Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.PRATAP SINGH BHADAURIYA	Visit No	: CHA250036726
Age/Gender	: 65 Y/M	Registration ON	: 01/Mar/2025 09:40AM
Lab No	**: 10134022**	Sample Collected ON	: 01/Mar/2025 09:43AM
Referred By	: SELF	Sample Received ON	: 01/Mar/2025 09:43AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:11PM
Doctor Advice	: 2D ECHO,USG WHOLE ABDOMEN,25 OH vit. D,AG RATIO,Albumin,BUN,CALCIUM,CBC (WHOLE BLOOD),CREATININE,FERRITIN,GLOBULIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,RANDOM,VIT B12,TIBC,T3T4TSH,UREA,URIC ACID,TRANSF		

PR.

ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	**7.6**	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	8.88	mg/dL	7-21	calculated
UREA/CREATININE RATIO				
BLOOD UREA.	19.00			
CREATININE.	0.6			
UREA/CREATININE RATIO	**31.67**		10-20	
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	3.2	mg/dL	2.40 - 5.70	Uricase,Colorimetric

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	**8.6**	mg/dl	8.8 - 10.2	dapta / arsenazo III

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

PROTEIN				
PROTEIN Serum	6.80	mg/dl	6.8 - 8.5	
SERUM ALBUMIN				
ALBUMIN	3.8	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
GLOBULIN				
GLOBULIN	3.00	gm/dl	2.0 -3.5	calculated
AG RATIO				
AG RATIO	1.27		1.5 : 1	
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.12	Ratio		Calculated
LDL / HDL RATIO	2.68	Ratio		Calculated

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - >6.0

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - > 6.0

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	39.90	ug/ dl	59 - 148	Ferrozine-no deproteinization

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

TIBC				
TIBC	296.00	ug/ml	265 - 497	calculated
TRANSFERRIN SATURATION				
TRANSFERRIN SATURATION	**13.48**	%	22 - 45	Immunoturbidimetry

INTERPRETATION:
- Low Values in iron deficiency
- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.

25 OH vit. D			
25 Hydroxy Vitamin D	31.22	ng/ml	ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	760	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorpative processes. Malabsorption is the major cause of this deficiency.

FERRITIN				
FERRITIN	60.3	ng/mL	13 - 400	CLIA

INTERPRETATION:

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.

For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE R/M (DR.RNS)				
Color	YELLOW			
Appearance	CLEAR		Clear	
Specific Gravity	**1.005**		1.005 - 1.025	
Reaction (pH)	Alkaline (8.0)		4.5-8.0	
Urine Protein	20 mg/dl		Absent	
Sugar	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin	Absent	mg/dl	ABSENT	
Blood	Absent		Absent	
Urobilinogen	0.20		0.2-1.0 EU/dl	
Leukocytes	Absent		Absent	
Nitrite	Absent		Absent	
MICROSCOPIC EXAMINATION				
Leukocytes (Pus Cells)/hpf	Nil		<5/hpf	by an azo-coupling reaction
Epithelial Cells	3-4	/hpf	0 - 5	
Red Blood Cells / hpf	Nil	/hpf	<3/hpf	

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PR.

ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.5**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**35.9**	%	36 - 45	Pulse hieght detection
MCV	**77.4**	fL	80 - 96	calculated
MCH	**24.8**	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	**16.7**	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8840	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	48	%	40 - 75	Flowcytrometry
LYMPHOCYTES	37	%	25 - 45	Flowcytrometry
EOSINOPHIL	**10**	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	169,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	169000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,243	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,271	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	884	/cmm	20-500	Calculated
Absolute Monocytes Count	442	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	121.7	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	**134.0**	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.7	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	19.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.19	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.21	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	106.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.2	U/L	5 - 40	UV without P5P
SGOT	25.7	U/L	5 - 40	UV without P5P

MC-2491

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	154.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	81.70	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	37.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**100.26**	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	16.34	mg/dL	10 - 40	Calculated

MC-2491

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	140.00	n mol/l	63 - 177	ECLIA
TSH	2.60	uIU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 10:09AM

PR.

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : **MVOA** - Normal (perimetry) cm2 (PHT)

Anterior Mitral Leaflet:

(a) Motion: Normal **(b) Thickness** : Normal **(c) DE : 2.1** cm.

(d) EF :132mm/sec **(e) EPSS : 06** mm **(f) Vegetation : -**

(g) Calcium : -

Posterior mitral leaflet : Normal

(a). Motion : Normal **(b) Calcium: -** **(c) Vegetation : -**

Valve Score : Mobility /4 Thickness /4 SVA /4
Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

(a) Aortic root :3.6cms **(b) Aortic Opening :1.9**cms **(c) Closure: Central**
(d) Calcium : - **(e) Eccentricity Index : 1** **(f) Vegetation : -**

(g) Valve Structure : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

(a) EF Slope : - **(b) A Wave : +** **(c) MSN : -**

(D) Thickness : **(e) Others :**

4. **TRICUSPID VALVE :** Normal

5. **SEPTAL AORTIC CONTINUITY** **6. AORTIC MITRAL CONTINUITY**

Left Atrium : 3.3cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

Patient Name	: Mr.PRATAP SINGH BHADAURIYA	Visit No	: CHA250036726
Age/Gender	: 65 Y/M	Registration ON	: 01/Mar/2025 09:40AM
Lab No	**: 10134022**	Sample Collected ON	: 01/Mar/2025 09:40AM
Referred By	: Dr.SELF	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 10:09AM

VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.1 cm (s) 1.5 cm **Motion :** normal

LVPW (D) 1.1cm (s) 1.8 cm **Motion :** Normal

LVID (D) 4.5 cm (s)2.9 cm **Ejection Fraction :64%**

Fractional Shortening : 35 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level : AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level : NO RWMA

Apical 4 chamber View : No LV CLOT

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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	**e = 0.8 a = 1.4**	**a > e**	**-**	**-**	**-**
AORTIC	**0.8**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.7**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 64 %**
- **NO RWMA**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

DR. PANKAJ RASTOGI MD.DM

Patient Name	: Mr.PRATAP SINGH BHADAURIYA	Visit No	: CHA250036726
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Lab No	**: 10134022**	Sample Collected ON	: 01/Mar/2025 09:40AM
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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver is mildly enlarged in size~175mm and shows increased echotexture of liver parenchyma.** No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen is mildly enlarged in size~135mm** and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained**. Bilateral prominent renal medullary complexes.** No scarring is seen. Right kidney measures 109 x 48mm in size. Left kidney measures 116 x 51 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate is enlarged in size, measures 35 x 43 x 29mm with weight of 24gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I/II.**
- **BILATERAL PROMINENT RENAL MEDULLARY COMPLEXES....***Adv: RBS***.**
- **PROSTATOMEGALY GRADE-I.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

Patient Name	: Mr.PRATAP SINGH BHADAURIYA	Visit No	: CHA250036726
Age/Gender	: 65 Y/M	Registration ON	: 01/Mar/2025 09:46AM
Lab No	**: 10134022**	Sample Collected ON	: 01/Mar/2025 09:46AM
Referred By	: Dr.SELF	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 10:00AM

PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Borderline cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **BORDERLINE CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. R. K. SINGH, MD]

TRANSCRIBED BY: ANUP

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