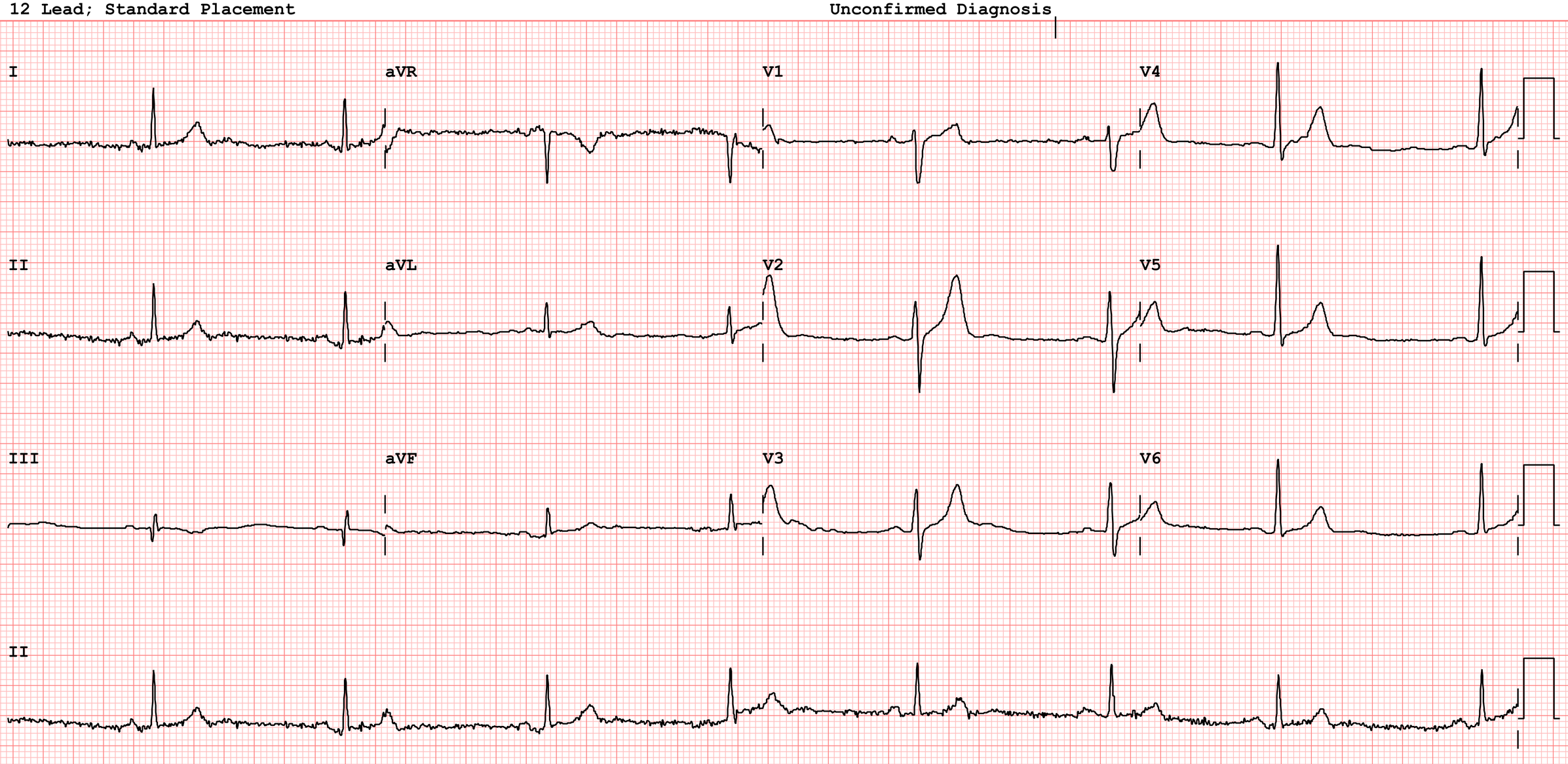
5176223 sushil kumar sinha 1/13/2024 8:53:10 AM

40 Years Male

Rate	49	. Sinus bradycardia.....rate< 50
		. ST elev, probable normal early repol pattern.....ST elevation, age<55
PR	160	
QRSD	95	
QT	423	
QTc	382	
--AXIS--		
P	62	
QRS	39	
T	16	

