

4392 5429 3037  
ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం  
Government of India



తలపత్రి కిరణ్ కుమార్  
Talapatri Kiran Kumar

పుట్టిన సంవత్సరం / Year of Birth: 1980  
పురుషుడు / Male



4392 5429 3037

ఆధార్ - సామాన్యుని హక్కు

## MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

### PART I: GENERAL DETAILS

NAME OF THE PATIENT Kumar Kishan  
 DOB 5/4/1980 Age 43 Sex M Phone number 9490734545

### PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

#### A. PERSONAL HISTORY:

##### 1. Previous history if any:

Disease	Yes/ No	Medicine & Surgery Details	Disease	Yes/ No	Medicine & Surgery Details
Diabetes Mellitus	} No		Cancer	} NO.	
Hypertension			Tumor/Benign		
IID			Genital urinary disorder		
Stroke			Rheumatic joint diseases or symptoms		
Surgeries			Asthma		
Tuberculosis			Pulmonary Disease		
Congenital Disease			Anemia		
Arrhythmia			Bleeding disease or Disorder.		
Aids (HIV)			Mental Stress		

##### 2. Habits:

Diet	Mixed	Alcohol	Occasionally	Tobacco/Smoking	occasionally	Medicine	NA
------	-------	---------	--------------	-----------------	--------------	----------	----

3. Major complaints/Relevant past history if any: NA

4. Previous illness (Hospitalization Investigation, consultation): NA

5. Family history: Parents - DM, HTN.

B. MEDICAL EXAMINATION FINDING AND ASSESSMENT. (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person assessed, about the results)

1. Anthropometry:

Height	166 cm	Weight	65.25 kg	BMI	
--------	--------	--------	----------	-----	--

2. Vital Parameters:

(i)

Respiratory Rate	22 min	Pulse Rate	96 bpm
------------------	--------	------------	--------

(ii) Blood Pressure (Three consecutive Reading):

Systolic	130	130	130
Diastolic	70	70	70
Further readings at 10 minute interval if the first reading exceeds 140/90	mmhg	mmhg	mmhg

3. Skin

Is there is any evidence of:

Chronic Ulcers:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Ecema:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe \_\_\_\_\_

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System: S1S2 ⊕

5. Genito-Urinary System: NAD

6. Respiratory System: AEBE



7. Gastro-Entrology System:

(a) Oropharyngeal:

(b) Abdomen: *Soft, Non  
Tender*



Evidence of Hernia, Hydrocoele, Fissure, Fistula & piles.

If yes, please describe *No*

8. Nervous System: *NAD*

9. Eye Check-up *NAD*

10. ENT *NAD*

12. For Female Clients Only:

1. Is there any disease of breast? \_\_\_\_\_
2. (i) Is there any evidence of pregnancy? \_\_\_\_\_  
(ii) If Pregnant, are any complications to be expected? \_\_\_\_\_
3. Do you suspect any disease of uterus, cervix or ovaries? \_\_\_\_\_
4. Any menstrual complaints? \_\_\_\_\_

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & Medically Fit.

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner:

DR. ANAND PEAKASH GAUR  
MBBS, MCh, FRCGS  
(Consulting Physician)  
MCh Reg. No.  
2005/02/0965

Signature of the Medical Examiner:

Stamp of the Medical Examiner

Registration Number

Date of medicals conducted:

Place:

2. Name of the Client:

Signature of the Client:

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

Patient Consent Form: Omitting Tests from Health Check Package

Patient Information:

Full Name: T. Kiran Kumar

Date of Birth: 05/04/1980

Address: C/o Vashi, Mumbai

Reference- ekincare

Contact Number: 9490734545

Email Address: talkiran1980@gmail.com

I, T. Kiran Kumar, hereby give my consent to (Hospital Name) Credence to omit certain tests from the health check package that I have selected. I understand that this decision may have implications for the completeness of the health assessment and the information provided to me.

