

MEDICAL EXAMINATION REPORT

Name: - Mr. ABHASH KUMAR SHUKLA

Age/Sex: 25Y/M

DOB:15.08.1998

ADDRESS: PLOT NO-45 SHIKSHAK NAGAR RAWATPUR -208019

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 p |
| 9. EAR: Normal B/E | |

BP - 130/80 mmhg

PR: 59 bpm

WEIGHT:75 Kg

RR: 21 pm

Height:176 cm

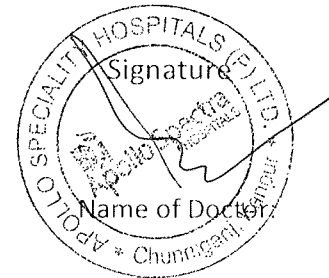
BMI:24.2 kg/m2

Spo2: 98%

Advice for low fat diet due to *high triglycerides level.*

Place: - Kanpur

Date: - 23.03.2024



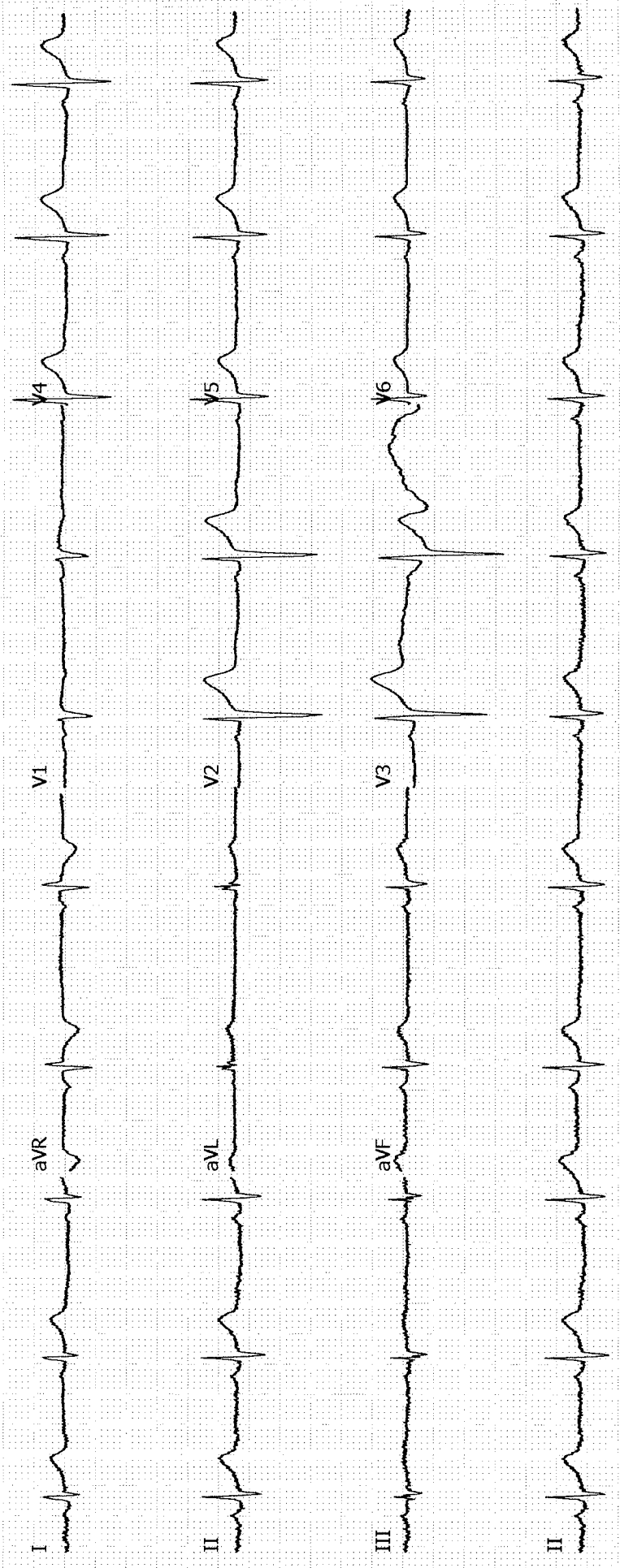
QRS : 78 ms
QT / QTcBaz : 388 / 384 ms
PR : 138 ms
P : 92 ms
RR / PP : 1020 / 1016 ms
P / QRS / T : 55 / 18 / 41 degrees

Location:
Room:
Order Nur Y:
Indic. I:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

MR. Ashas Kumar Stulek
MI 176cm
Wt 75kg

59 bpm
-- / -- mmHg



Abhishu Kumar Shukla 39/11/16

Vu $\left\{ \begin{array}{l} \text{6/6} \\ \text{high osph 6/6} \end{array} \right.$

(Distant)

Nv $\left\{ \begin{array}{l} \text{N6} \\ \text{N6} \end{array} \right.$

Colour Vision \leftarrow *WNL*

No
no entire intervention

Sharma
रजिस्ट्रार
दफ्तरे
एम्बेडिड/एम्बेडिड/डीप्ट/डीप्ट/डीप्ट
यूएनओ रजिस्ट्रार नो 4484

