

BIOCHEMICAL ANALYSIS;

ESR	10
CHOLESTEROL	205.0
SERUM TRIGLYCERIDES	229.0
VLDL CHOLESTEROL	45.8
TOTAL CHOLESTEROL/HDL	5.8
SERUM URIC ACID	8.8
SGOT	41.3
SGPT	61.2

Advice: Regular Exercise
Low fat diet


GENERAL PHYSICIAN

Review in OPD for

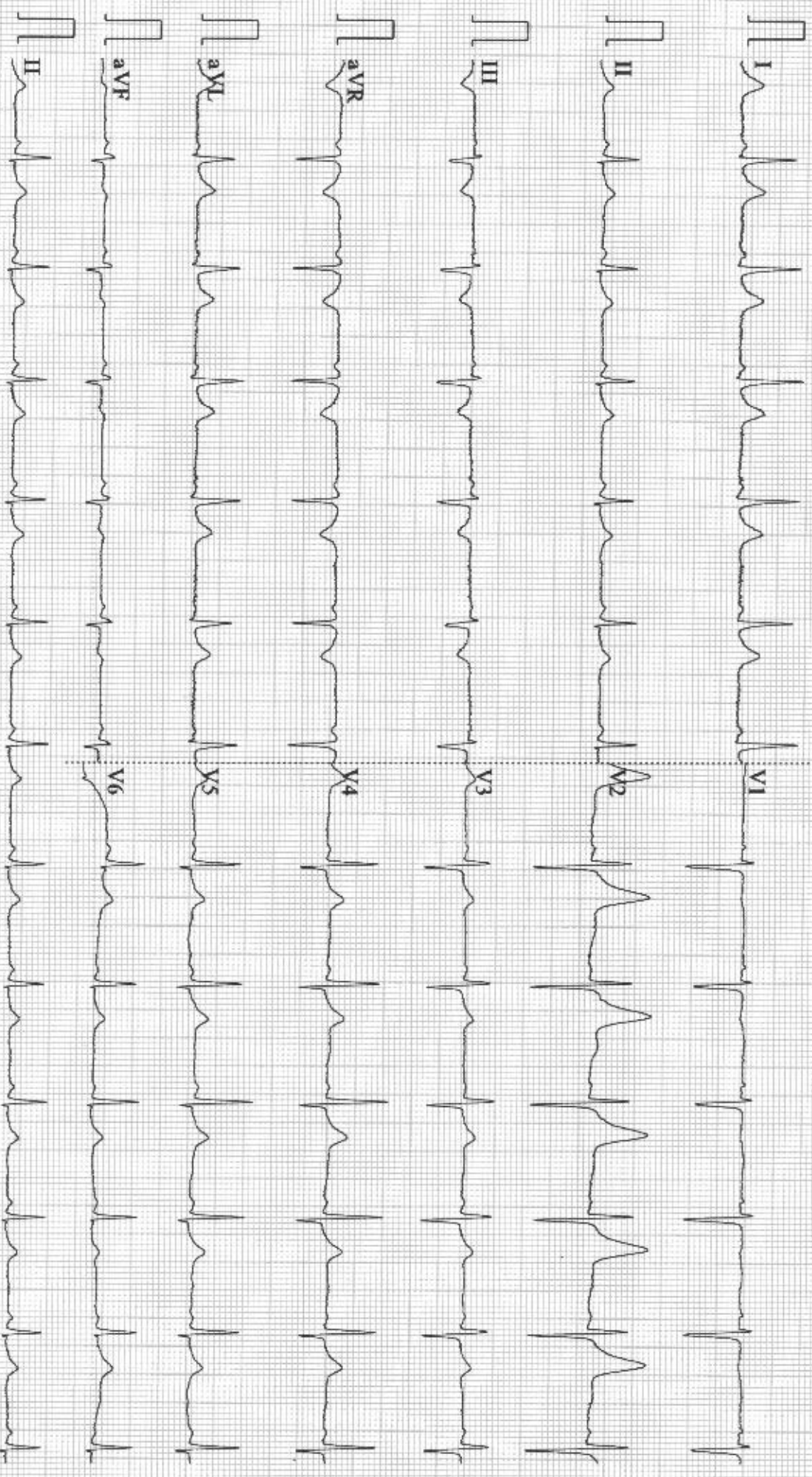
DR. ANUJ KUMAR
MBBS, MD (Internal Medicine)
Regn. No-DMC/RI-23794
Umkal Hospital Pvt. Ltd.

