

Age/Gender : 33 Years/Male

UHID : QL311245590 Reg.Date
Refer By : Received On

Wing : BERLIN GENERAL HOSPITAL RANCHI

Client Name : BDDC - CGHS				
Test Particular	Result	Unit	Biological Reference Interval	
Fasting Plasma Glucose Method: (By GOD-POD Method)	90	mg/dl	(65-110)	
LIPID PROFILE : -				
Serum Triglyceride Method: (By Enzymatic,end point)	186	mg/dl	(<150)	
Serum Cholesterol Method: (By Oxidase, Esterase, Peroxidase)	199	mg/dl	(125 - 200)	
Serum HDLc (Direct) Method: (By PTA/MgC12, Reflectance photometry)	45	mg/dl	(30-65)	
Serum LDLc (Direct) Method: (By Direct Homogeneous, Spectrophotometry)	110	mg/dl	(85 - 150)	
VLDL	44	mg/dl	(5-40)	
LDL & HDL Ratio Method: (By Calculated)	2.44		(1.5 - 3.5)	
Total Cholestrol & HDL Ratio Method: (By Calculated)	4.42		Low Risk(0 - 3) High Risk(5 - 10)	
<u>LFT:-</u>				
Serum Bilirubin (Total) Method: (By Diphylline, Diazonium Salt)	0.7	mg/dl	(0.2 - 1.3)	
Serum Bilirubin (Direct) Method: (By Diphylline, Diazonium Salt)	0.2	mg/dl	(0.1 - 0.4)	
Serum Bilirubin (Indirect)	0.50000	mg/dl	(0.2-1.1)	
S G O T (AST) Method: By IFCC	48.7	u/l	(17 - 59)	
S G P T (ALT) Method: By IFCC	76.0	u/l	(21-72)	
Serum Alkaline Phosphate (ALP) Method: By IFCC	106	u/l	Adult (38 - 126)	
Serum Protein Method: By Biuret Method	7.5	gm/dl	Adult(6.2 - 8.2) Children(5.6 - 8.4)	
Serum Albumin	4.5	gm/dl	Newborn Children(2.4 - 4.8)	

gm/dl

3.00

1.50



Method: By BCG, Dye Binding Method

Serum Albumin / Globulin (A / G)

Serum Globulin

Method: By BCG

Dr. Richa Verma MBBS, MD (Pathology)

Adult(3.5 - 5.0)

Adult(2.3 - 3.6)

(1 - 2.3)

240329QLBG018

: 29-Mar-24 01:40 PM

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: 30-Mar-24 11:23 AM

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 Wing
 : BERLIN GENERAL HOSPITAL RANCHI
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 : 30-Mar-24 05:40 PM

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Client Name : BDDC - CGHS

Test Particular	Result	Unit	Biological Reference Interval
HBA1C (Nephelometry)			
HBA1C	5.2	%	Non diabetic level(< 6.0)
Method: HPLC			Goal(< 7.0)
			Action Suggested(> 8.0)
Average Blood Glucose (eAg)	103.25	mg/dl	

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Print By: QLSR-BERLIN
Print From: BERLIN RANCHI [BERLIN Ranchi]
Supplied Sample

Dr. Suchismita Panda MD (Biochemistry)

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Age/Gender : 33 Years/Male

UHID : QL311245590 Reg.Date : 29-Mar-24 01:40 PM **Refer By** Received On : 29-Mar-24 01:40 PM Reported On : 30-Mar-24 04:52 PM

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Wing : BERLIN GENERAL HOSPITAL RANCHI

Client Name : BDDC - CGHS

Test Particular	Result	Unit	Biological Reference Interval
<u>KFT</u>			
Serum Urea Method: GLDH,Kinetic Assay	18.8	mg/dl	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method: Modified Jaffe, Kinetic	1.1	mg/dl	Male: (0.72-1.18) Neonate: (0.26 - 1.01) Infant { 2months - less than 3 yrs}: (0.15 - 0.37) Children { 3 yrs - less than 15 yrs}: (0.24 - 0.73)
Serum Sodium (Na+) Method: By Indirect ISE	134.0	mmol/L	(136 - 145)
Serum Potassium (K+) Method: By Indirect ISE	4.2	mmol/L	(3.5 - 5.1)
Serum Chloride Method: (By Ion-selective Electrode)	98.3	mmol/L	(98 - 107)
Serum Uric Acid Method: By uricase-Colorimetric	5.6	mg/dl	(3.5 - 8.5)