Patient Name : Mr. ABHASH KUMAR SHUKLA
UHID : SKAN.0000134108
Reported on : 23-03-2024 11:51
Adm/Consult Doctor :

Age : 39 Y M
OP Visit No : SKANOPV164165
Printed on : 23-03-2024 11:51
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:23-03-2024 11:51

---End of the Report---



Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology

Patient Name : Mr. ABHASH KUMAR SHUKLA

Age : 39 Y M

UHID : SKAN.0000134108

OP Visit No : SKANOPV164165

Reported on : 23-03-2024 12:58

Printed on : 23-03-2024 12:59

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Observation

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.

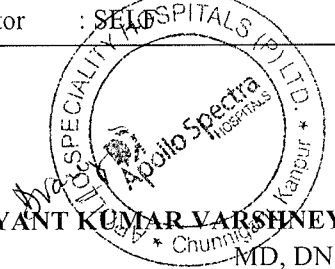
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Printed on : 23-03-2024 12:59
Ref Doctor : **SELD**

Printed on:23-03-2024 12:58

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology



Patient Name :- MR ABHASH KUMAR SHUKLA

Date :- 23 March 2024

Referred By :- MHC

Age/Sex: 39Y/MALE

IPD/OPD:- OPD

UHID NO-134108

HEART STATION ECHO REPORT

PROCEDURES:	M-MODE/2D/DOPPLER/COLOR/CONTRAST	B.S.A. M ²
MEASUREMENTS:		NORMAL
Aortic root diameter	3.6	2.0-3.7 cm < 2.2 cm
Aortic valve opening	1.8	1.5-2.6 cm
Right ventricular dimension	2.5	0.7-2.6 cm < 1.4 cm / M ²
Right atrial dimension	3.3	0.3-2.9 cm
Left atrial dimension	3.2	1.9-4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	4.3	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 0.9 ES 1.6	0.6-1.2 cm
Left vent PW thickness	ED 1.2 ES 1.8	0.5-1.0 cm

INDICES OF LEFT VENTRICLE FUNCTION

LV Ejection Fraction 60% 60-62%

DOPPLER

MV	90	Cm/sec	MR	Nil
AoV	111	Cm/sec	AI	Nil
TV	85	Cm/sec	TR	Nil
PV	72	Cm/sec	PI	Nil

FINAL DIAGNOSIS:

- Normal cardiac chamber dimensions.
- No regional wall motion abnormality.
- LVEF 58%
- 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. V K YADAV
MD, DM (Cardiology)
Consultant Cardiologist

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

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CIN- U85100TG2009PTC099414

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DEPARTMENT OF LABORATORY SERVICES

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UHID/MR No. : SKAN.0000134108	OP Visit No : SKANOPV164165
Sample Collected on : 23-03-2024 11:00	Reported on : 23-03-2024 18:24
LRN# : LAB13411529	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23D1767181000743285	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	13.9	13 - 17	g/dL
RBC Count Method: Electrical Impedance	4.16*	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	40.6	40 - 50	%
MCV Method: Calculated	97.6	83 - 101	fl
MCH Method: Calculated	33.4*	27 - 32	pg
MCHC Method: Calculated	34.2	31.5 - 34.5	g/dl
RDW	13.0	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.04	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	12300	4000 - 11000	cells/cumm



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Excel Hospitals (P) Ltd.
Dr. SATINDER SINGH

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Email : excelhospitals@gmail.com
Pathology
Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	78	40 - 80	%
Lymphocytes	15*	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	04	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	14	0 - 14	mm/hr

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

End of the report



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 Pathology emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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LRN# : LAB13411529
Ref Doctor : SELF
Emp/Auth/TPA ID : 23D1767181000743285
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

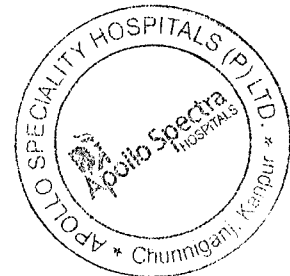
Age / Gender : 39Y/Male
OP Visit No : SKANOPV164165
Reported on : 23-03-2024 18:27
Specimen : Blood(EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : is raised.DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Mild Leukocytosis.
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist
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❖ Emergency No. 9935577550

