

Patient Name : Mr.ARJUN SINGH	Visit No : CHA250039464
Age/Gender : 58 Y/M	Registration ON : 05/Mar/2025 09:21AM
Lab No : 10136759	Sample Collected ON : 05/Mar/2025 09:25AM
Referred By : SELF	Sample Received ON : 05/Mar/2025 09:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 10:55AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,HBA1C (EDTA),LFT,LIPID-PROFILE,NA+K+,UREA,VIT B12,T3T4TSH,FASTING,CHEST PA,ECG,USG WHOLE ABDOMEN,PP	



MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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

LIPID-PROFILE

Cholesterol/HDL Ratio	3.97	Ratio	Calculated
LDL / HDL RATIO	1.91	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	



Sharma

DR. NISHANT SHARMA PATHOLOGIST DR. SHADAB PATHOLOGIST Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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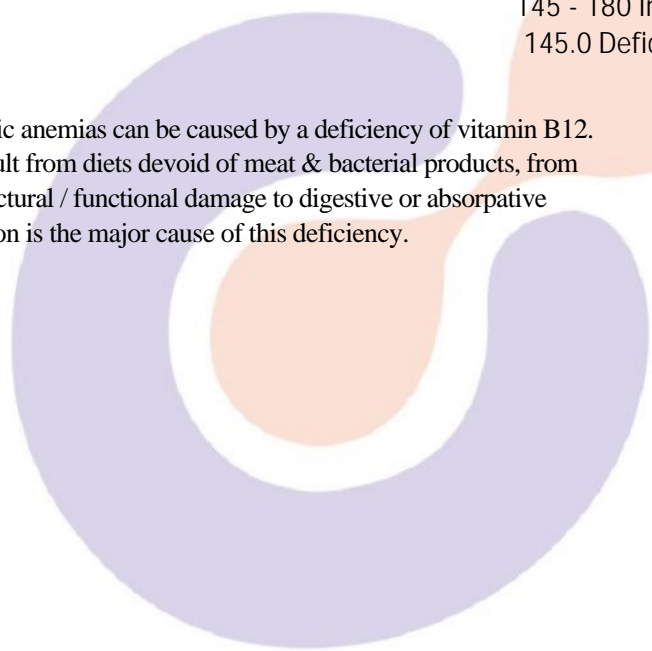
MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method

VITAMIN B12

VITAMIN B12	144	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA
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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 absorptive processes. Malabsorption is the major cause of this deficiency.



CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 13:41:07

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.4	%	36 - 45	Pulse height detection
MCV	81.0	fL	80 - 96	calculated
MCH	24.7	pg	27 - 33	Calculated
MCHC	30.4	g/dL	30 - 36	Calculated
RDW	16.8	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10230	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	23	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	203,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	203000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,263	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,353	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	205	/cmm	20-500	Calculated
Absolute Monocytes Count	409	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
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FASTING				
Blood Sugar Fasting	101.8	mg/dl	70 - 110	Hexokinase

PP				
Blood Sugar PP	229.4	mg/dl	up to - 170	Hexokinase

NA+K+				
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA				
BLOOD UREA	28.00	mg/dl	15 - 45	Urease, UV, Serum

SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	155.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.1	U/L	5 - 40	UV without P5P
SGOT	27.6	U/L	5 - 40	UV without P5P



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MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	121.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	161.00	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	30.50	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	58.30	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	32.20	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



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MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.70	nmol/L	1.49-2.96	ECLIA
T4	79.50	n mol/l	63 - 177	ECLIA
TSH	2.40	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



Sham

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ECG -REPORT

RATE : 82 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised scan due to excessive gaseous bowel shadow & patient fatty body habitus.

- **Liver** is moderately enlarged in size (~ 198 mm) 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 normal in size 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. Bilateral renal medullary complexes are prominent. No hydronephrosis is seen. Non obstructive calculus measures ~ 13.6 mm is seen in mid pole of right kidney. Concretion measures ~ 3.7 mm is seen in mid pole of left kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 109 x 48 mm in size. Left kidney measures 112 x 57 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.
- **Prostate** is enlarged in size, measures 39 x 38 x 39 mm with weight of 30gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 95cc.
- Post void residual urine volume – Nil.

OPINION:

- **Moderate hepatomegaly with fatty infiltration of liver grade-I/II.**
- **Right renal non obstructive calculus.**
- **Left renal concretion.**
- **Bilateral prominent renal medullary complex (ADV: RBS).**
- **Grade-I prostatomegaly.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]



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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. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