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Client Name : BDDC - CGHS

Test Particular	Result	Unit	Biological Reference Interval
E.S. R.			
1st. Hr. E.S. R. Method: WESTERGREN'S METHOD	06	mm	(<20)
<u>CBC :-</u>			
Haemoglobin Method: (By Sahli's Method)	14.8	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
P. C. V.	44.9	%	(35-45)
Total Platelet Count	1.8	Lacs Per cmm	(1.5 - 4)
Total R. B. C. Count	5.1	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total W. B. C. Count Method: Flow Cytometry	6,600	Per cmm	Adult :-Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
M. C. V.	87.8	fl	(76 - 96)
MCH	28.9	pg	(22 - 32)
МСНС	32.9	g/dl	(30 - 35)
Neutrophils	56	%	(40-70)
Eosinophils	05	%	(0.5 - 7)
Basophils	00	%	(0-1)
Lymphocytes	38	%	(15-40)
Monocytes	01	%	(0-6)

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Dr. Sampashree Nayak M.D. (Path)

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: 30-Mar-24 05:12 PM

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 Wing
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Test Particular Result Unit Biological Reference Interval

Blood Grouping

Grouping (A)
Rh Typing (D) Positive





240329QLBG018

Name : PRASHANT KUMAR Reg.No. :

Age/Gender : 33 Years/Male 240329QLBG018

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Wing : BERLIN GENERAL HOSPITAL RANCHI Reported On : 30-Mar-24 06:05 PM

Client Name : BDDC - CGHS

Test Particular	Result	Unit	Biological Reference Interval
Thyroid Profile Thyroid Function Test [By CLIA]:-			
Tri-iodo Thyronine (T3)	1.21	ng/ml	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Thyroxine (T4)	7.44	μg/dl	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Thyroid Stimulating Hormone (T S H)	1.90	μIU/ml	Up to 1 Week (0.7-15.2) 1 week-4 week (0.7-11.0) 1-12 Months (0.7-8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester (0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism.

Suppressed TSH ($< 0.01 \mu$ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 μ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.



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Client Name : BDDC - CGHS

Test Particular Result Unit **Biological Reference Interval Gamma-Glutamyl Transferase** 26.0 u/l Male(10 - 45)



Rieruna Dr. Richa Verma MBBS, MD (Pathology)

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P.T.O.

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Wing : BERLIN GENERAL HOSPITAL RANCHI

Client Name : BDDC - CGHS

Test Particular	Result	Unit	Biological Reference Interval
P. S. A. [By ECLIA]	2.56	ng/ml	< 4.0 For Healthy Man
Method: CHEMILUMINESCENCE			

PSA:-

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

 Vitamin D (25 0-H)
 20.74
 ng/ml
 Deficient (0 - 10 ng/ml)

 Method: By E411 Cobas Chemiluminescence
 Insufficient (10 - 30 ng/ml)

Sufficient (30 - 30 ng/ml)
Toxicity >100 (ng/ml)

25-OH VITAMIN D:-

Vitamin D is a fat soluble steroid hormone mainly produced photo chemically in the skin from 7-dehydrocholesterol.

Vitamin-D deficiency is a cause of secondary hyperparathyroidism and disease related to impaired bone metabolism like rickets, osteoporosis, osteomalacia.

Low values are also seen in chronic illness like cancer, auto immune, infectious disease or cardiovascular problem.