dharamveer
Male Years
Req. No. :

HR : 71 bpm
P : 83 ms
PR : 109 ms
QRS : 86 ms
QT/QTcBz : 367/401 ms
P/QRS/T : 44/7/-6 °
RV5/SVI : 0.926/0.944 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

Report Confirmed by:



0.67~25Hz AC/50 25mm/s 10mm/mV 2*5.0s+1r V2.22 SEMIP V1.92 UMKAL HOSPITAL

31/1/22

Dheerambar Singh (40y) / Male

Pt came for regular annual health check-up.

CC :- No fever complaints.

Pain :- Not significant.

Personal history :- UG. Dis.

Rec. tumor. (D) Met.

Family history :- Not significant.

Allergic history :- Not significant.

OLE :- Pt. is anxious & oriented.

PIA :- Soft & non tender.

Resp :- Bil equal air entry

CVS :- (D) T & L.

CNS :- NAD.

DR. ANUJ GOYAL
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Regn. No-DMC/RI-23794
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Chaf

Dhanamben Sengul
HM 40yr. 30.7.24

V 6/6
6/6

NV N-12
N-12

NV eye N-6
N-6

Colour V N-6
N-6

[Signature]

Name	: Mr. DHARAMBIR SINGH	MR No	: UH038764
Age/Gender	: 40 Y/M	Visit ID	: OP051018
Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:15
Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 12:27

Laboratory Report

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Whole Blood			
CBC WITH ESR			
HAEMOGLOBIN	13.4	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	7,700	cell/cum	4000 - 11000
D.L.C = POLYMORPHS	68	%	40 - 75
LYMPHOCYTES	27	%	20 - 45
EOSINOPHILS	03	%	01 - 06
MONOCYTES	02	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	10 *	mm/1st	0 - 9
RED BLOOD CELLS	4.6	Millions	3.5 - 5.5
PLATELET COUNT	1.5	lakh/cum	1.5 - 4.5
P.C.V	40.5	%	35 - 50
M.C.V	87.5	f	80 - 96
M.C.H	29.2	pg	27 - 32
M.C.H.C	33.3	%	32 - 36

End of the report

Arshul
Checked By
Lab Technician

Verified By

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PR
DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

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Laboratory Report

Hematology

PERIPHERAL BLOOD SMEAR

SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.

End of the report

Aarohel
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CP

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Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:16

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
SERUM LIPID PROFILE 1514			
CHOLESTEROL	205.0 *	mg/dl	150 - 200
SERUM TRIGLYCERIDES	229.2 *	mg/dl	70 - 170
HDL CHOLESTEROL	35.0	mg/dl	30 - 88
LDL CHOLESTEROL	124.2	mg/dl	upto - 150
VLDL CHOLESTEROL	45.8 *	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	5.8 *	ref.cut	upto - 4.96
LDL/HDL RATIO	3.5	ref.cut.	upto - 4.96

Sample Type: Serum

KFT

BLOOD UREA	27.3	mg/dl	10 - 50
SERUM CREATININE	1.0	mg/dl	0.6 - 1.2
SERUM URIC ACID	8.8 *	mg/dl	3.5 - 7.0
SERUM SODIUM	142.0	mEq/l	135 - 155
SERUM POTASSIUM	4.0	mEq/l	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.6 - 10.6

Sample Type: Serum

G.G.T.P. 1533

G.G.T.P.	22.0	U/ML	upto - 47
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Sample Type: Serum

