

MEDICAL EXAMINATION REPORT

Name: - Mr. ANAND GUPTA Age/Sex: 33Y/M DOB: 01.01.1991

ADDRESS: 128/156-B Y1 YASHODA NAGAR, KANPUR – 208011

He is not suffering from following disease.

1. DM-No 5. Eye Disorder-No

2. HTN -No 6. Paralysis -No

3. COPD -No 7. Epilepsy -No

4. TB -No 8. Dental -Normal

9. EAR: Normal B/E

BP: 120/70 mmhg

PR: 51 bpm

WEIGHT: 86 Kg

RR: 18 pm

Height: 161 cm

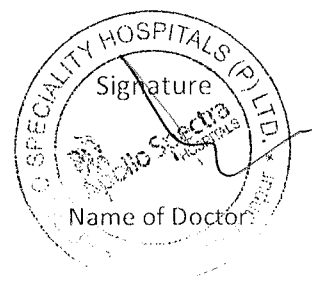
BMI: 33.2 kg/m²

Spo2: 98%

- *Advice for low fat diet and weight loss.*

Place: - Kanpur

Date: - 09.03.2024



Dr. Ajay Pratap Singh

MBBS, DLO

ENT (Ear, Nose & Throat)

Days: Monday to Friday

Timings: 02:00 PM to 3:00 PM

Emergency Mobile: +91 9935577550

9453132429

Mr. Anand Gupta
33y/m

Routine Health Checkup

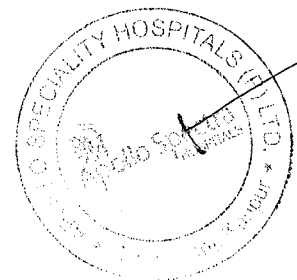
BNL Ear Discharge,

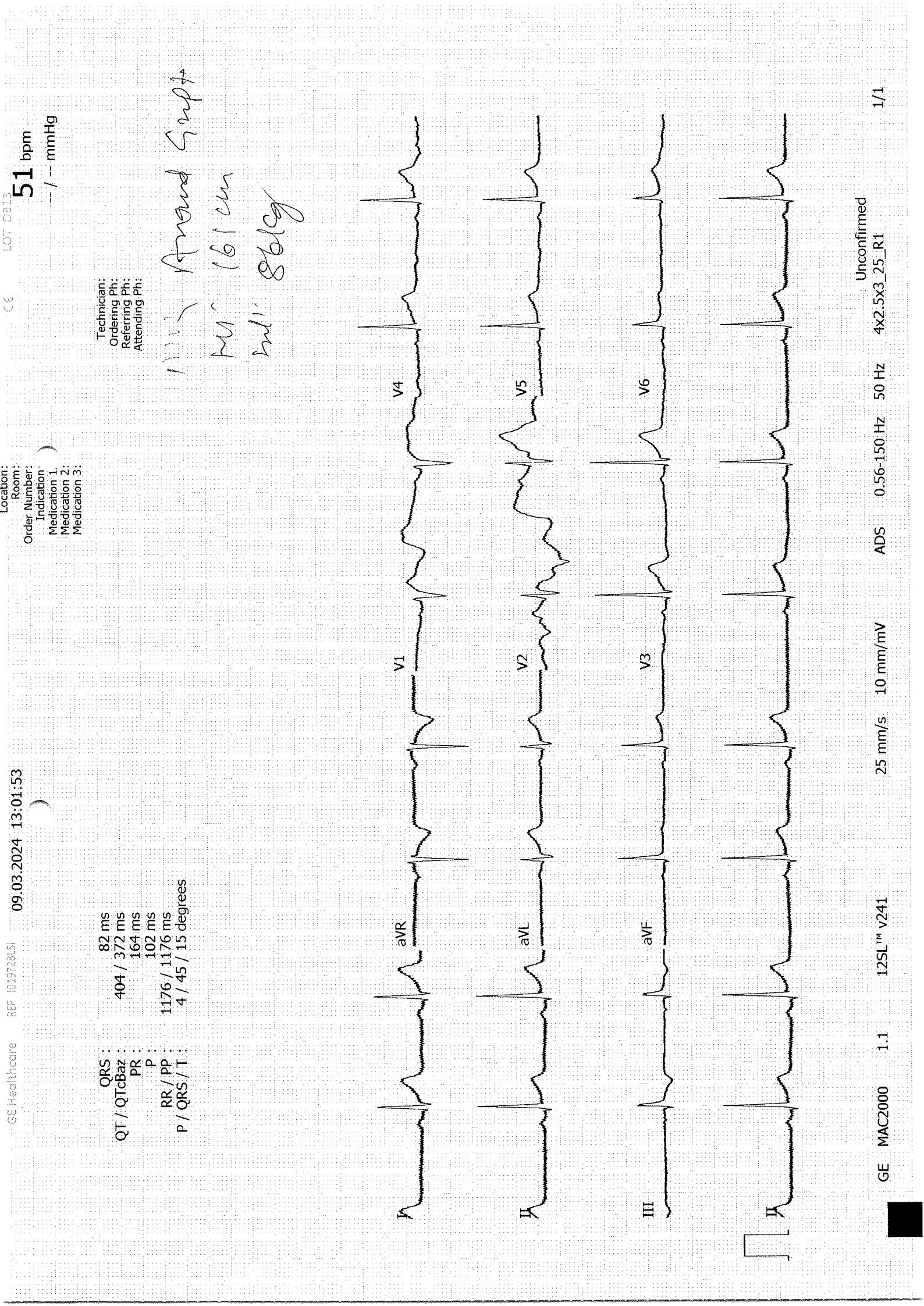
Rest No complaint

RNT - WNL

R

R/D. OTIFLOX 025/020





Location: Room: **51** bpm
 Order Number: **51** bpm
 Indication: **51** bpm
 Medication 1: **51** bpm
 Medication 2: **51** bpm
 Medication 3: **51** bpm

Technician: **Arund Gupta**
 Referring Ph: **Arund Gupta**
 Attending Ph: **Arund Gupta**

Location: Room: **51** bpm
 Order Number: **51** bpm
 Indication: **51** bpm
 Medication 1: **51** bpm
 Medication 2: **51** bpm
 Medication 3: **51** bpm

GE Healthcare REF 1019728USI 09.03.2024 13:01:53
 QRS : 82 ms
 QT / QTcBaz : 404 / 372 ms
 PR : 164 ms
 P : 102 ms
 RR / PP : 1176 / 1176 ms
 P / QRS / T : 4 / 45 / 15 degrees

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-150 Hz 50 Hz Unconfirmed 1/1
 GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-150 Hz 50 Hz Unconfirmed 1/1

Patient Name : Mr. ANAND GUPTA

Age : 33 Y M

UHID : SKAN.0000133767

OP Visit No : SKANOPV163496

Reported on : 09-03-2024 12:01

Printed on : 09-03-2024 12:06

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:09-03-2024 12:01

---End of the Report---


Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology

(Please correlate clinically)

Kindly Note

- ☆ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ☆ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.
The report and films are not valid for medico – legal purpose.

Patient Name : Mr. ANAND GUPTA

UHID : SKAN.0000133767

Reported on : 09-03-2024 13:55

Adm/Consult Doctor :

Age : 33 Y M

OP Visit No : SKANOPV163496

Printed on : 09-03-2024 13:56

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- Mild hepatomegaly with dIffuse grade I Fatty liver No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

Gall Bladder- Normal in distension and wall thickness.No sizeable calculus or mass lesion. CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum -obscured by bowel gas.

Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated.No calculus or mass lesion. Bilateral ureter not dilated.

Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Prostate - is normal in size, shape and outline.

No evidence of ascites.

