

Patient Name : Ms PHOOLMATI YADAV  
 DOB/Age/Gender : 71 Y/Female  
 Patient ID / UHID : 3325275/RL2649188  
 Referred By : Dr.  
 Sample Type : Whole blood EDTA  
 Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:53 PM  
 Sample Collected : Feb 18, 2023, 07:00 AM  
 Sample Received : Feb 18, 2023, 02:18 PM  
 Report Date : Feb 18, 2023, 03:24 PM  
 Barcode No : HT104217  
 Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

| <b>HEMATOLOGY REPORT</b>                     |             |         |             |
|--|-------------|---------|-------------|
| <b>MPAGI_PP_002</b>                          |             |         |             |
| <b>Complete Blood Count (CBC)</b>            |             |         |             |
| <b>RBC PARAMETERS</b>                        |             |         |             |
| Hemoglobin                                   | <b>12.7</b> | g/dL    | 13.0 - 17.0 |
| Method : colorimetric                        |             |         |             |
| RBC Count                                    | 4.2         | 10^6/µl | 3.8 - 4.8   |
| Method : Electrical impedance                |             |         |             |
| PCV  | 37.8        | %       | 36 - 46     |
| Method : Calculated                          |             |         |             |
| MCV  | 90.1        | fL      | 83 - 101    |
| Method : Calculated                          |             |         |             |
| MCH  | 30.3        | pg      | 27 - 32     |
| Method : Calculated                          |             |         |             |
| MCHC   | 33.6        | g/dL    | 31.5 - 34.5 |
| Method : Calculated                          |             |         |             |
| RDW (CV)                                     | 14          | %       | 11.6 - 14.0 |
| Method : Calculated                          |             |         |             |
| RDW-SD                                       | <b>45.9</b> | fL      | 35.1 - 43.9 |
| Method : Calculated                          |             |         |             |
| <b>WBC PARAMETERS</b>                        |             |         |             |
| TLC  | 6.2         | 10^3/µl | 4 - 10      |
| Method : Electrical impedance and microscopy |             |         |             |
| <b>DIFFERENTIAL LEUCOCYTE COUNT</b>          |             |         |             |
| Neutrophils                                  | 49          | %       | 40-80       |
| Lymphocytes                                  | 36          | %       | 20-40       |
| Monocytes                                    | 8           | %       | 2-10        |
| Eosinophils                                  | <b>7</b>    | %       | 1-6         |
| Basophils                                    | 0           | %       | <2          |
| <b>Absolute leukocyte counts</b>             |             |         |             |
| Method : Calculated                          |             |         |             |
| Neutrophils*                                 | 3.04        | 10^3/µl | 2 - 7       |
| Lymphocytes*                                 | 2.23        | 10^3/µl | 1 - 3       |
| Monocytes*                                   | 0.5         | 10^3/µl | 0.2 - 1.0   |
| Eosinophils*                                 | 0.43        | 10^3/µl | 0.02 - 0.5  |
| Basophils*                                   | <b>0</b>    | 10^3/µl | 0.02 - 0.5  |
| <b>PLATELET PARAMETERS</b>                   |             |         |             |
| Platelet Count                               | 182         | 10^3/µl | 150 - 410   |
| Method : Electrical impedance and microscopy |             |         |             |
| Mean Platelet Volume (MPV)                   | 11.7        | fL      | 9.3 - 12.1  |



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| Method : Calculated |             |         |                 |
| PCT                 | 0.2         | %       | 0.17 - 0.32     |
| Method : Calculated |             |         |                 |
| PDW                 | <b>25.5</b> | fL      | 8.3 - 25.0      |
| Method : Calculated |             |         |                 |
| P-LCR               | 48.9        | %       | 18 - 50         |
| Method : Calculated |             |         |                 |
| P-LCC               | 89          | %       | 44 - 140        |
| Method : Calculated |             |         |                 |
| Mentzer Index       | 21.45       | %       |                 |
| Method : Calculated |             |         |                 |

**Interpretation:**

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.




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**HEMATOLOGY REPORT****MPAGI\_PP\_002****Erythrocyte Sedimentation Rate (ESR)**

ESR - Erythrocyte Sedimentation Rate

Method : MODIFIED WESTERGREN

28

mm/hr

0 - 35

**Interpretation:**

Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.



