

Patient Name : Mr. KRISHNAKANT	Reg No. : 4889/UHID24DL	Lab ID. : 4994/OPDPB24DL
Age / Gender : 33Y / Male	Date : 26-Oct-2024	
Mobile No. : 9967299895	Manual No.	Collected : 26-Oct-2024 11.42
Refd. By : Dr. INSURANCE		Received : 26-Oct-2024 11.43
Sample Type : Plasma(Sodium fluoride)	Sample ID : 247004	Report : 26-Oct-2024 15.17

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	94.1	mg/dl	74-100	GOD-POD
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INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c \geq 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose \geq 100mg/dl but <126 mg/dl

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand

Patient Name : Mr. KRISHNAKANT	Reg No. : 4889/UHID24DL	Lab ID. : 4994/OPDPB24DL
Age / Gender : 33Y / Male	Date : 26-Oct-2024	
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Sample Type : Plasma(Sodium fluoride)	Sample ID : 247004	Report : 26-Oct-2024 15.17

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	108.3	mg/dl	70-150	GOD-POD
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INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c \geq 6.5% or

Random Plasma glucose >200 mg/dl


Impaired Fasting Glucose

Fasting glucose \geq 100mg/dl but <126 mg/dl

-----End of Report-----



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Age / Gender : 33Y / Male	Date : 26-Oct-2024	
Mobile No. : 9967299895	Manual No.	Collected : 26-Oct-2024 11.42
Refd. By : Dr. INSURANCE		Received : 26-Oct-2024 11.43
Sample Type : EDTA whole blood	Sample ID : 247004	Report : 26-Oct-2024 15.17

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	17.4	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	7.4	10 ³ /uL	4.0-11.0	Electrical impedance

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophil	72	%	40-75	Electrical impedance
Lymphocyte	22	%	20-45	Electrical impedance
Eosinophil	02	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	08	mm/1sthr	0-20	Westergren's
RBC COUNT	5.11	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	49	%	40 - 50	Calculated
MCV	95.50	Fl	83.00 - 101.00	Calculated

MCH	34.0	Picogram	27.0 - 32.0	Calculated
MCHC	35.60	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	226	10 ³ /uL	150 - 410	Electrical impedance

-----End of Report-----



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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.5	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within 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 two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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Refd. By : Dr. INSURANCE		Received : 26-Oct-2024 11.43
Sample Type : Serum	Sample ID : 247004	Report : 26-Oct-2024 15.17

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	29.0	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	1.2	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	7.40	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.09	g/dl	6.4-8.3	Biuret
ALBUMIN	4.9	g/dl	3.4-4.8	Bcg
GLOBULIN	2.19	g/dl	2.3-3.5	
A/G RATIO	2.24			
Calcium	9.8	mg/dl	8.6-10.2	Arsenazo
Sodium	141.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.0	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	188.00	mg/dl	123-199	CHOD-PAP
Triglycerides	180.8	mg/dl	40-160	Gpo
HDL Cholesterol Direct	45.3	mg/dl	35.3-79.5	Direct
Vldl	36	mg/dl	4.7-22.1	
LDL Cholesterol Direct	106.5	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.2		0.0-4.97	
LDL/HDL Ratio	2.4		0.0-3.55	

INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	: < 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	: 200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	: > 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----



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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	1.50	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.58	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.92	mg/dl	0-0.8	Calculated

Total Protein

PROTEIN	7.09	g/dl	6.4-8.3	Biuret
ALBUMIN	4.9	g/dl	3.4-4.8	Bcg
GLOBULIN	2.24	g/dl	2.3-3.5	
A/G RATIO	2.17			


SGOT	27	U/L	0-35	IFCC
SGPT	58	U/L	0.0-45	IFCC

Gamma GT	38.4	U/L	0-55	Glupa-c
Alkaline Phosphatase	62	U/L	53-128	Amp

-----End of Report-----



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Sample Type : Serum	Sample ID : 247004	Report : 26-Oct-2024 17.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

PSA TOTAL 0.80 ng/ml 0-4.1

< 4.1
0-40 yrs : < 1.4
41-50 yrs : < 2.0
51-60 yrs : < 3.1
61-70 yrs : <4.1
71-100 yrs : <4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3 1.78 ng/dl CLIA

All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 5.2 µg/dl CLIA

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl


1st Trimester 7.3-15.00 µg/dl

2st Trimester 8.92-17.38

3st Trimester 7.98-17.70



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TSH 2.11 µIU/ml CLIA

Adults

21-100 yrs 0.42 - 5.45

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*


Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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Mobile No. : 9967299895	Manual No.	Collected : 26-Oct-2024 13.42
Refd. By : Dr. INSURANCE		Received : 26-Oct-2024 13.42
Sample Type : URINE	Sample ID : 247004	Report : 26-Oct-2024 15.17

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY	15.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.030		1.015-1.025	
PH	6.0		5.5 - 7	

CHEMICAL EXAMINATION

PROTEIN	TRACE
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	0-1			
BACTERIA	NIL			
OTHERS	NIL			
KETONE	NIL			

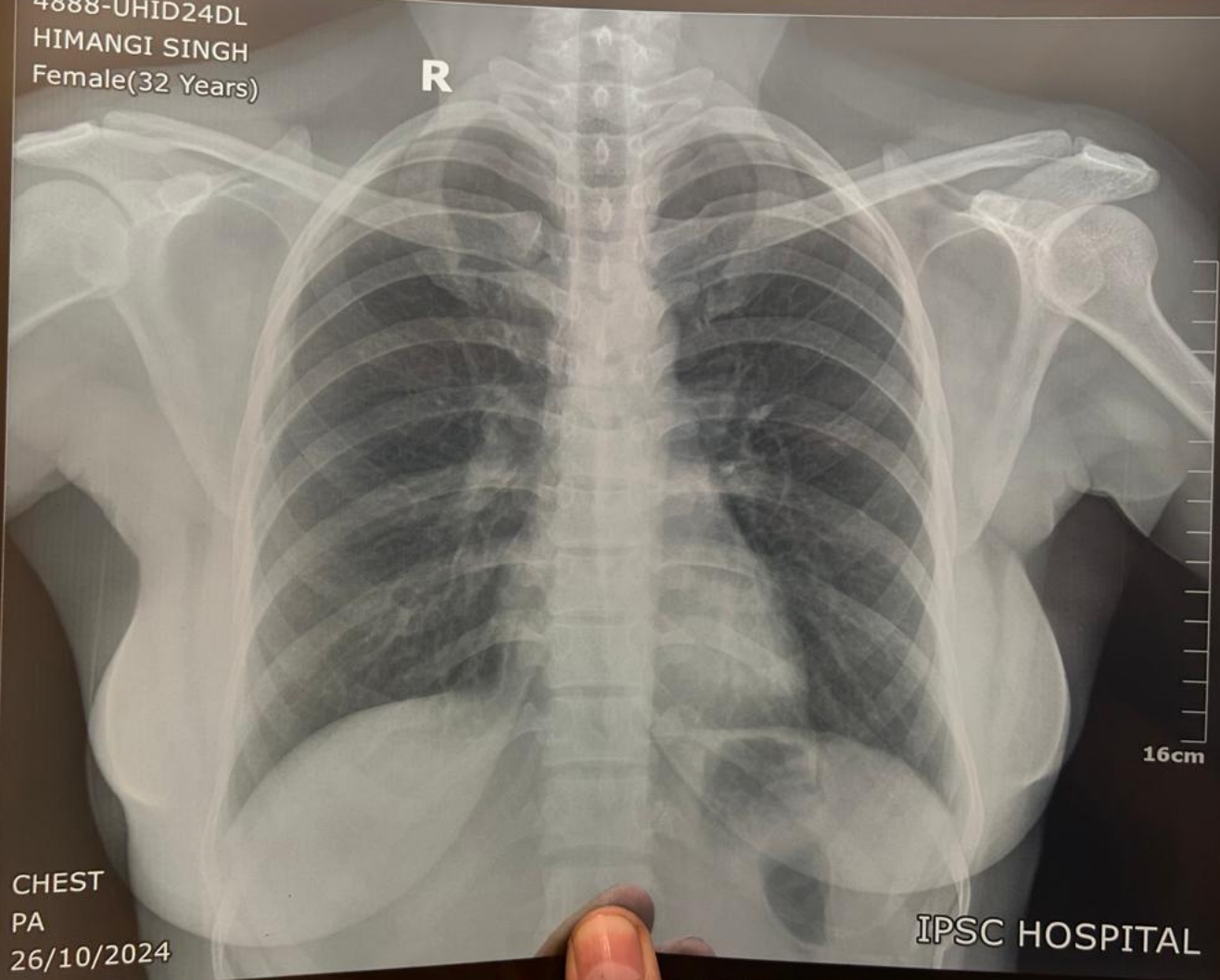
-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand

