , NO AR

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. GRADE I DIASTOLIC DYSFUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN, Cardiologist



Age 048Y
Gender Male
Pacemaker Unknown

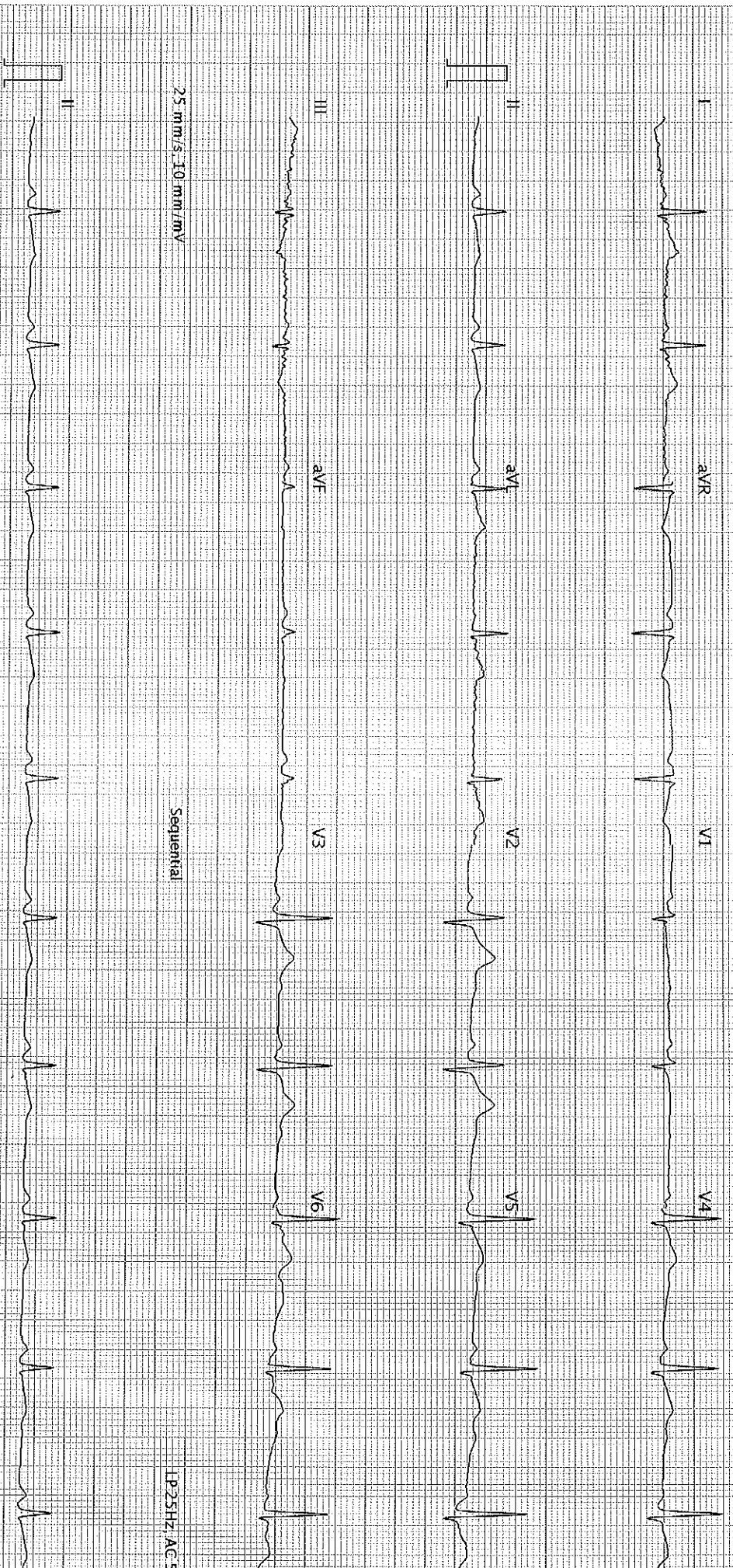
Ref. phys.

HR 60 bpm
RR 997 ms
P 108 ms
PR 144 ms
P axis 49°
QRS axis 19°
T axis 6°
QR5 89 ms
QT 410 ms
QTc 411 ms

Unconfirmed report

Remark

PR



25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

LP 25HZ AC 50HZ

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