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**HEMATOLOGY REPORT****MPAGI\_PP\_002****HbA1C**

GLYCOSYLATED HEMOGLOBIN (HbA1c) 6.2 % <5.7  
 Method : HPLC

ESTIMATED AVERAGE GLUCOSE 131.24

**Interpretation:****Interpretation For HbA1c% As per American Diabetes Association (ADA)**

| Reference Group                        | HbA1c in %  |
|--|---|
| Non diabetic adults >=18 years         | <5.7  |
| At risk (Prediabetes)                  | 5.7 - 6.4   |
| Diagnosing Diabetes                    | >= 6.5  |
| Therapeutic goals for glycemic control | Age > 19 years<br>Goal of therapy: < 7.0<br>Age < 19 years<br>Goal of therapy: <7.5 |

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments :**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) | HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|----------|-----------------------------|
| 6        | 126                         | 12       | 298                         |
| 8        | 183                         | 14       | 355                         |
| 10       | 240                         | 16       | 413                         |




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Referred By : Dr.

Sample Type : FLUORIDE F

Client : Medpiper - PPMC MUMBAI

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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Glucose Fasting (BSF)**

109

mg/dL

70-99 mg/dL: Normal

100-125 mg/dL:

Prediabetes

&gt;=126 mg/dL: Diabetes

GLUCOSE FASTING

Method : Fluoride plasma, Hexokinase



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Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Blood Urea Nitrogen (Bun)**

23

mg/dL

18 - 55

10.75

mg/dL

8.4 - 25.7

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Creatinine**

0.67

mg/dL

0.57 - 1.11 mg/dL

CREATININE

Method : Kinetic alkaline picrate

**Interpretation:**

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.



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| <b>BIOCHEMISTRY REPORT</b>  |          |         |                 |
| <b>MPAGI_PP_002</b>   |          |         |                 |
| <b>Liver Function Test (LFT)</b>  |          |         |                 |
| BILIRUBIN TOTAL<br>Method : Diazonium salt  | 0.8      | mg/dL   | 0.2 - 1.2       |
| BILIRUBIN DIRECT<br>Method : Diazo Reaction   | 0.3      | mg/dL   | 0.0 - 0.5 mg/dL |
| BILIRUBIN INDIRECT<br>Method : Calculated (T Bil - D Bil)                                       | 0.5      | mg/dL   | 0.1 - 1.0 mg/dL |
| SGOT/AST<br>Method : Enzymatic [ NADH (without P5P) ]   | 28       | U/L     | 5 - 34 U/L      |
| SGPT/ALT<br>Method : Enzymatic [ NADH (without P5P) ]   | 26       | U/L     | 0 to 55 U/L     |
| SGOT/SGPT Ratio   | 1.08     | -       | -               |
| ALKALINE PHOSPHATASE<br>Method : Para-nitrophenyl-phosphate                                     | 70       | U/L     | 40 - 150 U/L    |
| TOTAL PROTEIN<br>Method : Biuret  | 6.9      | g/dL    | 6.0 - 7.8       |
| ALBUMIN<br>Method : Calorimetric (Bromocresol green)  | 4.3      | gm/dL   | 3.8 - 5.0       |
| GLOBULIN<br>Method : Calculation (T.P - Albumin)  | 2.6      | g/dL    | 2.3 - 3.5 g/dL  |
| ALBUMIN : GLOBULIN RATIO<br>Method : Calculated (Albumin/Globulin)                              | 1.65     | -       | 1.0 - 2.1       |
| GAMMA GLUTAMYL TRANSFERASE (GGT)<br>Method : L-Gamma-Glutamyl-3-Carboxy-4-Nitroanilidesubstrate | 29       | U/L     | 9 to 36 U/L     |

**Interpretation:**

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-glutamyl transpeptidase (GGT). Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1. bleeding 2. liver disorder 3. malnutrition 4. agammaglobulinemia. High Protein levels Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins. Low albumin levels may be caused by: 1. A poor diet (malnutrition). 2. Kidney disease. 3. Liver disease. High albumin levels may be caused by: Severe dehydration.



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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Cholesterol, Serum**

TOTAL CHOLESTEROL

Method : Enzymatic - Cholesterol Oxidase

187

mg/dL

Desirable : &lt;200

Borderline : 200-239

High : &gt;/=240

**Interpretation:**

Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Triglycerides**

TRIGLYCERIDES

Method : Glycerol phosphate oxidase

192

mg/dL

Normal : &lt;150

Borderline : 150-199

High : 200-499

Very high : &gt;/=500

**Interpretation:**

Triglyceride levels are increased in primary hyperlipidemia, pancreatitis, acute illnesses. Decreased triglyceride levels are seen in malnutrition, dietary change, recent weight loss, vigorous exercise.