4888-UHID24DL
HIMANGI SINGH
Female(32 Years)

R



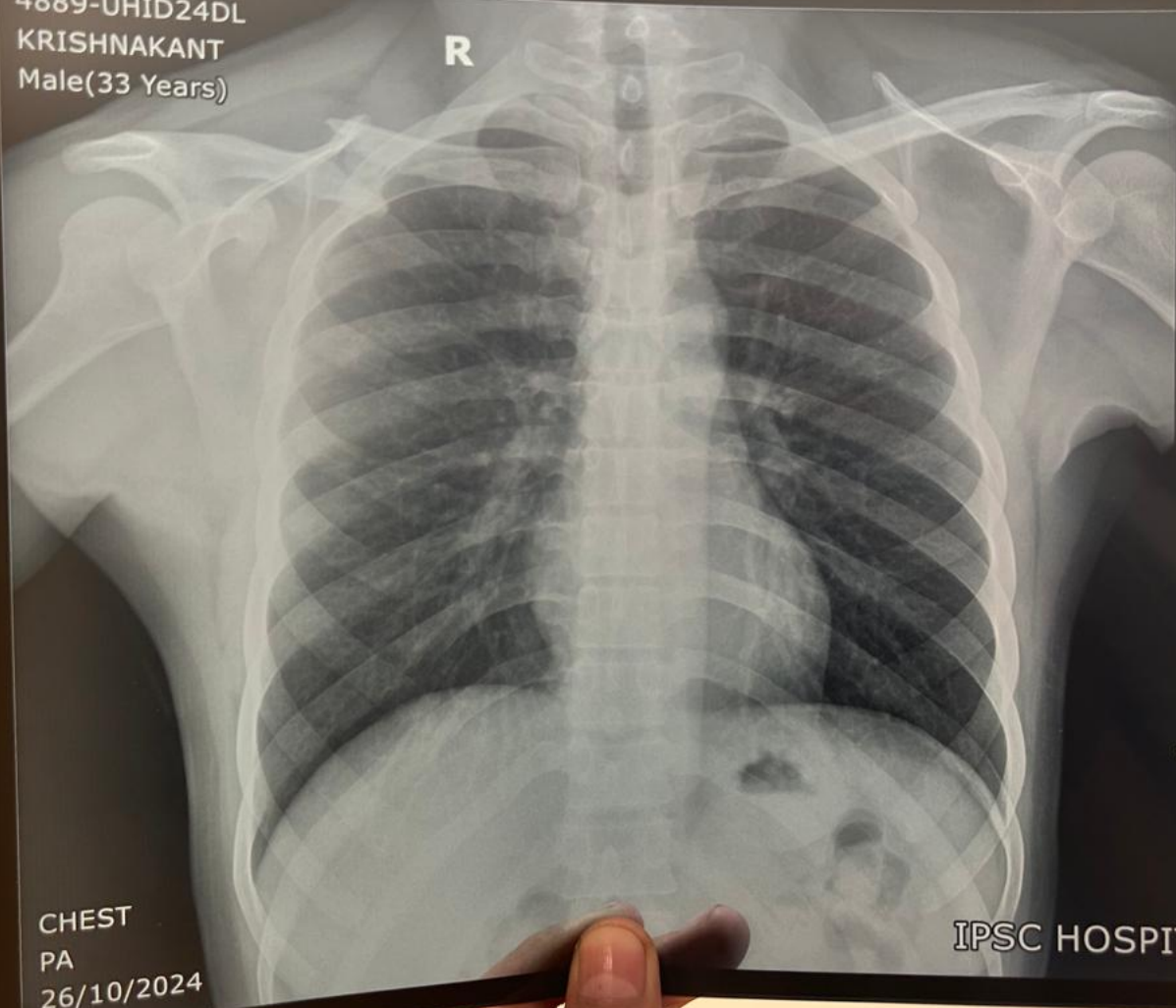
16cm

CHEST
PA
26/10/2024

IPSC HOSPITAL

4889-UHID24DL
KRISHNAKANT
Male(33 Years)