Aenchal

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LFT 1513

S.G.O.T	41.3 *	U/L	upto - 40
S.G.P.T	61.2 *	U/L	upto - 45
S. BILIRUBIN (TOTAL)	0.92	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.29	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	152.0	U/L	60 - 170
TOTAL PROTEINS	7.5	g/dl	6.5 - 8.0
ALBUMIN	4.4	g/dl	3.5 - 5.5
GLOBUMIN	3.1	g/dl	2.3 - 3.5
A:G RATIO	1.4:1		1.5 - 2.5

End of the report

Heinkel

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Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:05

Laboratory Report

Biochemistry

T3, T4, TSH

Tests	Results	Biological Reference Range	Units
Triiodothyronine, Total (T3) (Serum,CMIA)	1.58	1.30 - 3.10	nmol/mL
Thyroxine, Total (T4) (Serum,CMIA)	94.2	59 - 154	nmol/mL
TSH Ultra Sensitive (Serum,CMIA)	4.5	0.27 - 4.8	μIU/mL

Comment

T3 or 3,5,3-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T4). The determination of it in serum is essential in assessing thyroid functions. T3 is secreted by thyroid glands and circulates in the blood stream; mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.

T4 or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, tri-iodothyronine (T3) and other inactive metabolites such as reverse T3.

TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
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Name	: Mr. DHARAMBIR SINGH	MR No	: UH038764
Age/Gender	: 40-Y/M	Visit ID	: OP051018
Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:15
Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:05

HbA1c (Glycated Haemoglobin) 5.4 % 4.0 - 6.2

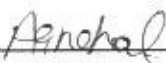
REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glyccemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glyccemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

<u>Ref Range for HBA1c (In %):</u>	<u>HbA1c goals in treatment of diabetes:</u>
Non diabetic Adults (Age \geq 18 years) < 5.7	Ages 0-6 years: 7.6% - 8.4%
At risk (Pre-Diabetic) : 5.7- 6.4	Ages 6-12 years: <8%
Diagnosing Diabetes: \geq 6.5	Ages 13-19 years: <7.5%
	Adults: <7%

End of the report


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Age/Gender	: 40 Y/M	Visit ID	: OP051018
Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:15
Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:17

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
BLOOD SUGAR - FASTING			
BLOOD SUGAR FASTING	98.2	mg/dl	70 - 110
Sample Type: Serum			
BLOOD SUGAR - PP 1465			
BLOOD SUGAR PP 1465	135.8	mg/dl	70 - 140

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Whole Blood			
BLOOD GROUP (ABO & RH TYPING)	"B" POSITIVE		

End of the report

Aanchal

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Pathologist

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Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:06

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE SUGAR FASTING	NIL		
Sample Type: Urine			
URINE SUGAR PP			
Urine Sugar PP	NIL		

CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE ROUTINE & MICROSCOPIC 1383			
COLOUR	P.YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.020		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			

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Age/Gender	: 40 Y/M	Visit ID	: OP051018
Admitting Doctor	:	Sample Collected on	: 31-07-2024 09:15
Lab ID No	: LAB068132	Sample Received on	:
		Report Released on	: 31-07-2024 13:06

PUS CELLS	2-3	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	1-2	/HPF	0 - 05
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHER	NIL		

End of the report

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Lab Technician

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IP

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Name	: Mr. DHARAMBIR SINGH	MR No	: UH038764
Age/Gender	: 40 Y/M	Visit ID	: OP051018
Admitting Doctor	:	Order Date	: 31-07-2024 10:04
		Report Date	: 31-07-2024 16:25

Radiology Report

X-Ray

CHEST X-RAY PA VIEW

Finding -

Haziness is noted in right para cardiac region.

Trachea appears in the midline.

Both hila appear prominent.