Name of Health Check Package: [Health Check Package Name] \_\_\_\_\_


Date of Scheduled Health Check: [Scheduled Health Check Date] 24/02/2024

Omitted Tests: [List of Tests to be Omitted] Stool test

I have been given the opportunity to ask questions and have received satisfactory answers regarding the tests being omitted from the health check package. I understand that I have the right to request a complete health assessment and include all recommended tests. However, I voluntarily choose to omit the specified tests and accept any potential consequences that may arise as a result of this decision.

I acknowledge that [Your Organization] and its healthcare professionals have explained the purpose, benefits, risks, and alternatives of the omitted tests to me. I understand that the decision to omit tests has been made based on my specific circumstances and preferences.

By signing this consent form, I confirm that I have read and understood the contents of this form, and I willingly provide my consent to omit the specified tests from the selected health check package.

Patient Signature: 

Date: 24/02/2024

Note: A copy of this signed consent form should be provided to the patient and retained in their medical records.



Kisan Kumar  
Age-43/M

GE Healthcare RLV W1977051

25/02/2024 3:16:21

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

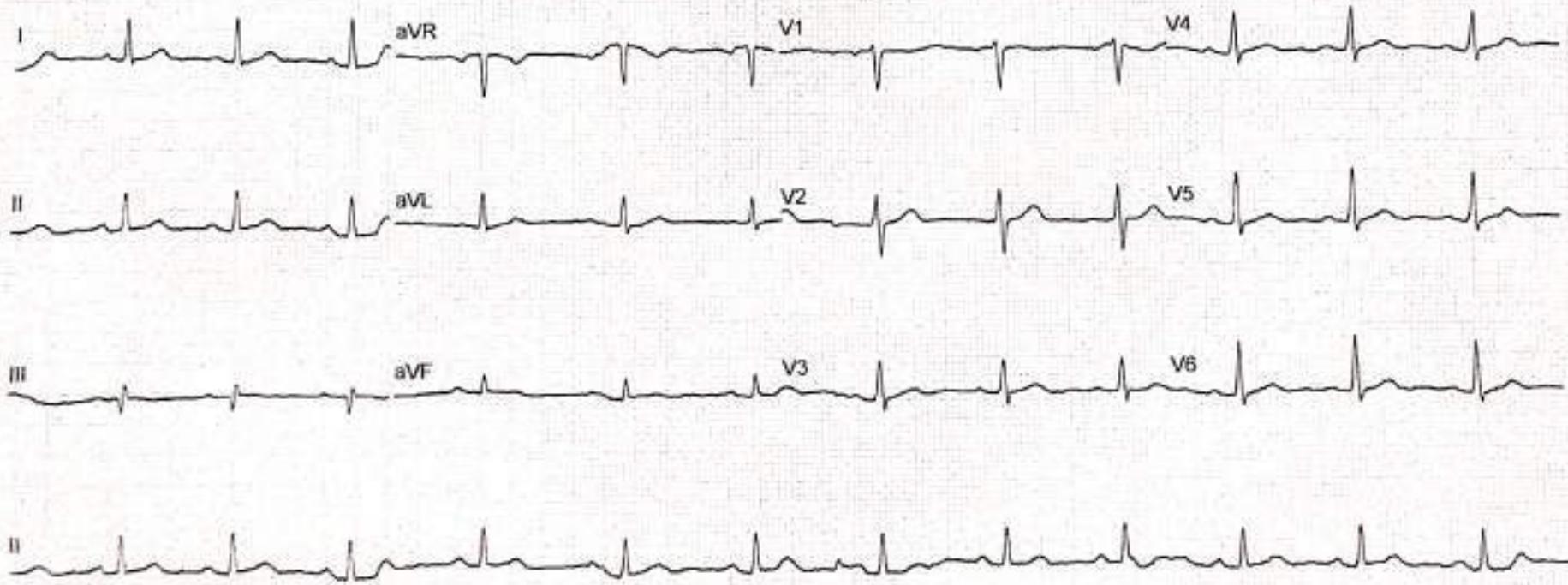
76 bpm  
- / - mmHg

QRS : 76 ms  
QT / QTcBaz : 358 / 402 ms  
PR : 156 ms  
P : 86 ms  
RR / PP : 792 / 789 ms  
P / QRS / T : 40 / 25 / 29 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