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Dr. Suchismita Panda MD (Biochemistry)

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URINE RM

Particular	Findings	Unit	Biological Reference Interval
PHYSICAL			
Colour	Straw		
Transparency	Clear		
Deposite	Nil		
Sp Gravity	1020		
Reaction	Acidic		
CHEMICAL			
Sugar	Nil	gm%	
Protein	XX		
рН	XX		
Ketone	XX		
Blood	XX		
Albumin	Nil		
Phosphate	Nil		
MICROSCOPIC			
RBC	Nil	/HPF	
Pus Cells	1-3	/HPF	
Epith Cells	0-2	/HPF	
Bacteria	Nil		
Casts	Nil	/HPF	
Crystals	Nil	/HPF	
Yeast	Nil		
Spermatozoa	Nil	/HPF	



Dr. Richa Verma MBBS, MD (Pathology)









Patient Name	MR. PRASHANT KUMAR	Requested By	BANK OF BARODA
MRN	BER/2024/OPD21207	Procedure Date	29.03.2024
Age/Sex	33Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver: The liver is normal in size (14.0 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the portal hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD: The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys: Both kidneys were normal in position:

Right kidney measures 10.2 cm Left Kidney measures 11.1 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen: The spleen is normal in size and echogenicity.

Urinary Bladder: The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Prostate : The prostate is normal in size, measures (11.2 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

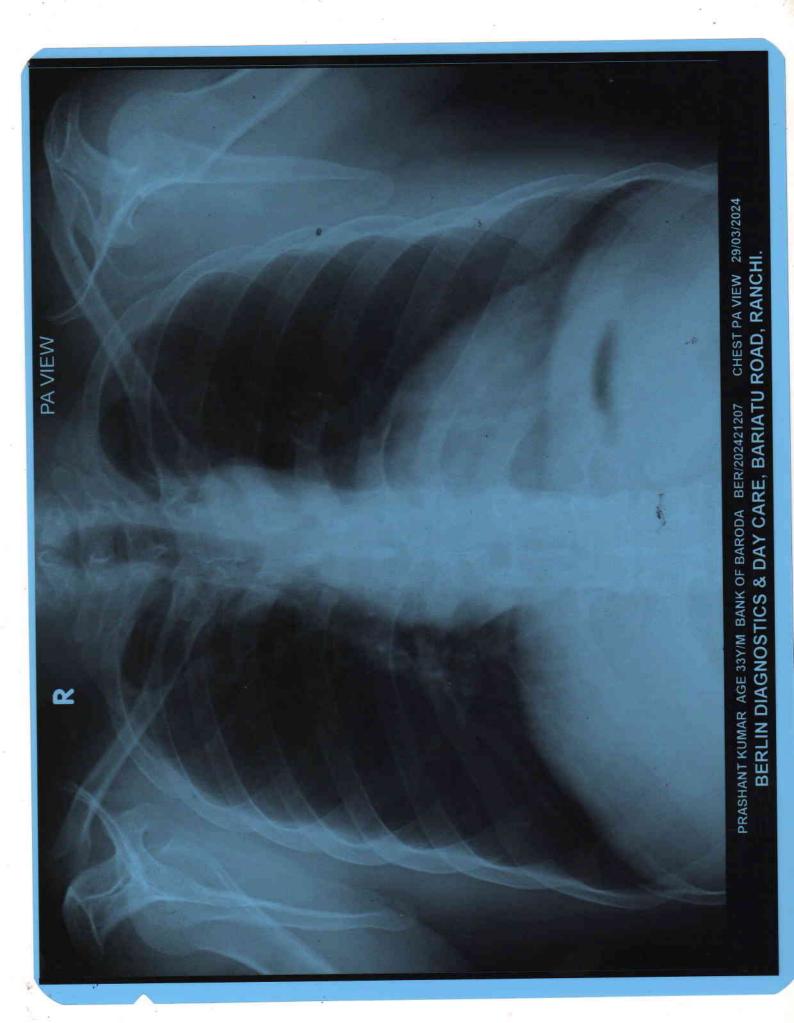
No evidence of ascites or lymphadenopathy seen.

IMPRESSION: Normal study

Please correlate clinically.

Dr. Ambuj Srivastav M.D. Consultant Radiologist.

Opp. DAV Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009 Contact: +91-9341529301/259 | E-mail: info@berlindiagnostics.com | Website: www.berlindiagnostics.com Toll Free No.: 18008913990





Patient Name	PRASHANT KUMAR	Patient ID	BER/ 202421207
Age/Gender	33 Years / M	Study Date	29-Mar-2024
Referred By	BANK OF BARODA	Reported Date	29-Mar-2024

X - RAY CHEST PA VIEW

FINDINGS:-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.