Cardiac size appears normal.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

Please correlate clinically

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

Technician

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Verified By



Name	: Mr. DHARAMBIR SINGH	MR No	: UH038764
Age/Gender	: 40 Y/M	Visit ID	: OP051018
Admitting Doctor	:	Order Date	: 31-07-2024 10:04
		Report Date	: 31-07-2024 10:42

Radiology Report

Ultrasound

ULTRASOUND WHOLE ABDOMEN

Gaseous abdomen

- Liver :** Liver is normal in size **with fatty liver Grade I**. No focal lesion seen.
No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is partially contracted.
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size , shape and echotexture.
No Peripancreatic collection seen.
- Kidneys :** **Right kidney:-** is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
Left kidney:- is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained
- Spleen :** The Spleen is normal in size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No
calculus/mass lesion seen.
- PROSTATE :** Is normal in size and echotexture.
No free fluid seen. No collection seen.

IMPRESSION : Fatty liver Grade I.

Please correlate clinically.

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

DHARAMVIR 40YM OPD MED

31Jul/2024 10:30:42

Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:31:18

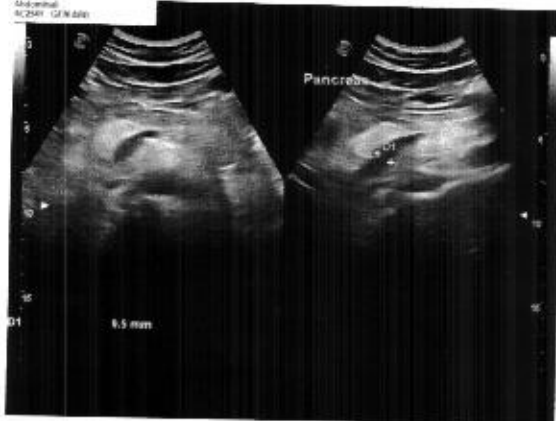
Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:32:27

Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:32:01

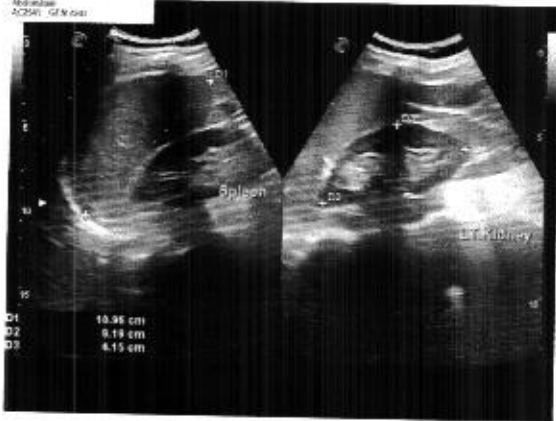
Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:33:44

Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:35:01

Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:35:36

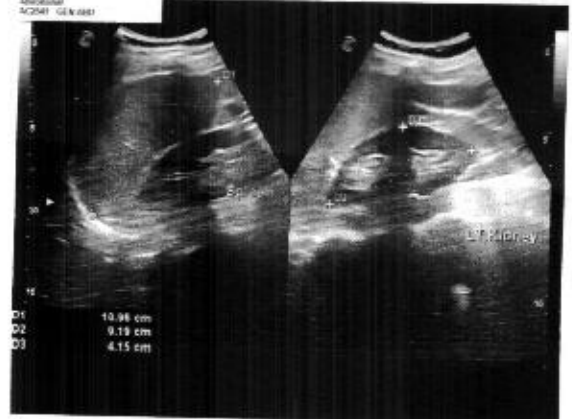
Abdominal
AC2541 GEN ABD



DHARAMVIR 40YM OPD MED

31Jul/2024 10:33:44

Abdominal
AC2541 GEN ABD





Mr. DHARAMBIR SINGH

Panel : Umkal Hospital

A-520, Sushant Lok-I, Gurugram, Haryana
122022

Collection

Analysed

Reported

Status

012407310537

31 Jul 2024 03:14 PM

31 Jul 2024 03:14 PM

31 Jul 2024 03:14 PM

: Final



1127597

40 Years/Male

Referred By : -

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
Prostate Specific Antigen (Total) PSA (Serum.CMIA)	0.59	ng/ml	0.0-4.0

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
≥ 26	8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations.

*** End Of Report ***

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Emergency Ph No.: 0124 4100000 Consultant Microbiologist



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Consultant Pathologist