R



18cm

CHEST
PA
26/10/2024

IPSC HOSPITAL

REQUIREM

- * PLEASE USE
- * EXTEND AA
- * DOCTOR'S
- * PHOTO FOR
- * FILLED SA
- * PHOTO RES

MALE

RAY

MUR

ID: 30

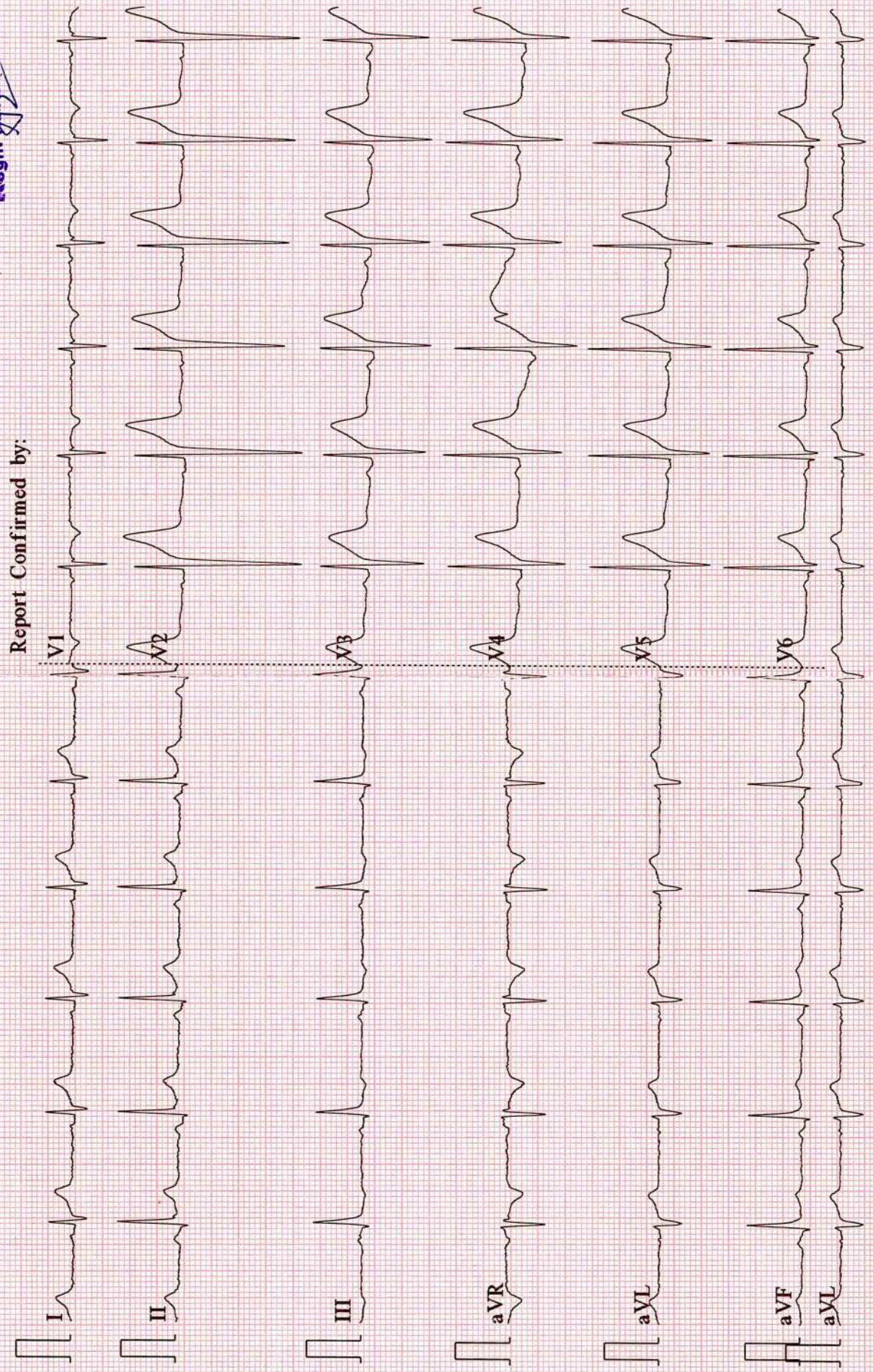
Krishnakant
Male 33Years
Req. No. :

26-10-2024 11:47:34 AM

HR : 73 bpm
P : 96 ms
PR : 138 ms
QRS : 96 ms
QT/QTcBz : 360/397 ms
P/QRS/T : 66/77/29 °
RV5/SV1 : 1.435/0.646 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Vishwanath
Dr. ANIL SAHOO
MD, PEDCC
Regn. No. 33201



Report Confirmed by:

IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

TREADMILL TEST REPORT

KRISHNAKANT
 ID : 67562
 DATE : 26-10-2024
 AGE/SEX : 33 / M
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					56	120 / 80	67	1.7	-0.6	1.6	1.6
STANDING					65	120 / 80	78	1.9	-0.6	1.4	1.4
HYPERVENT					75	120 / 80	90	2.2	-1.2	2	2
Stage 1	2:55	0:34	2.7	10	99	130 / 80	128	1.3	-0.8	3.1	3.1
Stage 2	5:55	2:55	4	12	138	140 / 80	193	0.2	-0.4	3.2	3.2
Stage 3	6:44	0:44	5.4	14	160	150 / 90	240	0	0	2.2	2.2
PK-EXERCISE	7:0	1:0	5.4	14	165	150 / 90	247	-0.3	0	2.3	2.3
RECOVERY	8:10	0:55			107	140 / 80	149	1.1	0	2.8	2.8
RECOVERY	8:10	0:55			107	140 / 80	149	1.1	0	2.8	2.8
RECOVERY	9:10	1:55			93	130 / 80	120	0.6	0.1	0.5	0.5
RECOVERY	9:10	1:55			93	130 / 80	120	0.6	0.1	0.5	0.5
RECOVERY	10:10	2:55			92	120 / 80	110	0.4	0.2	0.8	0.8
RECOVERY	10:10	2:55			92	120 / 80	110	0.4	0.2	0.8	0.8

RESULTS

EXERCISE DURATION : 7:0
 MAX HEART RATE : 165 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
 IMPRESSIONS :
 Negative for Provocable myocardial ischemia,
 MAX WORK LOAD : 8.07 METS

Dr. ANIL SAHOO
 MD, PGDCC
 Regn. No. 19201

Technician :

IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

RATE 56bpm

B.P. 120/80

PRETEST

SUPINE

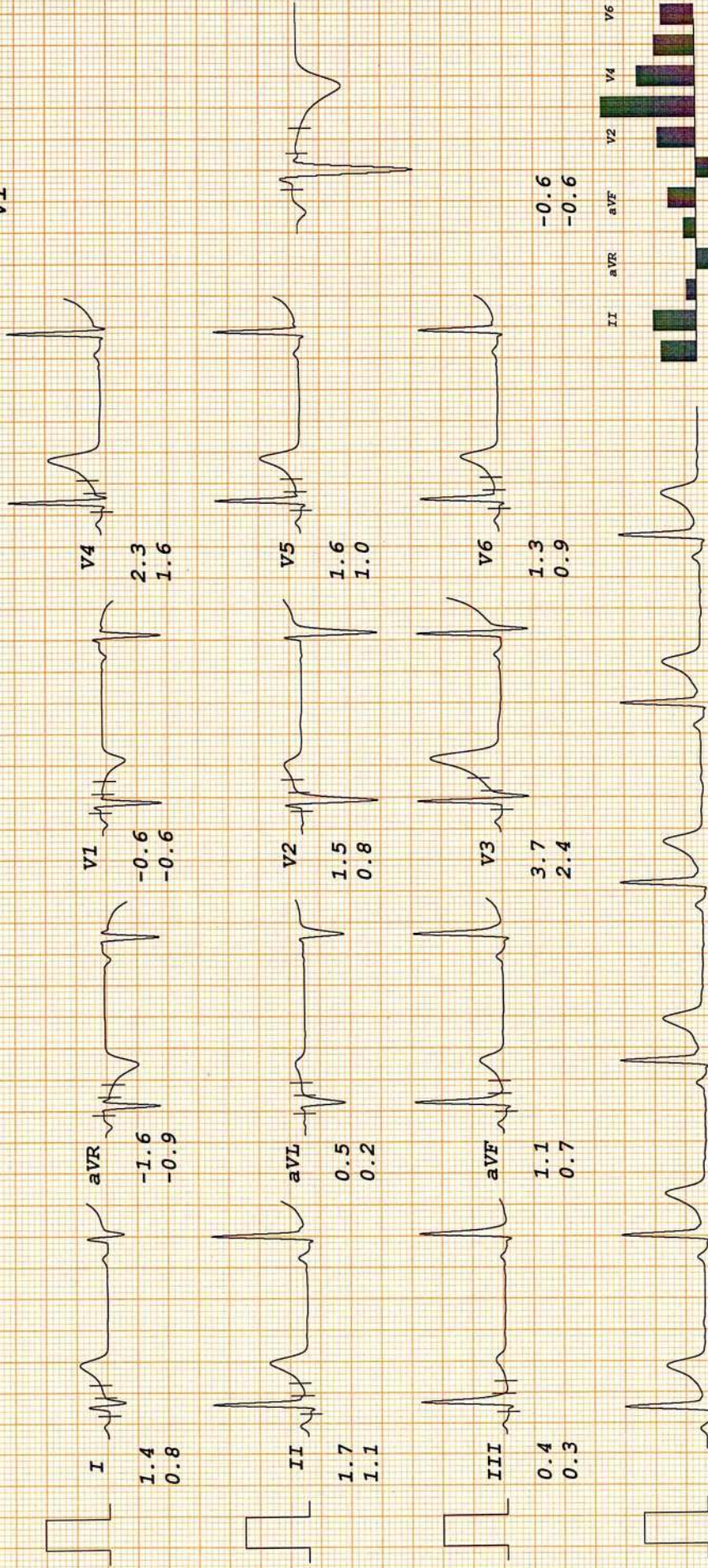
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 133201

