

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. PALANIRAJ G	Order No : 1000067220
UHID : UHJ A23015871	Registered On : 20/01/2024 10:47:41 AM
Age/Sex : 59/Years Male	Collected On : 20/01/2024 11:44:37 AM
Ward / Bed No :	Reported On : 20/01/2024 01:13:07 PM
Reference : Dr. Preventive Health Check Up	Bill No : OPBJ A230019959
Station : At Hospital	Mobile No : 9449254455
Payer Name :	Report Status : Final Report

Test Name	Result	Unit	Bio. Ref. Interval
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BIOCHEMISTRY

**FASTING GLUCOSE** 211 mg/dL  
 (Method: Hexokinase)  
 ADA Guidelines  
 < 100 mg/dl - Normal  
 100 to 125 mg/dl - Prediabetes  
 ≥ 126 mg/dl - Diabetes

**POST PRANDIAL GLUCOSE** 338 mg/dL  
 (Method: Hexokinase)  
 70-140

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)** Sample: Whole blood (EDTA)

**HBA1C** 9.1 %  
 (Method: HPLC)  
 ADA Guidelines  
 < 5.7% - Normal  
 5.7 to 6.4% - Prediabetes  
 ≥ 6.5% - Diabetes

**Estimated Average Glucose (eAG)** 214.46 mg/dL  
 (Method: Calculated)

**THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)** Sample: Serum

**TOTAL T3** 0.89 ng/mL  
 (Method:CLIA)  
 0.87-1.78

**TOTAL T4** 10.55 µg/dL  
 (Method:CLIA)  
 5.1-14.1

**THYROID STIMULATING HORMONE (TSH)** 2.02 IU/mL  
 (Method:CLIA: Ultra-sensitive)  
 0.38-5.33

**LIPID PROFILE** Sample: Serum

**TOTAL CHOLESTEROL** 237 mg/dL  
 (Method:CHOD-POD)  
 ATP III Guidelines  
 < 200 - Desirable  
 200-239 - Borderline high  
 ≥ 240 - High

**TRIGLYCERIDES** 159 mg/dL  
 (Method:Enzymatic GPO-POD)  
 < 150 - Normal  
 150-199 - Borderline High  
 200-499 - High  
 ≥ 500 - Very High

**HDL CHOLESTEROL** 46.8 mg/dL  
 (Method:ENZYMATIC METHOD)  
 < 40 - Low  
 ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	158.4	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	31.80	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	5.0		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	3.3		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	190.2	mg/dL	< 130
<b>URIC ACID</b> (Method:Uricase - POD(Enzymatic))	5.0	mg/dL	3.5-7.2
<b>BLOOD UREA NITROGEN(BUN)</b> (Method:Urease GLDH - Kinetic)	12.2	mg/dL	7.93-20.07
<b>CREATININE</b> (Method:Modified Jaffe, Kinetic)	0.71	mg/dL	0.9-1.3
<b>LIVER FUNCTION TEST</b>			
<b>TOTAL BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.53	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.10	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	0.44	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method:BIURET)	7.3	g/dL	6.6-8.3
<b>ALBUMIN</b> (Method:BCG)	4.46	g/dL	3.5-5.2
<b>GLOBULIN</b> (Method: Calculated)	2.83	g/dL	2.3-3.5

Sample: Serum

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<b>AG RATIO</b> (Method: Calculated)	1.57		2:1
<b>SERUM SGOT</b> (Method:IFCC without P5P)	18	U/L	< 50
<b>SERUM SGPT</b> (Method:IFCC without P5P)	18	U/L	< 50
<b>ALKALINE PHOSPHATASE, SERUM</b> (Method:PNPP AMP Buffer)	68	U/L	50-116
<b>GGT</b> (Method:IFCC)	25	U/L	< 55
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b> (Method:CLIA)	0.69	ng/mL	< 4.0

Interpretation Notes

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of malignant disease nor should serum PSA be used alone as a screening test for malignant disease. For diagnostic purposes, the results obtained by immunometric assay should always be used in combination with the clinical examinations, patient medical history and other findings. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

<b>VITAMIN D (25-OH)</b> (Method:CLIA)	20.7	ng/mL	<20 ng/mL - Deficient 20-29 ng/mL - Insufficient 30-100 ng/mL - Sufficient >100 ng/mL - Toxic
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Interpretation Notes