DR. ANAND PRAKASH GAUR  
MBBS, CCMH, CCEDM  
(Consulting Physician)  
MMC Reg. No.  
2005/02/0965





CREDENCE HOSPITAL

CLOUD 36, SEC 11, GHANSOLI, NAVI MUMBAI, MH

Patient: KIRAN KUMAR

Refd. By:

Pred. Eqns: ERS 93

Date : 24-Feb-2024 12:39 PM

Age : 43 Yrs

Height : 165 Cms

Weight : 65 Kgs

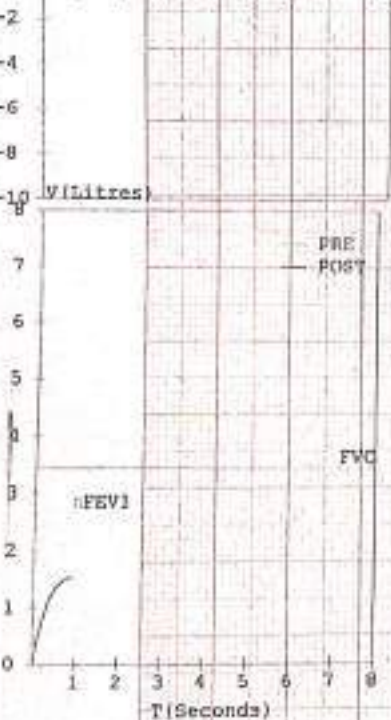
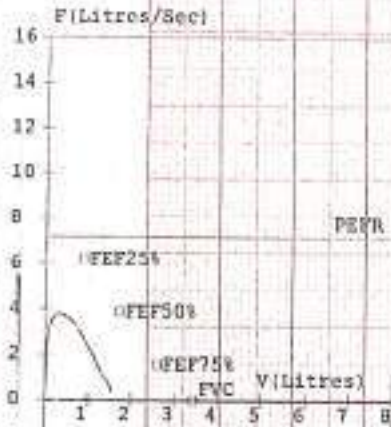
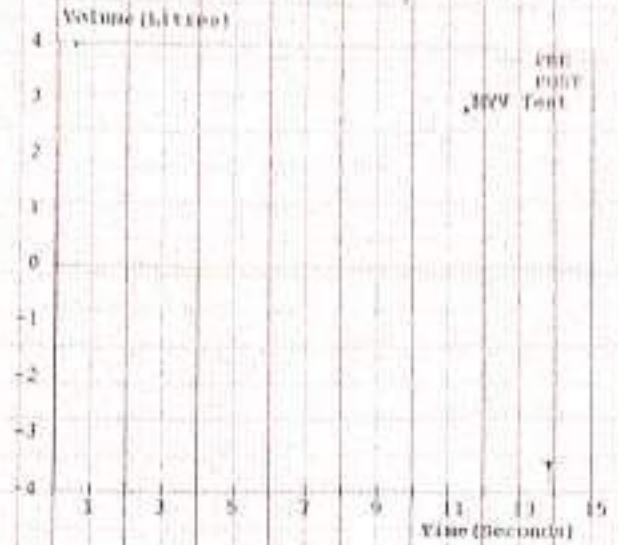
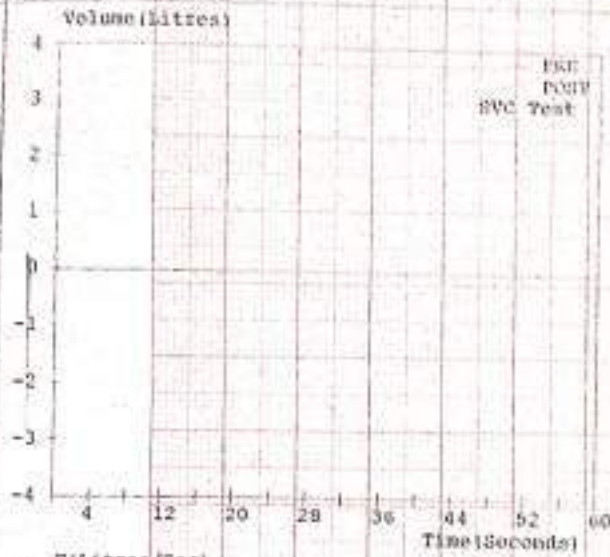
ID : 199