Krishnakant

IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

RATE 65bpm

B.P. 120/80

ST @ 10mm/mV

80ms PostJ

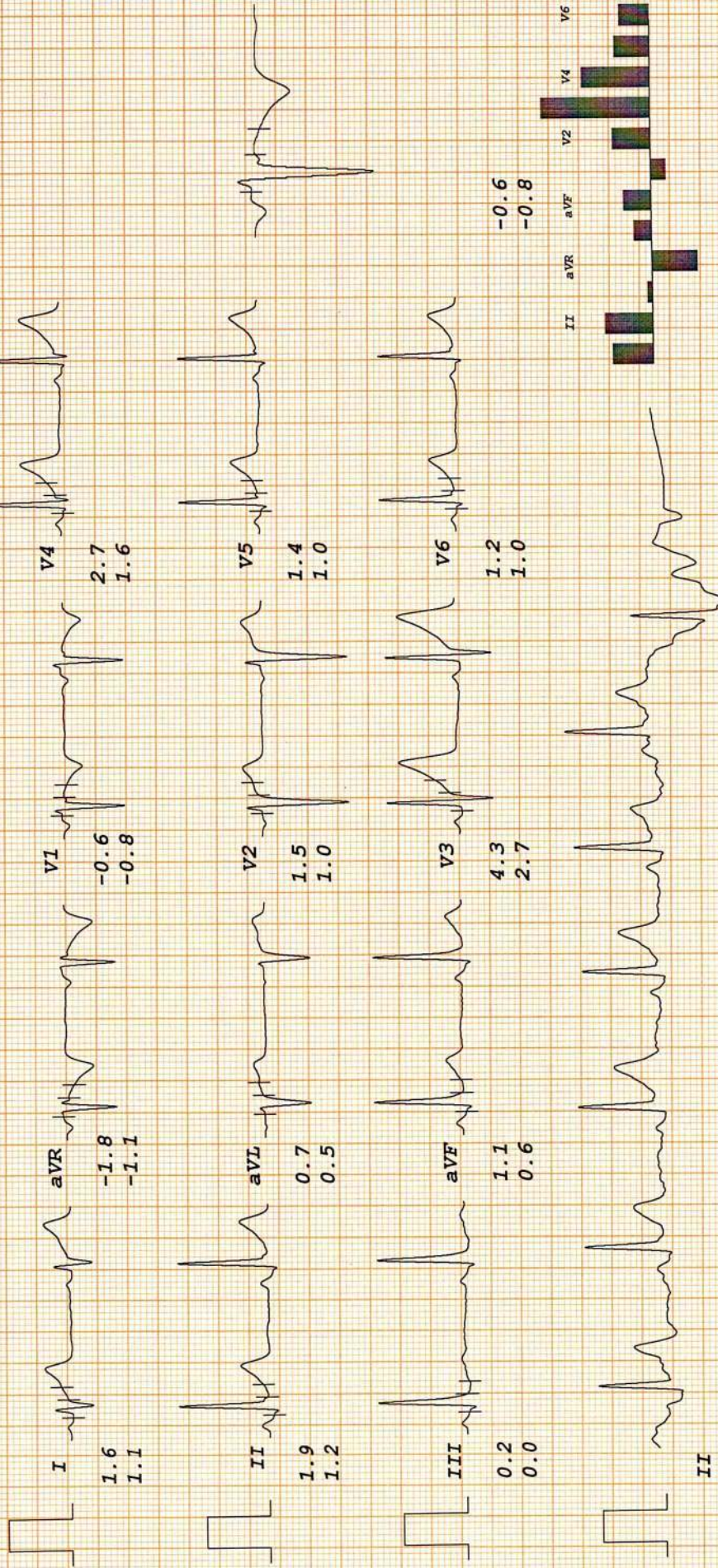
PRETEST

STANDING

LINKED MEDIAN

Mag. X 2

V1



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

RATE 75bpm

B.P. 120/80

PRETEST

HYPERVENT

PHASE TIME 0:34

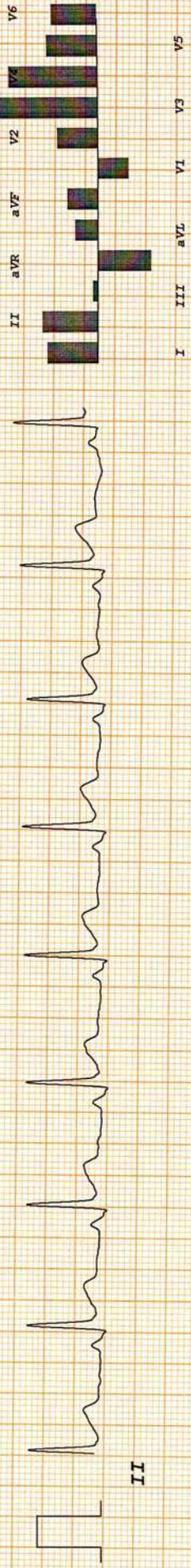
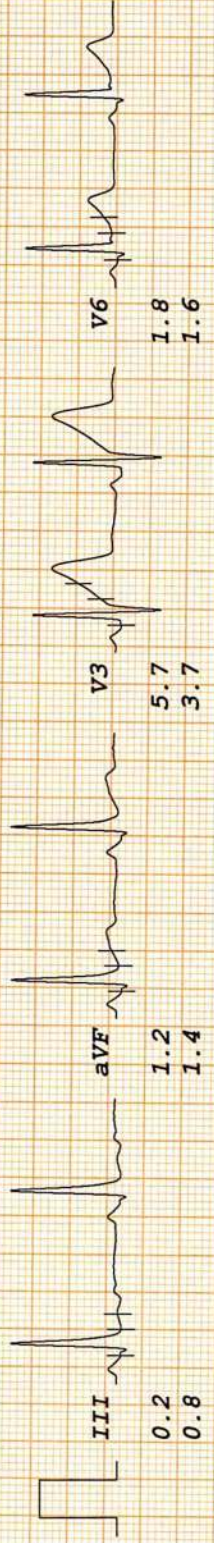
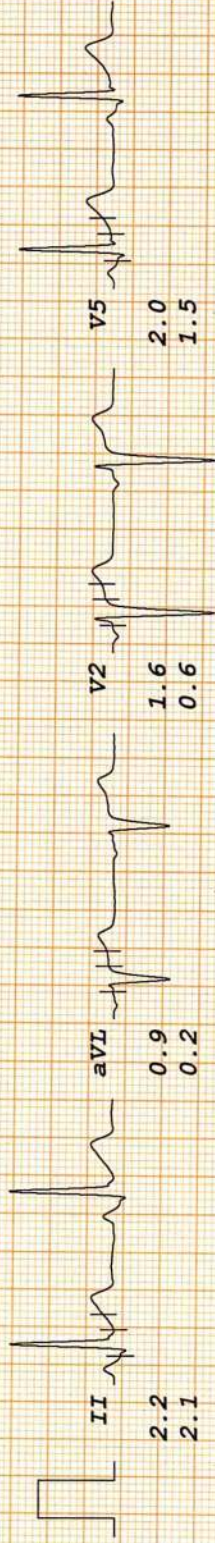
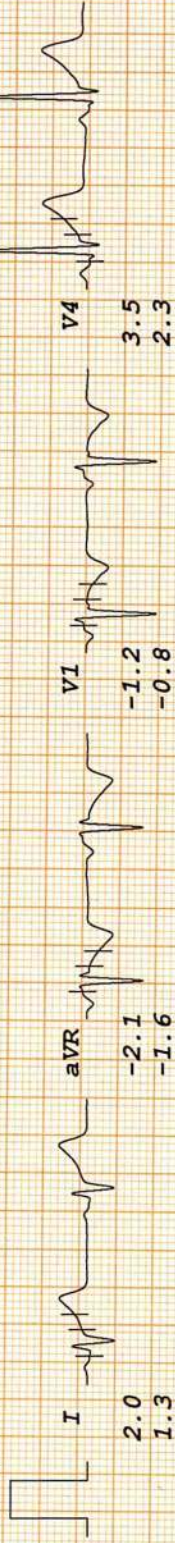
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