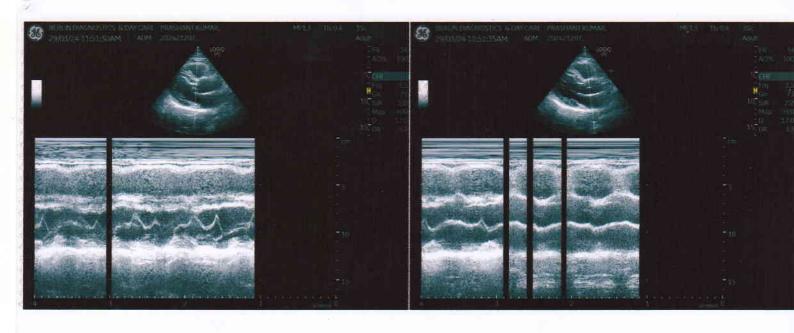
Bony thorax under vision appears normal.

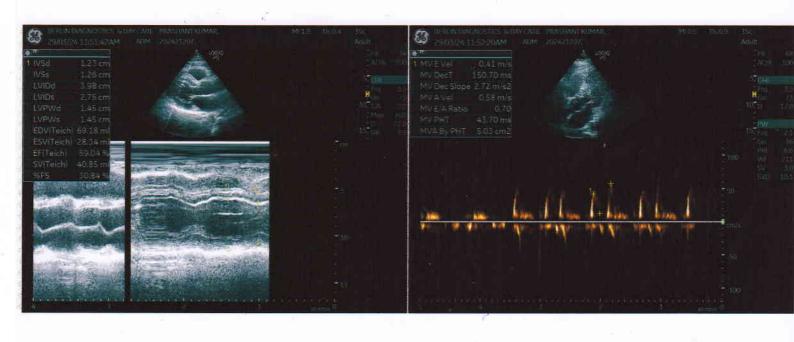
IMPRESSION: NORMAL STUDY

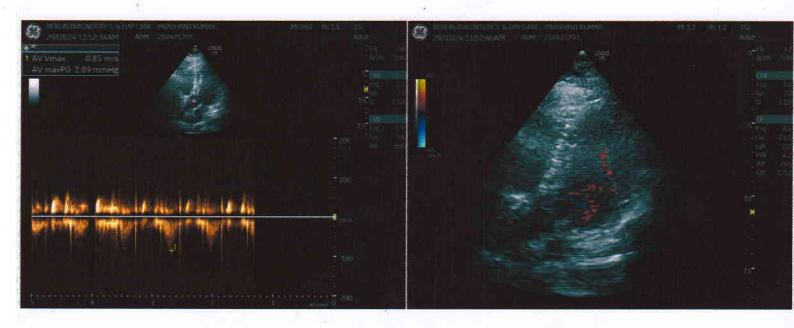
Dr.Sunny Shivlani MD Radiology REG-33548

Date Reported: 29-Mar-2024

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BERLIN DIAGNOSTICS & DAY CARE



Name PRASHANT KUMAR

Age 33

Date 29/03/2024

Patient Id 202421207,

Sex Male

Ref. Physician

Measurements

2D & M-Mode Measureme	nts	PW-Measurements	
IVSd	1.23 cm	MV E Vel	0.41 m/s
LVIDd	3.98 cm	MV DecT	150.70 ms
LVPWd	1.45 cm	MV Dec Slope	2.72 m/s ²
IVSs	1.26 cm	MV A Vel	0.58 m/s
LVIDs	2.75 cm	MV E/A Ratio	0.70
LVPWs	1.45 cm	MVPHT	43.70 ms
EDV(Teich)	69.18 ml	MVA By PHT	5.03 cm ²
ESV(Teich)	28.34 ml	AV Vmax	0.85 m/s
EF(Teich)	59.04%	AV maxPG	2.89 mmHg
%FS	30.84 %	1	
SV(Teich)	40.85 ml	10	

Comments:

CONCENTRIC LVH, NORMAL LA, RA AND RV SIZE, 2DEF= 59%, NO RWMA, ALL VALVES AND PERICARDIUM NJORMAL.

Impression:

CONCENTRIC LVH, NORMAL LV SYSTOLIC AND RV FUNCTION IN NSR, NO PAH.

DR. AMAR KUMAR DIP CARD (P.G.D.C.C)

CLINICAL CARDIOLOGIST