IMPRESSION:

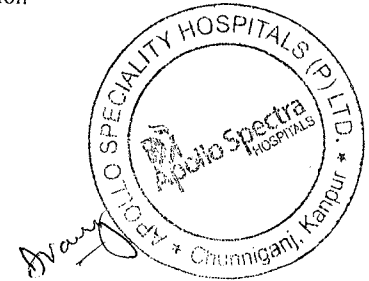
Mild hepatomegaly with dIffuse grade I Fatty liver

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:09-03-2024 13:55

---End of the Report---



Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology

Patient Name : Mr. ANAND GUPTA Age : 33 Y/M
 UHID : SKAN.0000133767 OP Visit No : SKANOPV163496
 Conducted By : DR MOHD SHAHID Conducted Date : 09-03-2024 15:54
 Referred By : SELF

HEART STATION ECHO REPORT

PROCEDURES:	MEASUREMENTS:				B.S.A. M ² Normal
	M-MODE/2D/DOPPLER/COLOR/CONTRAST				
Aortic root diameter	2.2				2.0-3.7 cm < 2.2 cm
Aortic valve opening	23				1.5-2.6 cm
Right ventricular dimension	4.2				0.7-2.6 cm < 1.4 cm / M ²
Right atrial dimension	4.1				0.5-2.9 cm
Left atrial dimension	4.2				1.9-4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	3.9				3.7-5.6 cm < 3.2 cm / M ²
Left ventricular ES dimension	2.6				2.2-4.0 cm
Interventricular septal thickness	ED	1.1	ES	1.9	2.2-4.0 cm
Left vent PW thickness	ED	1.1	ES	1.6	0.5-1.0 cm
INDICES OF LEFT VENTRICLE FUNCTION					
LV Ejection Fraction					60-62%
DOPPLER					
MV	80	Cm/sec	MR	Nil	
AoV	80	Cm/sec	AI	Nil	
TV	95	Cm/sec	TR	Nil	
PV	80	Cm/sec	PI	Nil	

FINAL DIAGNOSIS:

Concentric LVH

Normal LV contractility.

No regional wall motion abnormality.

LV EF = 60%.

Normal cardiac chambers.

Normal valves and flows.

No evidence of pericardial effusion.

No evidence of RHD/ASD/VSD/PDA.

No LA/LV, Clot/Vegetation.

(Kindly correlate clinically and further investigation)

DR MOHD SHAHID

MD (Med), DMRD

Please correlate clinically Kindly Note

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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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CIN- U85100TG2009PTC099414

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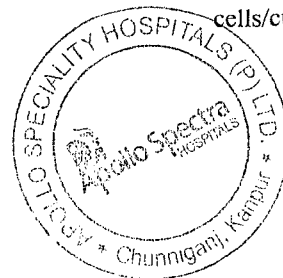
BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANAND GUPTA	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000133767	OP Visit No : SKANOPV163496
Sample Collected on : 09-03-2024 12:38	Reported on : 09-03-2024 17:11
LRN# : LAB13385966	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	14.8	13 - 17	g/dL
RBC Count Method: Electrical Impedance	5.17	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	45.2	40 - 50	%
MCV Method: Calculated	87.4	83 - 101	fl
MCH Method: Calculated	28.6	27 - 32	pg
MCHC Method: Calculated	32.7	31.5 - 34.5	g/dl
RDW	14.5*	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.20*	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	6200	4000 - 11000	cells/cumm



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical-pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH
 44/438, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 MD Email : excelhospitals@gmail.com
 Pathology Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
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Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	56	40 - 80	%
Lymphocytes	40	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	01	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR)	12	0 - 14	mm/hr

Method: Westergrens Method.

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD GROUP ABO AND RH FACTOR			
ABO	B		
Method: Microplate Hemagglutination			
Rh (D) Type:	POSITIVE		
Method: Microplate Hemagglutination			

End of the report



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DEPARTMENT OF LABORATORY SERVICES

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LRN# : LAB13385966
Ref Doctor : SELF
Emp/Auth/TPA ID : bobE11337
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 33Y/Male
OP Visit No : SKANOPV163496
Reported on : 09-03-2024 19:12
Specimen : Blood(EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : within normal limits.DLC is as mentioned.
Platelets : mildly Reduced.
Parasites : No Haemoparasites seen
IMPRESSION : Mild Thrombocytopenia.
Note/Comment : Please Correlate clinically