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. Less severe vitamin D inadequacy may lead to secondary hyperparathyroidism and subsequently increasing the risk of osteoporosis. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

<b>VITAMIN B12</b> (Method:CLIA)	385	pg/mL	75-807
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Interpretation Notes

Vitamin B12 or Cobalamin assay helps to diagnose the cause of anemia or neuropathy; to evaluate nutritional status in some patients; to monitor effectiveness of treatment for B12 deficiency. Vitamin B12 is necessary for normal RBC formation, tissue and cellular repair, and DNA synthesis. Vitamin B12 is also important for nerve health; a deficiency in either B12 or Folate can lead to macrocytic anemia. Interpretation of the result should be considered in relation to clinical circumstances. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity.



**Dr. Shobha Emmanuel**  
MBBS, M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC:66136

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HAEMATOLOGY
**COMPLETE BLOOD COUNT(CBC)**

Sample: Whole blood (EDTA)

<b>HAEMOGLOBIN</b> (Method:Photometric Measurement: Oxyhemoglobin method)	14.48	g/dL	13.5-17.5
<b>PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT)</b> (Method: Calculated)	43.4	%	42-52
<b>TOTAL WBC COUNT (TLC)</b> (Method:Coulter Principle)	7950	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
<b>NEUTROPHILS</b> (Method:Optical/Impedance)	55.42	%	40-75
<b>LYMPHOCYTES</b> (Method:Optical/Impedance)	33.52	%	20-45
<b>EOSINOPHILS</b> (Method:Optical/Impedance)	5.46	%	0-6
<b>MONOCYTES</b> (Method:Optical/Impedance)	5.22	%	2-10
<b>BASOPHILS</b> (Method:Optical/Impedance)	0.38	%	0-2
<b>RED BLOOD CORPUSCLES(RBC)</b> (Method:Coulter Principle)	5.32	million/cum	4.5-5.9
<b>MCV</b> (Method:Derived from RBC Histogram)	81.5	fL	78-100
<b>MCH</b> (Method: Calculated)	27.2	pg	27-31
<b>MCHC</b> (Method: Calculated)	33.4	g/dL	31-37
<b>RDW - CV</b> (Method: Calculated)	13.9	%	11.5-14.5
<b>PLATELET COUNT</b> (Method:Electrical Impedance)	3.20	Lakhs/Cum	1.5-4.5

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MEAN PLATELET VOLUME(MPV) <small>(Method:Derived from PLT Histogram)</small>	7.06	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) <small>(Method: Calculated)</small>	20.3	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> <small>(Method:Modified Westergren Method)</small>	16	mm/hour	1-20

**BLOOD GROUPING & RH TYPING**

Sample: Whole blood (EDTA)

ABO Group <small>(Method:Agglutination Gel Method )</small>	B
Rh Factor <small>(Method:Agglutination Gel Method )</small>	Positive

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY

## URINE EXAMINATION, ROUTINE

Sample: Urine

## PHYSICAL EXAMINATION

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030

## CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

## MICROSCOPIC EXAMINATION



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EPITHELIAL CELLS	2-4	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By  
NAGARATNA

---End of Report---



**Dr. Shobha Emmanuel**  
CONSULTANT PATHOLOGIST  
KMC:66136

\*NABL renewal under process.



20-01-2024

clove:)  
DENTAL

Palani Raj

C/C :- Regular Consultation done.

O/E :- Pit & Fissure i.r.t 34, 35, 44, 45, 16, 26.  
Plaque ++ Calculus ++  
Cervical abrasion i.r.t 46, 36, 34, 35,  
44, 45