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

NAME	MR SUSHIL KUMAR SINHA	STUDY DATE	13/01/2024 9:37AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH005176223
ACCESSION NO.	NM11712677	MODALITY	US
REPORTED ON	13/01/2024 11:28AM	REFERRED BY	Health Check MHD

2D Echocardiography Report

	End diastole	End systole
IVS thickness (cm)	**1.0**	**1.2**
Left Ventricular Dimension (cm)	**4.7**	**2.6**
Left Ventricular Posterior Wall thickness (cm)	**1.0**	**1.2**

Aortic Root Diameter (cm)	**3.1**
Left Atrial Dimension (cm)	**3.4**
Left Ventricular Ejection Fraction (%)	**55 %**

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF=55%
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal.
TRICUSPID VALVE	:	Trace TR, PASP~ 25 mmHg.
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening

NAME	**MR SUSHIL KUMAR SINHA**	**STUDY DATE**	**13/01/2024 9:37AM**
AGE / SEX	**40 y / M**	**HOSPITAL NO.**	**MH005176223**
ACCESSION NO.	**NM11712677**	**MODALITY**	**US**
REPORTED ON	**13/01/2024 11:28AM**	**REFERRED BY**	**Health Check MHD**

DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 92 A=68	-	-	Trace	Nil
AORTIC	132	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	78	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 25 mmHg
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.

Dr. Sarita Gulati MD, DM DMC No.22600

Senior Interventional Cardiologist

********End Of Report********

Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	31240100510
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:07
Receiving Date	:	13 Jan 2024 12:31			

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)

Blood Group & Rh typing	O Rh(D) Positive

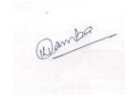
Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I	NEGATIVE
Cell Panel II	NEGATIVE
Cell Panel III	NEGATIVE
Autocontrol	NEGATIVE

Final Antibody Screen Result	Negative

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.
Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.

----------END OF REPORT----------



Dr Himanshu Lamba

Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	32240105196
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:31
Receiving Date	:	13 Jan 2024 12:12			

BIOCHEMISTRY

Specimen: EDTA Whole blood

			As per American Diabetes Association(ADA) 2010
HbA1c (Glycosylated Hemoglobin)	5.3	%	[4.0-6.5]
			HbA1c in %
			Non diabetic adults : < 5.7 %
			Prediabetes (At Risk) : 5.7 % - 6.4 %
			Diabetic Range : > 6.5 %
Methodology	High-Performance Liquid Chromatography(HPLC)		
Estimated Average Glucose (eAG)	105	mg/dl	

Use :
1.Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2.Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :
1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2.False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer. (2018)Teitz Text book of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.

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Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	32240105196
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:11
Receiving Date	:	13 Jan 2024 12:20			

BIOCHEMISTRY

THYROID PROFILE, Serum — **Specimen Type : Serum**

T3 - Triiodothyronine (ECLIA)	1.510	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	7.280	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	**4.430 #**	**µIU/mL**	**[0.340-4.250]**

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	159	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	148	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	36	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	30	mg/dl	[10-40]
(CALCULATED)LDL- CHOLESTEROL	93	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159

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Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	32240105196
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:05
Receiving Date	:	13 Jan 2024 12:20			

BIOCHEMISTRY

T.Chol/HDL.Chol ratio	4.4	High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.6	<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (Diazonium Ion)	0.57	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.20	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.37	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	25.9	U/L	[10.0-50.0]
SGPT/ ALT (UV without P5P)	31.8	U/L	[0.0-41.0]
ALP (p-NPP,kinetic)*	108	U/L	[45-135]
TOTAL PROTEIN (Biuret)	7.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	5.0	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	2.8	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio(Calculated)	1.79		[1.10-1.80]

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Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	32240105196
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:07
Receiving Date	:	13 Jan 2024 12:20			

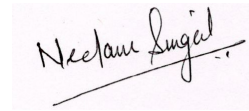
BIOCHEMISTRY

Technical Notes:
Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.95	mg/dl	[0.80-1.60]
SERUM URIC ACID (Uricase)	6.7	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.50	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.0	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	135.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.19	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	99.4	mmol/L	[95.0-105.0]
eGFR	99.7	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

----------END OF REPORT----------



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Department Of Laboratory Medicine

Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	32240105197
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 12:13
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 15:31
Receiving Date	:	13 Jan 2024 13:06			