RATE 99bpm

B.P. 130/80

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

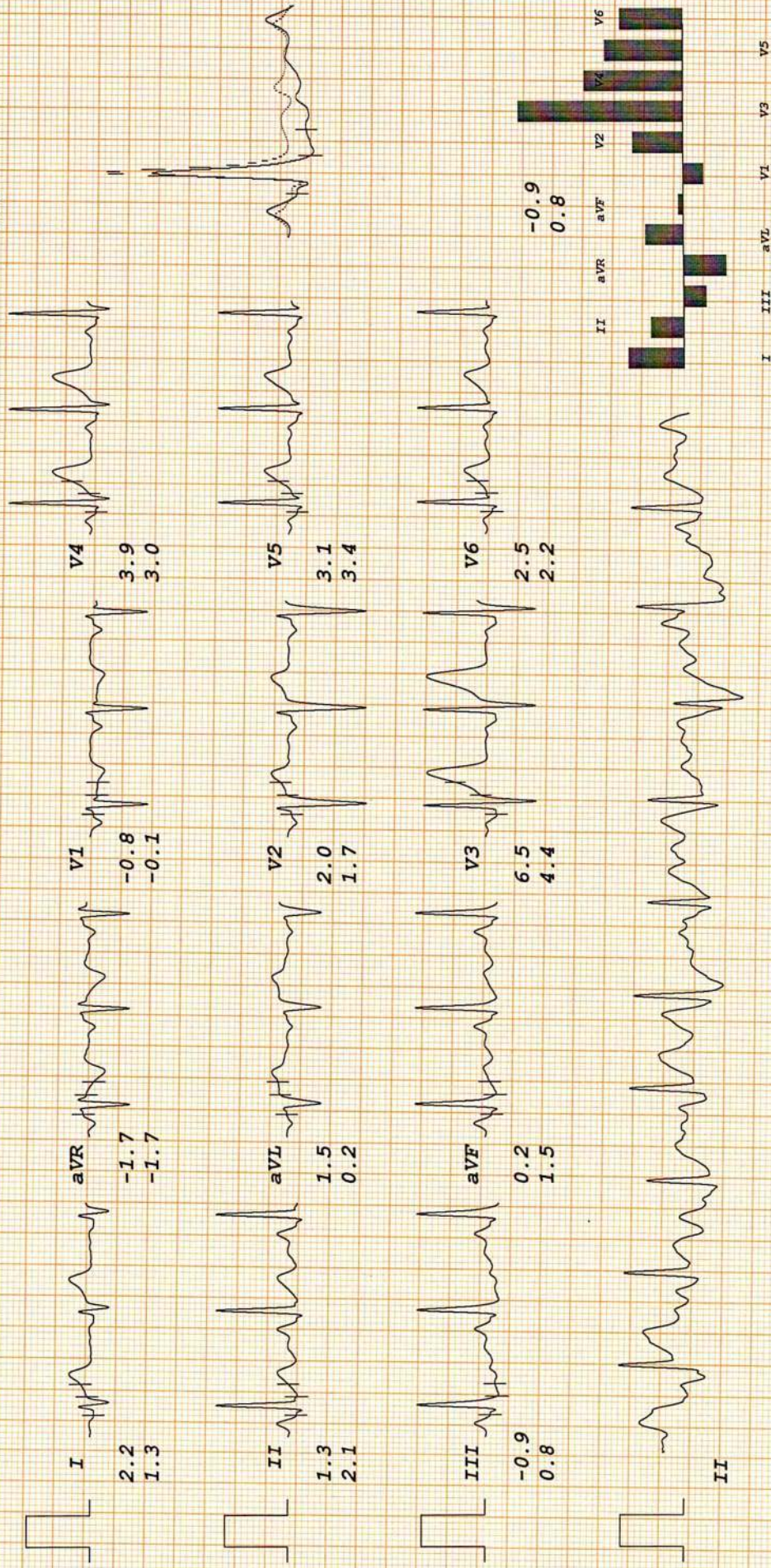
Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