A :- Caries i.r.t 34, 35, 44, 45,

Rx :- Scaling advised  
Restoration i.r.t 41, 36, 34, 35,  
44, 45



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<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	211	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	338	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	9.1	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	214.46	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method:CLIA)	0.89	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method:CLIA)	10.55	ng/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method:CLIA: Ultra-sensitive)	2.02	μIU/mL	0.38-5.33
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method:CHOD-POD)	237	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method:Enzymatic GPO-POD)	159	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	46.8	mg/dL	< 40 - Low ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method:ENZYMATIC METHOD)	158.4	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	31.80	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	5.0		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	3.3		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	190.2	mg/dL	< 130
<b>URIC ACID</b> (Method:Uricase - POD(Enzymatic))	5.0	mg/dL	3.5-7.2
<b>BLOOD UREA NITROGEN(BUN)</b> (Method:Urease GLDH - Kinetic)	12.2	mg/dL	7.93-20.07
<b>CREATININE</b> (Method:Modified Jaffe, Kinetic)	0.71	mg/dL	0.9-1.3
<b>LIVER FUNCTION TEST</b>			
<b>TOTAL BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.53	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method:Dichlorophenyl Diazotization)	0.10	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	0.44	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method:BIURET)	7.3	g/dL	6.6-8.3
<b>ALBUMIN</b> (Method:BCG)	4.46	g/dL	3.5-5.2
<b>GLOBULIN</b> (Method: Calculated)	2.83	g/dL	2.3-3.5

Sample: Serum

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AG RATIO (Method: Calculated)	1.57		2:1
SERUM SGOT (Method:IFCC without P5P)	18	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	18	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	68	U/L	50-116
GGT (Method:IFCC)	25	U/L	< 55
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b> (Method:CLIA)	0.69	ng/mL	< 4.0

Interpretation Notes

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of malignant disease nor should serum PSA be used alone as a screening test for malignant disease. For diagnostic purposes, the results obtained by immunometric assay should always be used in combination with the clinical examinations, patient medical history and other findings. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

<b>VITAMIN D (25-OH)</b> (Method:CLIA)	20.7	ng/mL	<20 ng/mL - Deficient 20-29 ng/mL - Insufficient 30-100 ng/mL - Sufficient >100 ng/mL - Toxic
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Interpretation Notes

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. Less severe vitamin D inadequacy may lead to secondary hyperparathyroidism and subsequently increasing the risk of osteoporosis. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

<b>VITAMIN B12</b> (Method:CLIA)	385	pg/mL	75-807
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Vitamin B12 or Cobalamin assay helps to diagnose the cause of anemia or neuropathy; to evaluate nutritional status in some patients; to monitor effectiveness of treatment for B12 deficiency. Vitamin B12 is necessary for normal RBC formation, tissue and cellular repair, and DNA synthesis. Vitamin B12 is also important for nerve health; a deficiency in either B12 or Folate can lead to macrocytic anemia. Interpretation of the result should be considered in relation to clinical circumstances. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity.



**Dr. Shanthakumar Muruda**  
Sr CONSULTANT BIOCHEMIST  
KMC No : 54192

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HAEMATOLOGY

## COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

<b>HAEMOGLOBIN</b> (Method:Photometric Measurement: Oxyhemoglobin method)	14.48	g/dL	13.5-17.5
<b>PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT)</b> (Method: Calculated)	43.4	%	42-52
<b>TOTAL WBC COUNT (TLC)</b> (Method:Coulter Principle)	7950	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
<b>NEUTROPHILS</b> (Method:Optical/Impedance)	55.42	%	40-75
<b>LYMPHOCYTES</b> (Method:Optical/Impedance)	33.52	%	20-45
<b>EOSINOPHILS</b> (Method:Optical/Impedance)	5.46	%	0-6
<b>MONOCYTES</b> (Method:Optical/Impedance)	5.22	%	2-10
<b>BASOPHILS</b> (Method:Optical/Impedance)	0.38	%	0-2
<b>RED BLOOD CORPUSCLES(RBC)</b> (Method:Coulter Principle)	5.32	million/cum	4.5-5.9
<b>MCV</b> (Method:Derived from RBC Histogram)	81.5	fL	78-100
<b>MCH</b> (Method: Calculated)	27.2	pg	27-31
<b>MCHC</b> (Method: Calculated)	33.4	g/dL	31-37
<b>RDW - CV</b> (Method: Calculated)	13.9	%	11.5-14.5
<b>PLATELET COUNT</b> (Method:Electrical Impedance)	3.20	Lakhs/Cum	1.5-4.5



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Ward / Bed No :	Reported On : 20/01/2024 01:13:07 PM
Reference : Dr. Preventive Health Check Up	Bill No : OPBJ A230019959
Station : At Hospital	Mobile No : 9449254455
Payer Name :	Report Status : Final Report

Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.06	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	20.3	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	16	mm/hour	1-20
<b>BLOOD GROUPING &amp; RH TYPING</b>			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Gel Method )	B		
Rh Factor (Method:Agglutination Gel Method )	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