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Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****C-Reactive Protein (CRP), Quantitative**

CRP (Quantitative) 3.7 mg/L

Method : Quantitative Turbidimetric Immunoassay

0 - 6.0

**Interpretation:**

The level of CRP in the blood is normally low.

Increased CRP level:

- A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
- Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
- Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****LDL Cholesterol Direct**

|                        |     |       |  |
|------------------------|-----|-------|--|
| LDL CHOLESTEROL DIRECT | 161 | mg/dL | Optimal <100<br>Near optimal/above optimal<br>100-129 Borderline high<br>130-159<br>High 160-189<br>Very high >190 |
|------------------------|-----|-------|--|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****HDL Cholesterol Direct**

|                 |    |       |             |
|-----------------|----|-------|-------------|
| HDL CHOLESTEROL | 43 | mg/dL | 40-60 mg/dl |
|-----------------|----|-------|-------------|

Method : Accelerator Selective Detergent



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 Referred By : Dr.  
 Sample Type : Spot Urine  
 Client : Medpiper - PPMC MUMBAI

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### CLINICAL PATHOLOGY REPORT

MPAGI\_PP\_002

#### Urine Routine and Microscopic Examination

##### PHYSICAL EXAMINATON

|              |             |    |             |
|--------------|-------------|----|-------------|
| Volume       | 15          | ml |             |
| Colour       | Pale yellow |    | Pale yellow |
| Transparency | Clear       |    | Clear       |
| Deposit      | Absent      |    | Absent      |

##### CHEMICAL EXAMINATION

|                                      |          |               |
|--------------------------------------|----------|---------------|
| Reaction (pH)                        | 5.0      | 4.5 - 8.0     |
| Method : Double Indicator            |          |               |
| Specific Gravity                     | 1.010    | 1.010 - 1.030 |
| Method : Ion Exchange                |          |               |
| Urine Glucose (sugar)                | Negative | Negative      |
| Method : Oxidase / Peroxidase        |          |               |
| Urine Protein (Albumin)              | Negative | Negative      |
| Method : Acid / Base Colour Exchange |          |               |
| Urine Ketones (Acetone)              | Negative | Negative      |
| Method : Legals Test                 |          |               |
| Blood                                | Negative | Negative      |
| Method : Peroxidase Hemoglobin       |          |               |
| Leucocyte esterase                   | Negative | Negative      |
| Method : Enzymatic Reaction          |          |               |
| Bilirubin Urine                      | Negative | Negative      |
| Method : Coupling reaction           |          |               |
| Nitrite                              | Negative | Negative      |
| Method : Griless Test                |          |               |
| Urobilinogen                         | Normal   | Normal        |
| Method : Ehrlichs Test               |          |               |

##### MICROSCOPIC EXAMINATION

Method : Microscopy

|                    |        |      |        |
|--------------------|--------|------|--------|
| Pus Cells (WBCs)   | 6-8    | /hpf | 0 - 5  |
| Epithelial Cells   | 5-6    | /hpf | 0 - 4  |
| Red blood Cells    | Absent | /hpf | Absent |
| Crystals           | Absent |      | Absent |
| Cast               | Absent |      | Absent |
| Yeast Cells        | Absent |      | Absent |
| Amorphous deposits | Absent |      | Absent |
| Bacteria           | Absent |      | Absent |
| Protozoa           | Absent |      | Absent |




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# LABORATORY REPORT



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Referred By : Dr.

Sample Type : Spot Urine

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:53 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:18 PM

Report Date : Feb 18, 2023, 05:06 PM

Barcode No : CP941300

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|                  |          |         |                 |



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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Dr. Sonal Gupta  
MD Pathology

## **CONDITIONS OF REPORTING**

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)



#### Personal Information

|   |                      |
|---|----------------------|
| Full Name of the Applicant:                             | mes Fulmati Yadav    |
| Application No.   | 9987849123           |
| Telephone/Mobile no.                                    | 9987849123           |
| Gender:   | Female               |
| Date of Birth:  | 01/03/1952           |
| Height (cm):  | 145cm                |
| Weight (kg):  | 64.04kg              |
| Blood Pressure Reading in mm Hg ( Systolic / Diastolic) | 142/69 mmhg (71/min) |
| Qualification:  | -                    |
| Occupation:   | -                    |