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE – PP

Plasma GLUCOSE – PP (Hexokinase)	101	mg/dl	[70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase)	92	mg/dl	[74-106]

----------END OF REPORT----------

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	33240103319
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 13:39
Receiving Date	:	13 Jan 2024 12:12			

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR	6.0	mm/1sthour	[0.0-10.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6350	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.94	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.0	g/dL	[13.0-17.0]
Haematocrit (PCV)	47.0	%	[40.0-50.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	95.1	fL	[83.0-101.0]
MCH (Calculated)	30.4	pg	[25.0-32.0]
MCHC (Calculated)	31.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	202000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.2	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	41.0	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	**50.2 #**	%	**[20.0-40.0]**

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Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	33240103319
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 12:57
Receiving Date	:	13 Jan 2024 12:12			

HAEMATOLOGY

Monocytes (Flowcytometry)	4.9	%		[2.0-10.0]
Eosinophils (Flowcytometry)	3.3	%		[1.0-6.0]
Basophils (Flowcytometry)	**0.6 #**	**%**		**[1.0-2.0]**
IG	0.20	%		
Neutrophil Absolute(Flouroscence flow cytometry)	2.6	/cu mm		[2.0-7.0]x10³
Lymphocyte Absolute(Flouroscence flow cytometry)	**3.2 #**	**/cu mm**		**[1.0-3.0]x10³**
Monocyte Absolute(Flouroscence flow cytometry)	0.3	/cu mm		[0.2-1.2]x10³
Eosinophil Absolute(Flouroscence flow cytometry)	0.2	/cu mm		[0.0-0.5]x10³
Basophil Absolute(Flouroscence flow cytometry)	0.0	/cu mm		[0.0-0.1]x10³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

----------END OF REPORT----------

Lakshita Singh

Dr.Lakshita singh

Department Of Laboratory Medicine

Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	38240100896
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		13 Jan 2024 13:50
Receiving Date	:	13 Jan 2024 12:25			

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflactance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflactance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflactance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

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Name	:	MR SUSHIL KUMAR SINHA	**Age**	:	40 Yr(s) Sex :Male
Registration No	:	MH005176223	**Lab No**	:	38240100896
Patient Episode	:	H03000059231	**Collection Date :**		13 Jan 2024 09:22
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CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

----------END OF REPORT----------

Dr. Asha Preethi V.S.
CONSULTANT PATHOLOGY

NAME	**MR SUSHIL KUMAR SINHA**	**STUDY DATE**	**13/01/2024 9:55AM**
AGE / SEX	**40 y / M**	**HOSPITAL NO.**	**MH005176223**
ACCESSION NO.	**R6710637**	**MODALITY**	**US**
REPORTED ON	**13/01/2024 12:37PM**	**REFERRED BY**	**Health Check MHD**

USG WHOLE ABDOMEN SCREENING

Liver is normal in size and shows diffuse grade II fatty change in the parenchyma. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.
Gall bladder is adequately distended and appears echofree with normal wall thickness. Common bile duct is normal in calibre.
Pancreas is normal in size and echopattern.
Spleen is normal in size and echopattern.
Both kidneys are normal in position, size (RK = 99 mm and LK =104 mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. No focal lesion or calculus seen in either kidney. Bilateral pelvicalyceal systems are not dilated.
Urinary bladder is optimally distended with normal in wall thickness and clear contents. No significant intra or extraluminal mass is seen.
Prostate is normal in size and shows uniform echopattern. It weighs ~7.7 gms.
No significant free fluid is detected.

IMPRESSION: USG findings are suggestive of grade II fatty liver.
Kindly correlate clinically.

Dr. Simran Singh DNB, FRCR(UK) DMC N0.36404
CONSULTANT RADIOLOGIST

********End Of Report********

NAME	**MR SUSHIL KUMAR SINHA**	**STUDY DATE**	**13/01/2024 9:22AM**
AGE / SEX	**40 y / M**	**HOSPITAL NO.**	**MH005176223**
ACCESSION NO.	**R6710638**	**MODALITY**	**CR**
REPORTED ON	**13/01/2024 2:38PM**	**REFERRED BY**	**Health Check MHD**

X-RAY CHEST – PA VIEW

FINDINGS:
Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:
No significant abnormality noted.
Needs correlation with clinical findings and other investigations.

Dr. Nipun Gumber MBBS, MD DMC No.90272
ASSOCIATE CONSULTANT

******End Of Report******