*Naveen N*

**Dr. Naveen Kumar**  
CONSULTANT PATHOLOGIST  
KMC NO : 71418



## DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. PALANIRAJ G	Order No	: 1000067220
UHID	: UHJ A23015871	Registered On	: 20/01/2024 10:47:41 AM
Age/Sex	: 59/Years Male	Collected On	: 20/01/2024 11:44:37 AM
Ward / Bed No	:	Reported On	: 20/01/2024 01:13:07 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230019959
Station	: At Hospital	Mobile No	: 9449254455
Payer Name	:	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
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CLINICAL PATHOLOGY

## URINE EXAMINATION, ROUTINE

Sample: Urine

## PHYSICAL EXAMINATION

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030
<b>CHEMICAL EXAMINATION</b>			
PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

## MICROSCOPIC EXAMINATION

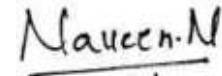
DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. PALANIRAJ G	Order No	: 1000067220
UHID	: UHJ A23015871	Registered On	: 20/01/2024 10:47:41 AM
Age/Sex	: 59/Years Male	Collected On	: 20/01/2024 11:44:37 AM
Ward / Bed No	:	Reported On	: 20/01/2024 01:13:07 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230019959
Station	: At Hospital	Mobile No	: 9449254455
Payer Name	:	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	2-4	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By  
NAGARATNA

---End of Report---



**Dr. Naveen Kumar**  
CONSULTANT PATHOLOGIST  
KMC NO : 71418

**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Palaniraj G	<b>Date</b>	20/01/24
<b>Age</b>	59 years	<b>Hospital ID</b>	UHJA23015871
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**CT CORONARY CALCIUM SCORING**

**STUDY PROTOCOL:** Serial axial sections of the cardia were performed in Siemens Somatom go.Top 384 slice CT scanner. AI based automatic Agatston coronary calcium scores were calculated on a dedicated workstation.

**OBSERVATIONS :**

The total Agatston coronary calcium score is 0 .

**Vessel level Agatston score :** LM : 0      LAD : 0      LCX : 0      RCA : 0

**Pericardium :** Unremarkable

**Great vessels :** Ascending aorta, descending aorta and pulmonary artery are normal in calibre.

**Extra-coronary calcifications:** Aortic valve and thoracic aortic wall calcifications.

**Visualized lung parenchyma :** Two small fissural nodules (6 mm) are seen along the right major fissure.

**IMPRESSION:**

- The Agatston coronary artery calcium (CAC) score is 0. Coronary age is <35 years.

**CAC-DRS Category : A 0 / N 0**

Management Recommendation			
CAC-DRS	Score	Risk	Treatment recommendation
A0/N0	None (0)	Very low	Statin generally not recommended
A1/N3	Mild (1-99)	Mildly increased	Moderate intensity Statin
A2/N3	Moderate (100-299)	Moderately increased	Moderate to high intensity Statin + low dose aspirin
A3/N4	Severe (≥300)	Moderately to severely increased	High intensity Statin + low dose aspirin

  
**Dr. Elluru Santosh Kumar**  
Consultant Radiologist



ID:   
 Name: mr palaniraju   
 Birth date: /   
 Sex: M   
 Weight: kg   
 Height: mmHg   
 Indication:   
 Symptoms:   
 History:   
 Heart rate: 90 bpm   
 RR int: 140 ms   
 PRS dur: 78 ms   
 II/QTc(E) int: 340/388 ms   
 I/ORS/T axis: 60/ 55/ 51 °   
 V5/SV1 amp: 1.41/ 0.97 mV   
 V5+SV1 amp: 2.38 mV