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UHID/MR No. :	SKAN.0000134108	OP Visit No :	SKANOPV164165
Sample Collected on :	23-03-2024 11:00	Reported on :	23-03-2024 18:30
LRN# :	LAB13411529	Specimen :	Serum
Ref Doctor :	SELF		
Package Name :	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID :	23D1767181000743285	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	33	< 55	U/L
Method: Kinetic Photometric			
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA	0.9	0.7 - 1.3	mg/dl
Method: Jaffe's Kinetic			
URIC ACID - SERUM	6.9	3.5 - 7.2	mg/dl
Method: Modified Uricase			
UREA - SERUM/PLASMA	29	Male: 19 - 43	mg/dl
Method: Urease with indicator dye			
CALCIUM	9.04	8.5 - 10.1	mg/dl
Method: O-Cresolphthalein complexone			
BUN	13.52	9-20	mg/dl
Method: Urease with indicator dye			
PHOSPOHORUS	3.47	2.5 - 4.5	mg/dl
Method: Phosphomolybdate -UV			
ELECTROLYTES (Na)	134*	135 - 145	meq/L
Method: ISE-Direct			
ELECTROLYTES (K)	4.0	3.5 - 5.1	meq/L



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Sample Collected on : 23-03-2024 11:00	Reported on : 23-03-2024 18:30
LRN# : LAB13411529	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23D1767181000743285	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Method: ISE-Direct

GLUCOSE, FASTING

FASTING SUGAR 90 70 - 110 mg/dl

Method: GOD-PAP

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

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) 134 70 - 140 mg/dl

Method: Glucose Oxidase-Peroxidase

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL 1.10 0.2 - 1.3 mg/dL

Method: Azobilirubin/dyphylline

BILIRUBIN (DIRECT) 0.29 Adults: 0.0 - 0.3 mg/dL

Method: Dual Wavelength Spectrophotometric Neonates: 0.0 - 0.6

BILIRUBIN UNCONJUGATED(INDIRECT) 0.81 0.0 - 1.1 mg/dL

Method: Dual Wavelength Spectrophotometric

ALBUMIN 4.4 3.0 - 5.0 g/dL

Method: Bromocresol Green dye binding

PROTEIN TOTAL 7.0 6.0 - 8.2 g/dL

Method: Biuret Reaction

AST (SGOT) 24 14 - 36 U/L

Method: Kinetic (Leuco dye) with P 5 P

GLOBULIN 2.6* 2.8 - 4.5 g/dL

Method: Calculation



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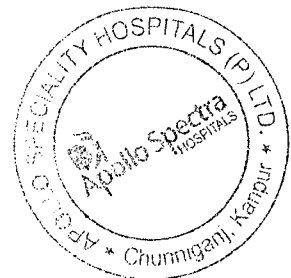
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ALT(SGPT)	68*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	219*	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
HDL	48	<40 - Low ≥60 - High	mg/dL
Method: Direct Measure PEG			
LDL	127.4	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
TRIGLYCERIDES	218*	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	43.6*	10-40	mg/dL
Method: Calculated			

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LRN# :	LAB13411529	Specimen :	Blood(bio/EDTA)
Ref Doctor :	SELF		
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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	5.6	<=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	114.02		mg/dL

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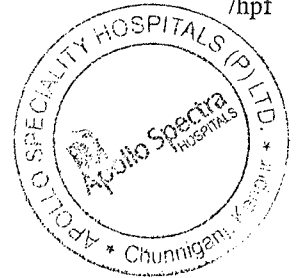
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LRN# :	LAB13411529	Specimen :	Urine
Ref Doctor :	SELF		
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Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.010	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (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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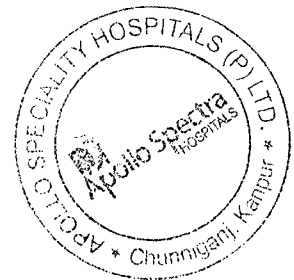
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RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report

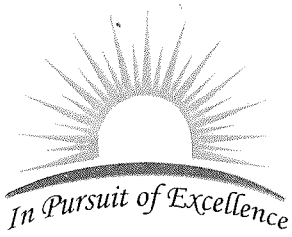


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SONI DIAGNOSTICS

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e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. ABHASH KUMAR SHUKLA

Age / Gender : 39 years / Male

Patient ID : 47372

Source : Excel Hospital

Referral : SELF

Collection Time : 23/03/2024, 01:18 p.m.

Reporting Time : 23/03/2024, 08:57 p.m.

Sample ID :



240830022

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

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.09	0.79 - 1.58	ng/mL
T4 Method : CLIA	8.79	5.2-12.7	µg/dL
TSH Method : CLIA	2.63	0.3-4.5	µIU/mL

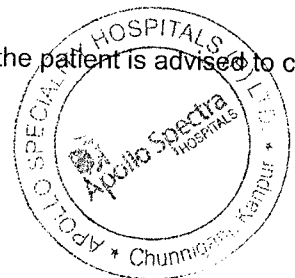
Interpretation

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.

भारत सरकार
GOVERNMENT OF INDIA

आधार

आभाष कुमार शुक्ला
Abhash Kumar Shukla
जन्म तारीख / DOB: 12/10/1984
पुरुष / MALE
Mobile No.: 9889663344
2188 9570 7471
VID : 9185 0815 6770 8776

भारो आधार, भारी ओणभ

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

QR Code with Photograph

Generation Date: 25/02/2019

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Submitted for health checkup at Apollo Hospitals Kanpur

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