End of the report



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Pathology Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
❖ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANAND GUPTA	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000133767	OP Visit No : SKANOPV163496
Sample Collected on : 09-03-2024 12:38	Reported on : 09-03-2024 17:33
LRN# : LAB13385966	Specimen : Serum
Ref Doctor : SELF	
Package Name : ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GAMMA GLUTAMYL TRANSFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	19	< 55	U/L
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.8	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	6.8	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	27	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	9.3	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	12.59	9-20	mg/dl
PHOSPHORUS Method: Phosphomolybdate -UV	4.3	2.5 - 4.5	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	139	135 - 145	meq/L
ELECTROLYTES (K)	5.0	3.5 - 5.1	meq/L

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Sample Collected on : 09-03-2024 12:38	Reported on : 09-03-2024 17:33
LRN# : LAB13385966	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Method: ISE-Direct

GLUCOSE, FASTING

FASTING SUGAR	87	70 - 110	mg/dl
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Method: GOD-PAP

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	106	70 - 140	mg/dl
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Method: Glucose Oxidase-Peroxidase

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	1.00	0.2 - 1.3	mg/dL
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Method: Azobilirubin/dyphylline

BILIRUBIN (DIRECT)	0.36	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
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Method: Dual Wavelength Spectrophotometric

BILIRUBIN UNCONJUGATED(INDIRECT)	0.64	0.0 - 1.1	mg/dL
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Method: Dual Wavelength Spectrophotometric

ALBUMIN	4.4	3.0 - 5.0	g/dL
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Method: Bromocresol Green dye binding

PROTEIN TOTAL	7.5	6.0 - 8.2	g/dL
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Method: Biuret Reaction

AST (SGOT)	40*	14 - 36	U/L
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Method: Kinetic (Leuco dye) with P 5 P

GLOBULINN	3.1	2.8 - 4.5	g/dL
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Method: Calculation



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ALT(SGPT)	62*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	179	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
HDL	58	<40 - Low ≥60 - High	mg/dL
Method: Direct Measure PEG			
LDL	90.6	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
TRIGLYCERIDES	152*	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : ≥= 500	mg/dl
Method: Enzymatic GPO/POD/End Point		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
VLDL	30.4	10-40	mg/dL
Method: Calculated			

End of the report



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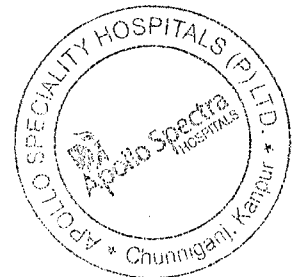
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Sample Collected on : 09-03-2024 12:38	Reported on : 09-03-2024 17:16
LRN# : LAB13385966	Specimen : Blood(bio/EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	4.8	<=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	91.06		mg/dL

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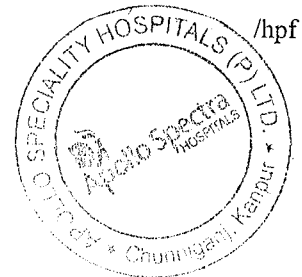
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LRN# : LAB13385966	Specimen : Urine
Ref Doctor : SELF	
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Emp/Auth/TPA ID : bobE11337	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.015	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report

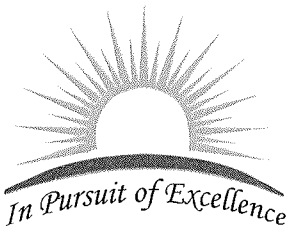


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Pathology



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

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Patient Name : MR. ANAND GUPTA

Age / Gender : 33 years / Male

Patient ID : 46535

Source : Excel Hospital

Referral : SELF

Collection Time : 09/03/2024, 03:10 p.m.

Reporting Time : 09/03/2024, 08:28 p.m.

Sample ID :



240690050

Test Description	Value(s)	Reference Range	Unit(s)
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T3,T4,TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	0.94	0.79 - 1.58	ng/mL
T4 Method : CLIA	7.53	5.2-12.7	µg/dL
TSH Method : CLIA	3.36	0.3-4.5	µIU/mL

Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni
M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

Issue Date: 21/01/2012



भारत सरकार

Government of India

Indian Medical for Health Educators



आनंद गुप्ता

Anand Gupta

जन्म तिथि / DOB : 01/01/1991

पुरुष / MALE

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मेरा आधार, मेरी पहचान