LINKED MEDIAN

KRISHNAKANT

I.D. 67562
Age 33/M
Date 26-10-2024

RATE 138bpm
B.P. 140/80

Bruce

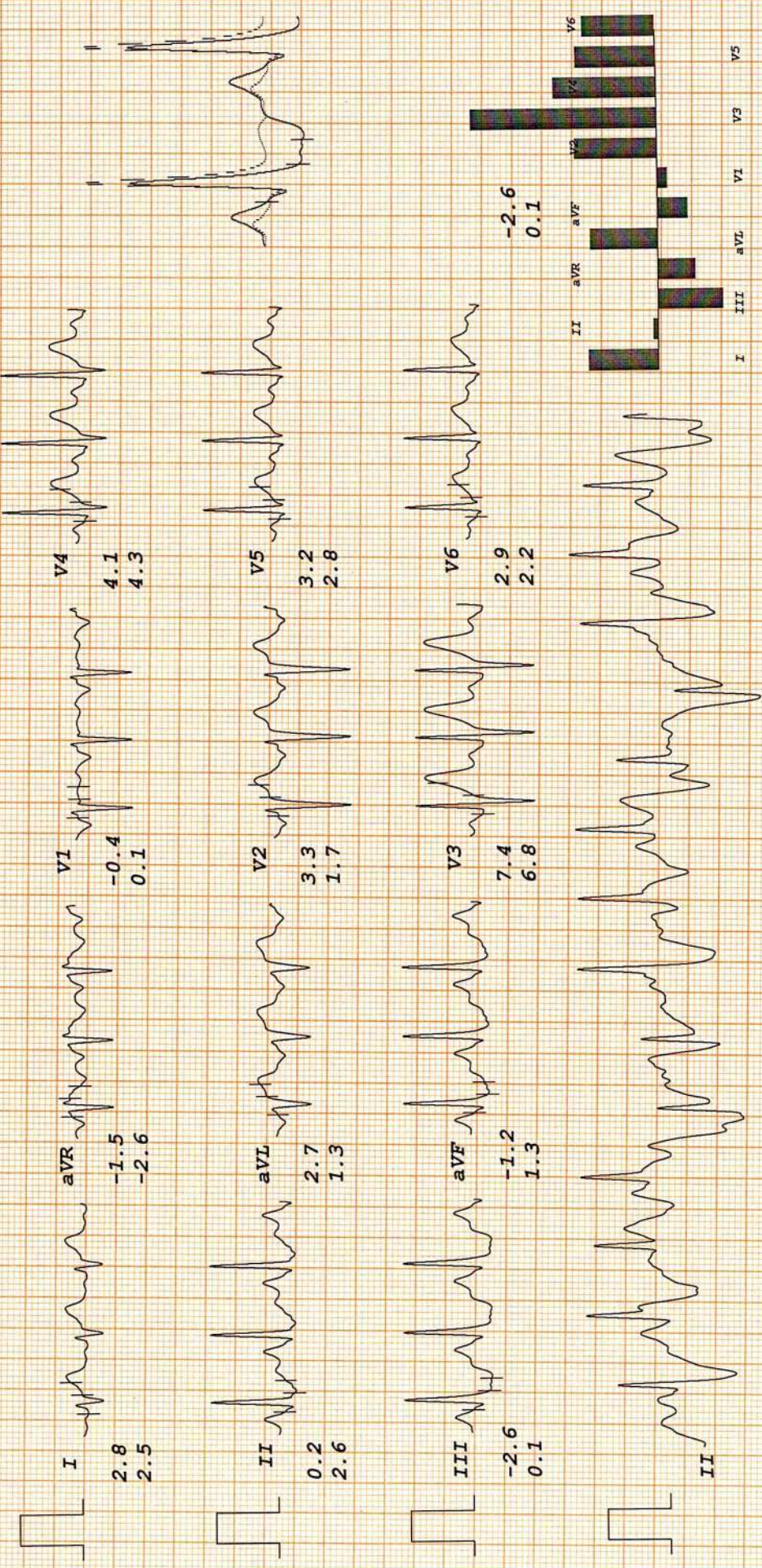
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ
Speed 4 km/hr
SLOPE 12 %

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

Bruce

RATE 165bpm

B.P. 150/90

PK-EXERCISE

TOTAL TIME 7:00

PHASE TIME 1:00

ST @ 10mm/mV

80ms PostJ

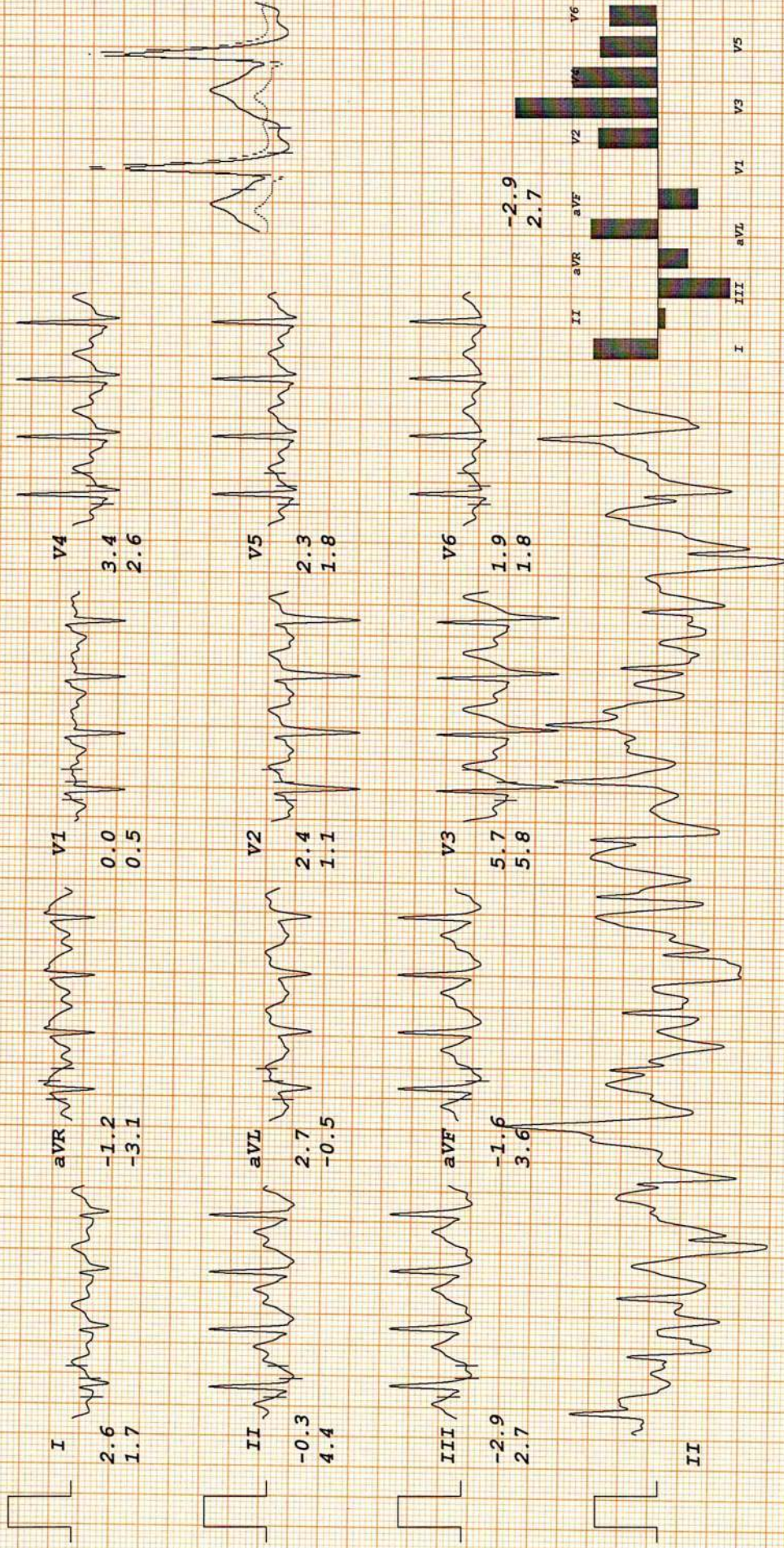
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT
 I.D. 67562
 Age 33/M
 Date 26-10-2024