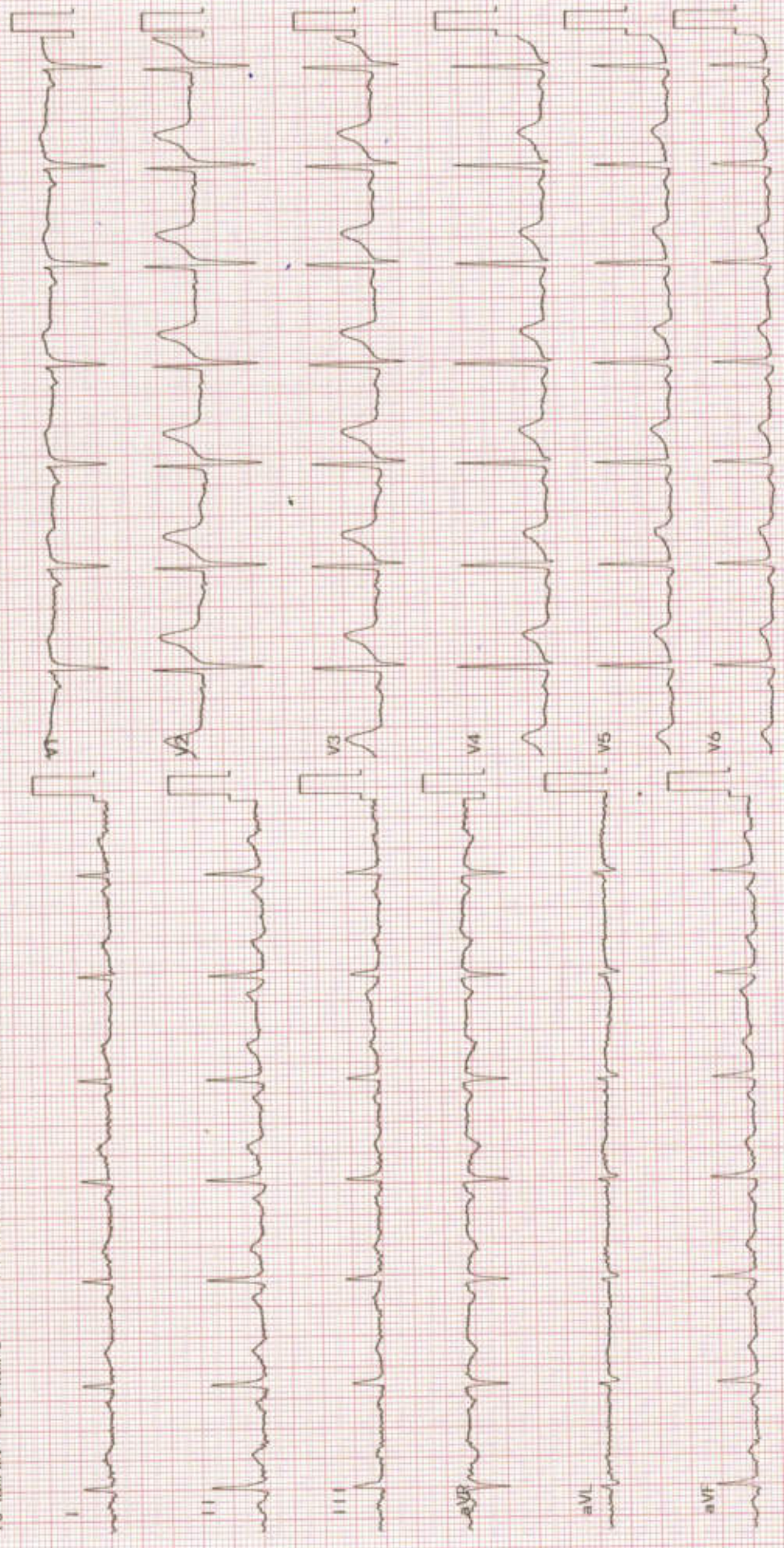
1100 Sinus rhythm   
 0102 ARTIFACT PRESENT   
 9110 \*\* normal ECG \*\*

59 years

Unconfirmed Report   
 Reviewed by:

10 mm/mV

25 mm/s Filter: H50 D 35 Hz







NABH



NABL



No.1

Care Par Excellence  
Jayanagar, Bangalore

Patient name :	Mr. PALANI RAJ	Date :	20/01/24
Age :	59 years GENDER: MALE	Patient ID :	15871
Ref by :	DR.CMO	OP/IP :	HEALTH CHECK

