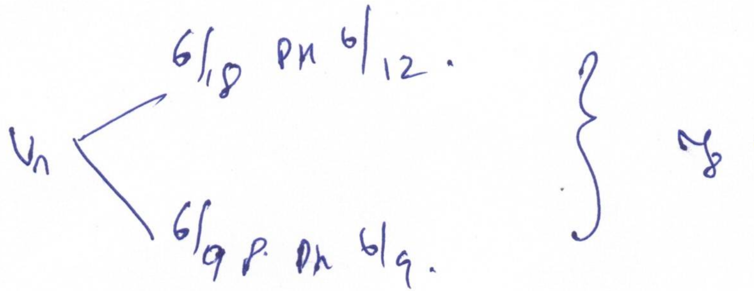
Mr. Rajesh. R 52y/M 8/3/24.

nil systemic.

H/o using some ayurvedic eye drops Dr. Shwetha.



No Family H/o Glaucoma

A/S OU Normal

Fundus (undilated)

CD ratio 0.5:1, FR(+)

CD ratio 0.5 to 0.6:1, FR(+)

Imp: OU Ref Error.

Suspicious discs.

Glaucoma Evaluation

[signature]

Dr Shwetha

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore
NABH NABL No.1
A Unit of United Brothers Healthcare Services Private Limited
No. 110(30), Madhavan Park Circle, 10th Main Road, 3rd Block, Jayanagar, Bangalore - 560 011. T: 080 4566 6666 E: appointment@unitedhospital.in W: www.unitedhospital.c

DEPARTMENT OF RADIODIAGNOSIS

Name	Rajesh R	Date	08/03/24
Age	51 years	Hospital ID	UHJA23019922
Sex	Male	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and ***shows mildly 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 (10.5 x 4.8 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No calculus or hydronephrosis.
Left Kidney is normal in size (10.5 x 4.8 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 minimally distended.

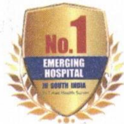
Prostate is normal in echopattern and size, measures ~ 16.9 cc.

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

IMPRESSION:

- **Mild fatty infiltration of liver (Grade I).**
- **No other definite sonological abnormality detected.**

Dr. Elluru Santosh Kumar
Consultant Radiologist



NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	**: Mr.RAJESH R**	**UHID**	**: UHJA23019922**
Age / Sex	: 51 Years / Male	OP NO/Reg Dt	: 08-03-2024 09:16 AM
Spouse / Father Name	: ANISHA RAJESH	Department	:
Address	: prestige jindal city tumkur , , Bengaluru Urban, Karnataka, INDIA,	Refered By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

S/B Physician Team

Reports reviewed.

Ht – 166 cm
Wt – 75.3 Kg
BP – 103/68
PR – 70 b/m
SpO2 – 97

Investigations:

HbA1c – 6.1%.

Counselling done

Treatment / Care of Plan / Provisional Diagnosis : Adv :

Repeat FBS, PPBS, HbA1c.
after 3 months & review
Dietary changes
Lifestyle modifications

Follow Up Advice :

Signature of the Doctor

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. RAJESH R	Order No	: 1000076041
UHID	: UHJA23019922	Registered On	: 08/03/2024 09:16:16 AM
Age/Sex	: 51/Years Male	Collected On	: 08/03/2024 09:39:46 AM
Ward / Bed No	:	Reported On	: 08/03/2024 01:38:21 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230024607
Station	: At Hospital	Mobile No	: 9481587930
Payer Name	: Mediwheel	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval
FASTING GLUCOSE (Method: Hexokinase)	98	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	181	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	6.1	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	128.37	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.16	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	6.90	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	2.10	ı IU/mL	0.34-5.60
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	169	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	54	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	53.9	mg/dL	< 40 - Low ≥ 60 - High

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	104.3	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	10.80	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	3.13		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	1.93		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	115.1	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	6.8	mg/dL	3.5-7.2
BUN/CREATININE RATIO			Sample: Serum
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	8	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	1.01	mg/dL	0.9-1.3
BUN/CRE-RATIO (Method: Calculated)	7.92		12¯20 : 1
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	1.05	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.24	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.82	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	6.7	g/dL	6.6-8.3

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. RAJESH R	Order No	: 1000076041
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Test Name	Result	Unit	Bio. Ref. Interval
ALBUMIN (Method:BCG)	4.41	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.29	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.92		2:1
SERUM SGOT (Method:IFCC without P5P)	28	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	38	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	59	U/L	50-116
GGT (Method:IFCC)	38	U/L	< 55
PROSTATE SPECIFIC ANTIGEN (PSA) (Method:CLIA)	0.68	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.

UREA (Method:Urease GLDH - Kinetic)	17.6	mg/dL	17-43

Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

DEPARTMENT OF LABORATORY MEDICINE

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	15.84	g/dL	13.5-17.5
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	48.3	%	42-52
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	7550	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	61.87	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	27.76	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	2.78	%	0-6
MONOCYTES (Method:Optical/Impedance)	7.05	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.54	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	6.08	million/cum	4.5-5.9
MCV (Method:Derived from RBC Histogram)	79.4	fL	78-100
MCH (Method: Calculated)	26.1	pg	27-31
MCHC (Method: Calculated)	32.8	g/dL	31-37
RDW - CV (Method: Calculated)	16.1	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	1.89	Lakhs/Cum	1.5-4.5

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.68	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	19.0	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	10	mm/hour	1-20

BLOOD GROUPING & RH TYPING — Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
ABO Group (Method:Agglutination Gel Method)	O		
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

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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE — Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
PHYSICAL EXAMINATION			
VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	7.5		5.0-8.0
SPECIFIC GRAVITY	1.015		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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MC-5013

DEPARTMENT OF LABORATORY MEDICINE

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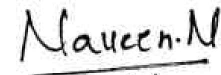
Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		
URINE SUGAR (POST PRANDIAL)	Trace (0.5%)		



Verified By
PRAVEEN T

---End of Report---

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418