Rate 106bpm
B.P. 140/80

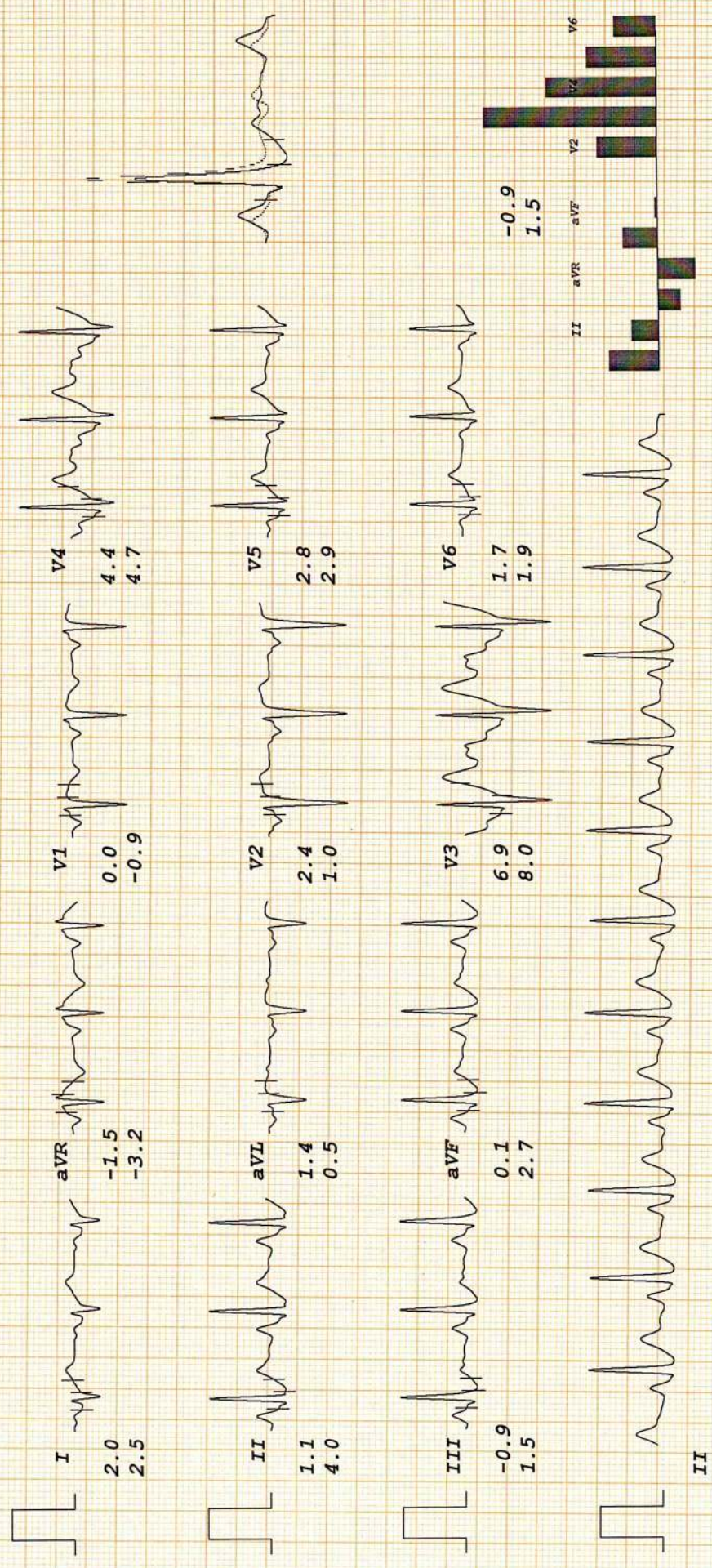
Bruce
RECOVERY
TOTAL TIME 8:10
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT
I.D. 67562
Age 33/M
Date 26-10-2024

RATE 93bpm
B.P. 130/80

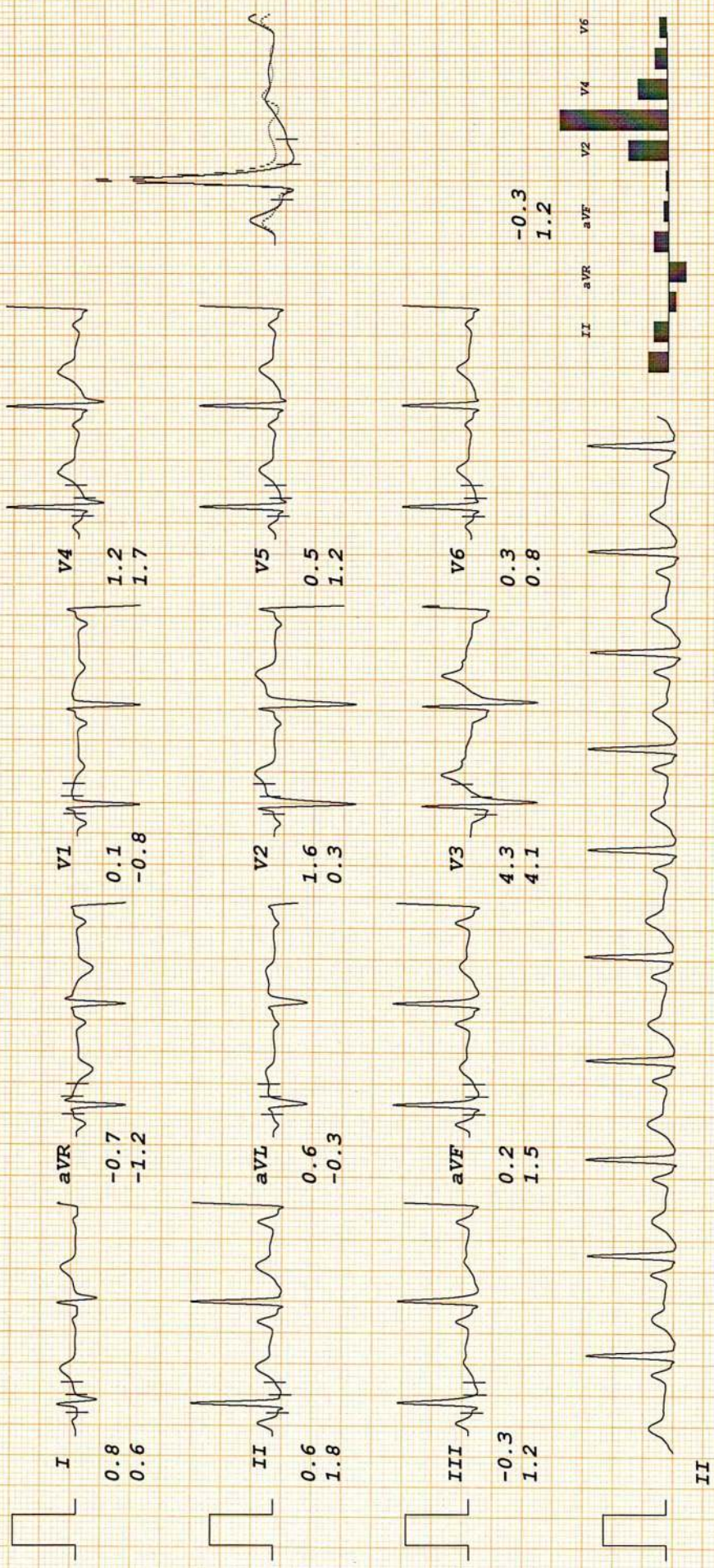
Bruce
RECOVERY
TOTAL TIME 9:10
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2