Gender : Male

Smoker : Yes

Eth. Corr: 05

Temp :



Parameter	Spirometry Results					
	Pred	M. Pre	%Pred	M. Post	%Pred	Step
FVC (L)	03.44	01.57	046	---	---	---
FEV1 (L)	02.05	01.57	055	---	---	---
FEV1/FVC (%)	02.05	100.00	121	---	---	---
FEF25-75 (L/s)	03.64	02.75	080	---	---	---
PEFR (L/s)	07.17	03.76	052	---	---	---
FIVC (L)	03.50	---	0150	---	---	---
FEV1.5 (L)	---	01.33	---	---	---	---
FEV3 (L)	---	01.57	---	---	---	---
FIFR (L/s)	---	---	---	---	---	---
FEF75-85 (L/s)	---	01.20	---	---	---	---
FEF7-1.2 (L/s)	---	02.01	---	---	---	---
FEF 25% (L/s)	06.20	03.73	060	---	---	---
FEF 50% (L/s)	03.80	03.04	078	---	---	---
FEF 75% (L/s)	01.57	01.67	106	---	---	---
FEV1.5/FVC (%)	---	04.71	---	---	---	---
FEV3/FVC (%)	---	100.00	---	---	---	---
PEP (Sec)	---	00.91	---	---	---	---
ExpiTime (Sec)	---	00.09	---	---	---	---
Long hse (Tcs)	043	062	144	---	---	---
FEV6 (L)	03.44	---	---	---	---	---
FIF 25% (L/s)	---	01.64	---	---	---	---
FIF 50% (L/s)	---	01.64	---	---	---	---
FIF 75% (L/s)	---	01.64	---	---	---	---
SVC (L)	---	---	---	---	---	---
ERV (L)	01.09	---	---	---	---	---
IRV (L)	---	---	---	---	---	---
VE (L/min)	---	---	---	---	---	---
RI (l/min)	---	---	---	---	---	---
Ti (sec)	---	---	---	---	---	---
Te (sec)	---	---	---	---	---	---
VT (L)	---	---	---	---	---	---
VT/Ti	---	---	---	---	---	---
Ti/Ttot	---	---	---	---	---	---
IC (L)	---	---	---	---	---	---
MVV (L/min)	105	---	---	---	---	---
MRF (l/min)	---	---	---	---	---	---
MVT (L)	---	---	---	---	---	---

Pre Medication Report Indicates  
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70  
 Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <64

Dr Dhanaji Rowade  
 Chest Physician



## Ophthalmology Case Paper

Reg. No. : \_\_\_\_\_ Date: 24/02/2024

Patient Name Mr./Mrs: Kumar Kisan

Age 43 Sex M Address: \_\_\_\_\_

Mobile No: 9490734545

Systemic Illness:	NAD
Allergies:	No allergies

	Right Eye	Left Eye
Color Vision	N	N
Distance	$\frac{6}{6}$ N	$\frac{6}{6}$ N
Near	N 6	N 6