**2D- ECHOCARDIOGRAPHY****M - MODE AND DOPPLER MEASUREMENTS**

*(c.m)	(c.m)	(cm/sec)	
AO : 3.1 (2.5-3.7)	LVIDD : 4.2 (3.5-5.5)	MV EV : 62.1	AV : 73.4 MR : NORMAL
LA : 3.5 (1.9-4.0)	LVIDS : 2.4 (2.4-4.2)	AV : 124	AR : TRIVIAL AR
RA : 2.0 (<4.4)	IVSD : 0.9 (0.6-1.1)	PV : 100	PR : NORMAL
RV : 2.2 (<3.5)	IVSS : 1.0 (0.9-1.2)	TV EV : -----	AV : ----- TR : TRIVIAL TR
TAPSE: 1.8 (>1.6)	LVPWD : 1.1 (0.6-1.1)	Diastolic Function : GRADE 1 LVDD	
	LVPWS : 1.1 (0.9-1.2)		
	EF : 60%		

**DESCRIPTIVE FINDINGS**

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis:	NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: SCLEROTIC CHANGES, NON-STENOTIC, JET GRDT-6mmHg, TRIVIAL AR
Tricuspid Valve	: NORMAL, TRIVIAL TR, PASP-19mmHg
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL

**IMPRESSION :**

SCLEROTIC AORTIC VALVE WITH TRIVIAL AR  
 NORMAL LV SYSTOLIC FUNCTION EF : 60%  
 GRADE 1 LV DIASTOLIC DYSFUNCTION  
 NO PULMONARY HYPERTENSION  
 NO REGIONAL WALL MOTION ABNORMALITIES  
 NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

**DR. RAHUL PATIL**  
 CONSULTANT CARDIOLOGIST



NABH

NABL

No.1

Out Patient Record

Care Par Excellence  
Jayanagar, Bangalore

Patient Name : Mr.PALANIRAJ G  
 Age / Sex : 59 Years / Male  
 Father Name : GOVINDASWAMY N  
 Spouse Name :  
 Address : # 48/1 A Apsarjayam 2nd Floor 2nd Cross  
 3rd Main Near Pearson Education Services  
 VGS Aswini Layout Ejipura Koramanagala

UHID : UHJA23015871  
 OP NO/Reg Dt : OP230000019016 / 20-01-2024 10:47 AM  
 Department : Health check  
 Referred By : Mediwheel  
 Consultant : Dr.Preventive Health Check Up  
 KMC No. : Dr. Shweblia

Complaints / Findings / Observations :

Routine eye check.

DM - 22 yrs

HbA1c - 8.5 g/l.

Investigations:

VA  $\left\{ \begin{array}{l} 6/9p \text{ PH } 6/6 \\ 6/9p \text{ PH } 6/6 \end{array} \right.$   
 (gus)  
 MV  $\left\{ \begin{array}{l} M6 \\ M6 \end{array} \right.$

M5 ov Early lens changes

Treatment / Care of Plan / Provisional Diagnosis :

Fundus (unilateral) ov CDx: 0.3:1  
 Ed (+)

Follow Up Advice :

Infris : ov Ref Exam

Advice: dilated fundus examination

RE: +2.00 DS / -1.00 DC x 70 6/6

LE: +2.00 / -0.50 DC x 90 6/6

BE Add +2.00 DS for near

Signature of the Doctor

**DEPARTMENT OF RADIODIAGNOSIS**

Name	Palaniraj G	Date	20/01/24
Age	59 years	Hospital ID	UHJA23015871
Sex	Male	Ref.	Healthcheck

**ULTRASOUND ABDOMEN AND PELVIS****FINDINGS:**

**Liver** is normal in size and *shows moderate increased echopattern*. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

**Spleen** is normal in size, shape, contour and echopattern. No focal lesion.

**Right Kidney** is normal in size (9.2 x 5.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Left Kidney** is normal in size (9.8 x 4.7 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.

**Retroperitoneum** - Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

**Urinary Bladder** is distended, normal in contour and wall thickness. No evidence of calculi, mass or mural lesion.

**Prostate** is normal in echopattern and size, measures ~ 16.6 cc.

No ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

**IMPRESSION:**

- Moderate fatty infiltration of liver (Grade II).
- No other definite sonological abnormality detected.



Dr. Elluru Santosh Kumar  
Consultant Radiologist



**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Palaniraj G	<b>Date</b>	20/01/24
<b>Age</b>	59 years	<b>Hospital ID</b>	UHJA23015871
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA - VIEW)****FINDINGS:**

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- No radiographic abnormality.



**Dr. Elluru Santosh Kumar**  
Consultant Radiologist