III



I III aVL aVF V2 V4 V6
II III aVL aVF V2 V4 V6
I III aVL aVF V2 V4 V6

IPSC PAIN AND SPINE HOSPITAL

KRISHNAKANT

I.D. 67562

Age 33/M

Date 26-10-2024

RATE 92bpm
B.P. 120/80

Bruce
RECOVERY

TOTAL TIME 10:10

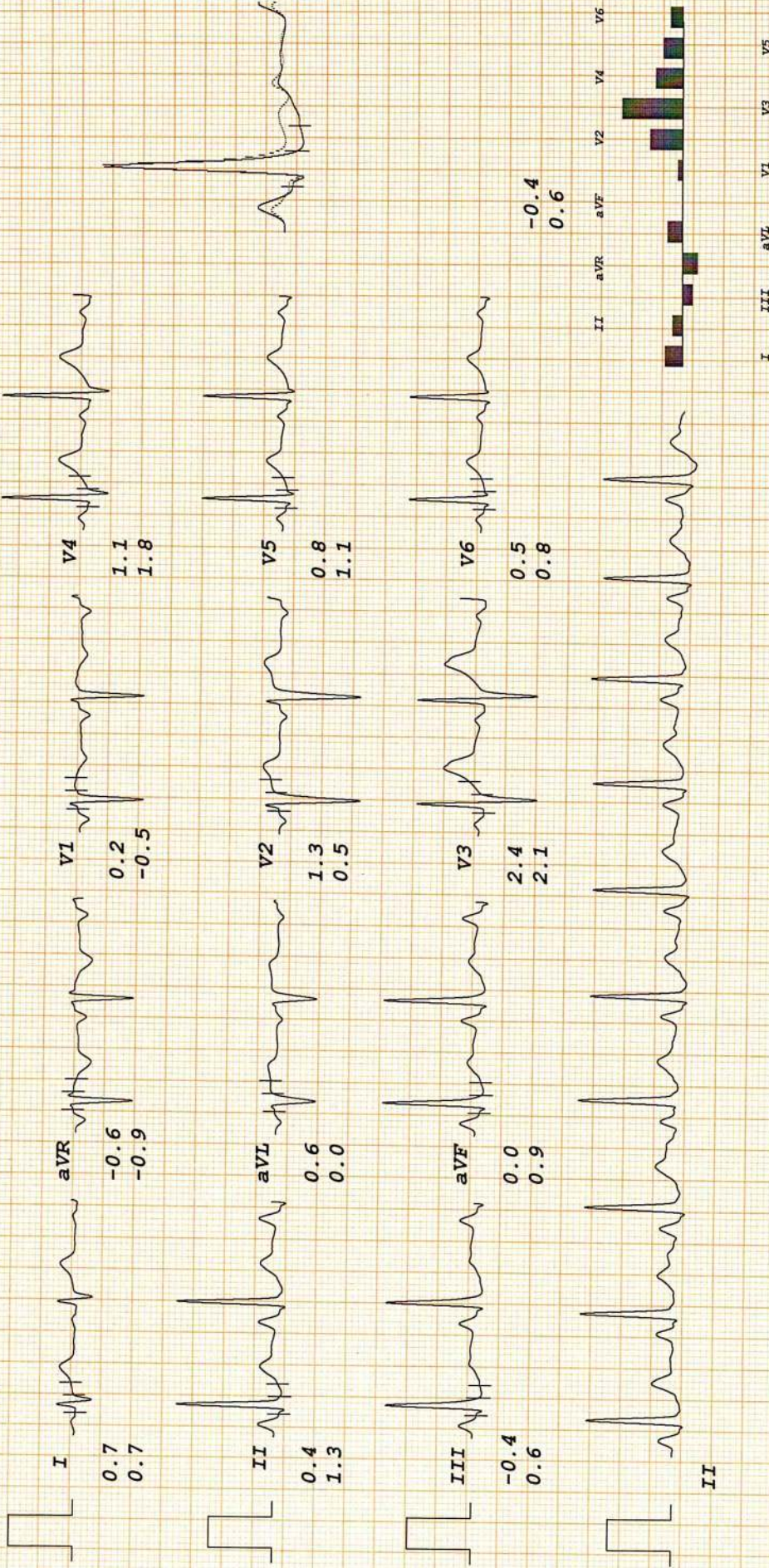
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2

III



Patient Name :	Mr. KRISHNAKANT	Radiology No. :	4994/OPDPB24DL
Referred By :	Dr. INSURANCE	Date :	26-Oct-2024
UHID No. :	4889/UHID24DI	Age/Sex :	33Y Male

ULTRASOUND OF WHOLE ABDOMAN

Convex and linear probes were used.

The liver is normal in size contour however is increased in echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal . **4.5mm calculus is seen in the mid pole.**
No mass or hydronephrotic changes seen.

Right kidney measures- 98 x 33mm.
Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal . **4mm calculus is seen in the lower pole.**
No mass or hydronephrotic changes seen.

Left kidney measures- 87 x 44mm.
Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 29 x 33 x 35mm which is equal to 18gms.

Impressions: 1) Fatty liver grade I.
2) Bilateral renal calculi.

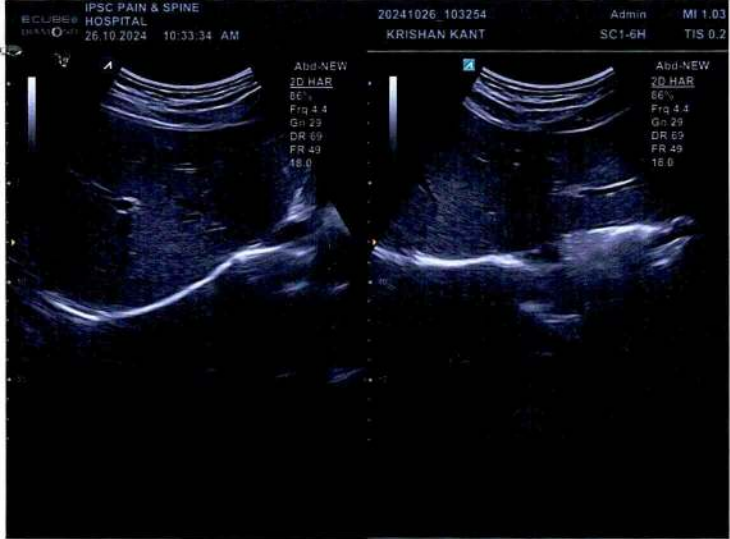
Dr. Harshita Surange

MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





Patient Name :	Mr. KRISHNAKANT	Radiology No. :	4994/OPDPB24DL
Referred By :	Dr. INSURANCE	Date :	26-Oct-2024
UHID No. :	4889/UHID24DL	Age/Sex :	33Y Male

X-RAY CHEST

Indication: Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

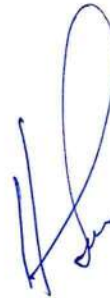
Diaphragm portion are normal.

Bony cage:- Fracture of the mid shaft of the right clavicle is seen with inferior

Displacement of lateral fragment. Rest of bone are normal.

No evidence of cervical ribs is seen.

Please correlate clinically.



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