### Doctor's Sign and Stamp

**DR. ANAND PRAKASH GAUR**  
MBBS, CCMH, CC(BDM)  
(Consultant Physician)  
  
M.C. Reg. No.  
2005/02/0965



**Credence**  
Care Hospital Pvt. Ltd.



RAMAN CT SCAN &  
DIAGNOSTIC CENTER

**Name: Mr. Kiran Talapatri**

**Age/Sex:43Y/Male**

**Date: 24/02/2024**

## **2 D Echocardiography & color Doppler Study**

### **FINDINGS:**

- No left ventricle regional wall motion abnormality.
- No left ventricle diastolic dysfunction.
- No left ventricle wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF appr $x$ -60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

### **Conclusion:**

Normal 2D echo & color Doppler Study.

**DR. KUMAR RAJEEV**  
**M.D.(Med),DNB(Cardiology)**





Name: Mr. Kiran Talapatri

Age/Sex: 43Y/Male

Date: 24/02/2024

2D Measurements:

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60%

Doppler study:

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3



**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

<b>PATIENT'S NAME</b>	<b>MR. KIRAN TALAPATRI</b>	<b>AGE :- 43 y/M</b>
<b>REFERRED BY</b>	<b>CREDENCE CARE HOSPITAL</b>	<b>DATE :24/02/2024</b>

**USG WHOLE ABDOMEN**

LIVER is normal in size , normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is empty.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

**IMPRESSION -**

- No significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

**DR SAGAR GARGE**  
CONSULTANT RADIOLOGIST



Patient Name : TALAPATRI KUMAR Patient ID:4780

Age /Gender : 43 yrs/MALE

Date : 24/02/2024

### X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-  
The hilar shadows are normal in size, position and density.  
Both Cardiophrenic and Costophrenic angles are clear.  
The Cardiac silhouette is within normal limits.  
Aortic shadow is normal.  
Rest of the visualized mediastinum shadows are normal.  
Both domes of diaphragms are normal.  
The visualised bony thorax is normal.  
**CONCLUSION :**  
**NO SIGNIFICANT ABNORMALITY DETECTED**




DR. Nikunj Kothia  
MBBS, DMRD Reg-2009093218

Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/  618

Reporting Date : 24/02/2024 03:36 PM

**Complete Blood Count (CBC)**

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	14.8	gms/dl	13 - 16
RBC Count	4.72	mil./cmm	4.5 - 6.5
Haematocrit (HCT)	43.0	%	40 - 54
<b>RBC Indices</b>			
MCV	91.10	fL	80 - 100
MCH	31.36	pg	27 - 34
MCHC	34.42	gm/dl	32 - 36
RDW-CV	12.0	%	11 - 16
Total WBC Count	7700	/uL	4000 - 10000
<b>DIFFERENTIAL COUNT</b>			
Neutrophil	68	%	40 - 70
Lymphocytes	28	%	20 - 40
Eosinophil	02	%	1 - 6
Monocytes	02	%	2 - 8
Basophils	00	%	0 - 1
<b>Platelet Indices</b>			
Platelet Count	222000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360



Checked By

Authenticity Check

Dr. Harshal Thorat

MD (Path)

Reg No. 2014/10/4438




Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/   
618

Reporting Date : 24/02/2024 03:36 PM

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	08	mm/hr	< 15

**Interpretation:** It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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Pt.Type / ID : OPD/  618

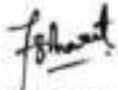
Reporting Date : 24/02/2024 03:36 PM

**BLOOD GROUP (BG)**

Test Description	Value(s)	Unit	Reference Range
Sample Type : WHOLE BLOOD EDTA			
Blood Group :	A Rh Positive		
METHOD : Monoclonal blood grouping (Agglutination test) by slide method			
KIT : Span diagnostics.			

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Reg No. 2014/10/4438




Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

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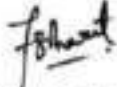
**BLOOD GLUCOSE LEVEL ( FASTING & POST PRANDIAL )**

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	91.2	mg/dl	70 - 110
Glucose Urine	Absent		
Glucose PP (Plasma)	118.0	mg/dl	90 - 150

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

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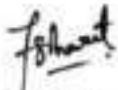
Reporting Date : 24/02/2024 03:36 PM

**LIPID PROFILE**

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	167.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	120.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	41.0	mg/dl	<35 Low >80 High
Non HDL Cholesterol	126.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	102.00	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	24.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	4.07	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	2.49	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Checked By




  
**Dr. Harshal Thorat**  
MD (Path)  
Reg No. 2014/10/4438

Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

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Reporting Date : 24/02/2024 03:36 PM

**GLYCOSYLATED HAEMOGLOBIN ( GHB / HBA1c )**

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	6.0	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

**Interpretation:** Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months.HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438




Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/  618

Reporting Date : 24/02/2024 03:36 PM

**THYROID FUNCTION TEST ( TFT )**

Test Description	Value(s)	Unit	Reference Range
<b>TOTAL TRIIODOTHYRONINE (T3)</b> Competitive Chemi Luminescent Immuno Assay	128.0	ng/dl	60 - 181
<b>TOTAL THYROXINE (T4)</b> Competitive Chemi Luminescent Immuno Assay	5.1	µg/dL	4.5 - 12.6
<b>THYROID STIMULATING HORMONE (TSH)</b> SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	2.0	uIU/mL	0.3 - 5.5

**SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY**

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)


Reg No. 2014/10/4438

Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/   
618

Reporting Date : 24/02/2024 03:36 PM

URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.2	mg/dl	3.5 - 7.2

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Authenticity Check

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Reg No. 2014/10/4438

Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/   
618

Reporting Date : 24/02/2024 03:36 PM

**BLOOD UREA NITROGEN**

Test Description	Value(s)	Unit	Reference Range
BUN* Serum,Calculated	9.0	mg/dL	7 - 18.0



Checked By

Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438




Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/  618

Reporting Date : 24/02/2024 03:36 PM

**CREATININE**

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.9	mg/dl	0.7 - 1.4



Checked By

Authenticity Check

**Dr. Harshal Thorat**

MD (Path)


Reg No. 2014/10/4438

Patient Name : MR. KIRAN TALAPATRI

Age / Gender : 43 Years / Male

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 11:36 AM

Pt.Type / ID : OPD/   
618

Reporting Date : 24/02/2024 03:36 PM

**BUN/CREATININE RATIO**

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	10.0	Mg/dL	5 - 20



Checked By

Authenticity Check

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MD (Path)


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Collection Date : 24/02/2024 11:36 AM

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Reporting Date : 24/02/2024 03:36 PM

**LIVER FUNCTION TEST ( LFT )**

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.72	mg/dL	0.3 - 1.5
Bilirubin Direct	0.32	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.4	mg/dL	0.2 - 0.9
SGOT (AST)	18.0	U/L	0 - 45
SGPT (ALT)	24.0	U/L	0 - 45
Alkaline Phosphatase	197.0	U/L	80 - 306
Protein Total	6.9	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.10	g/dL	2.5 - 3.3
A/G Ratio	1.23	-	1.0 - 2.1

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**GAMMA GT**

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	18.9	U/L	5 - 40

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**PROSTATE SPECIFIC ANTIGEN ( PSA )**

Test Description	Value(s)	Unit	Reference Range
PSA-total Prostate Specific Antigen, total (Serum)	1.2	ng/ml	0 - 4

**&nbsp;**Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

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**URINE ROUTINE REPORT**

Test Description	Value(s)	Unit	Reference Range
<b>Physical Examination</b>			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow / Yellow
Appearance	Slightly Hazy		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
<b>Chemical Examination</b>			
Protein	Trace		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
<b>Microscopic Examination (/hpf)</b>			
Pus Cell	1-2		Upto 5
Epithelial Cells	Occasional		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

**\*\*END OF REPORT\*\***

Checked By

Authenticity Check



*Dr. Harshal Thorat*

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