#### Medical History

| Sr No. | Question  | Yes/No | If Yes Please Provide Details |
|--------|---|--------|-------------------------------|
| 1      | Are you currently in Good Health?   | Yes    | -                             |
| 2      | Do you have any health complaints, either present or past?  | NO     | -                             |
| 3      | Are you currently under treatment or have you been taking any medicines / pills / drugs etc.?   | NO     | -                             |
| 4      | Have you undergone any investigations like blood test / urine test / X ray / ECG OR any special test like CTMT / MRI scans etc.?                    | NO     | -                             |
| 5      | Have you ever been hospitalized or remained absent from work for any illness, sickness, disease, injury, accident or disorder for more than 7 days? | NO     | -                             |
| 6      | Has there been any weight loss or weight gain of 10 Kg or more in past 6 months?  | NO     | -                             |
| 7      | Have you ever in the past or are currently consuming any of the following - Cigarette / Beedi / Pan / Gutkha  | NO     | -                             |
| 8      | Have you ever in the past or are currently consuming any of the following – Alcohol?  | NO     | -                             |
| 9      | Have either of your natural parents or any siblings or spouse suffered from or are  | NO     | -                             |

|    |   |    |   |
|----|---|----|---|
|    | suffering from any medical condition like Cancer, Heart related Problems, Diabetes, Blood Pressure, Hepatitis, HIV /AIDS etc.?  | NO | — |
| 10 | Have you ever had any complaints of chest pain, fainting, palpitation, breathlessness. Was it diagnosed to relate with any heart disease or heart attack?                               | NO | — |
| 11 | Have you ever suffered from any heart disease or disorder, heart valve problem, raised blood pressure or cholesterol problems ?   | NO | — |
| 12 | Have you ever suffered from asthma, bronchitis, tuberculosis (TB) or coughing with blood or any other lung infection or any problem leading to breathing difficulties ?                 | NO | — |
| 13 | Have you ever had any disease or disorder of the digestive system including infections of the stomach, stomach ulcer, gall stones, Jaundice, Hepatitis or any other digestive problem ? | NO | — |
| 14 | Have you ever suffered from any illness because of stress, depression, anxiety or neurological symptoms like fits, blackouts, convulsions, epilepsy ?                                   | NO | — |
| 15 | Do you have any history of any problems related to kidney, ureter, bladder, prostate or reproductive organs or have had blood, protein or sugar in the urine ?                          | NO | — |
| 16 | Do you have any problems affecting your vision, hearing or any other eye, ear, nose or throat problems ?  | NO | — |
| 17 | Have you ever had any problem with your joints or muscle, Including pain, weakness, swelling or stiffness or any physical disability ?  | NO | — |
| 18 | Have you ever suffered from Diabetes or blood sugar problem ?   | NO | — |
| 19 | Have you ever suffered from Thyroid problem ?   | NO | — |
| 20 | Have you ever had or been told to have or been treated for any cancer, tumour, cyst, or growth of any kind ?  | NO | — |
| 21 | Have you ever had blood disorder or received any blood transfusion ?  | NO | — |
| 22 | Have you ever been tested for HIV / VDRL or any other sexually transmitted disease ? If yes, please give full details regarding the result  | NO | — |
| 23 | Have you ever had suffered from any cerebro- vascular disease like stroke and transient ischaemic attack (TIA), or any  | NO | — |

|  |   |  |        |
|--|---|--|--------|
|  | diseases of the nervous system like Parkinsons and Multiple Sclerosis or musculo -skeletal disorder such as paralysis / paraplegia etc ?                            | NO   | -      |
| 24   | Has any proposal for insurance on your life ever been declined,postponed,withdrawn or accepted at an increased premium, special terms or with reduced cover ?       | NO   | -      |
| 25   | Are you married ?   | YES.   | -      |
| 26   | Do you have any children ?  | YES.   | 2 boys |
| 27   | Are you currently pregnant ?  | NO   | -      |
| 28   | Do you have any history of miscarriage or abortion ?  | NO   | -      |
| 29   | Have you ever visited a medical practitioner for any problems of breast / uterus / cervix etc. If yes, please give details of the same                              | NO   | -      |
| 30   | Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? If yes, please give full details regarding the result and the reason for the same | NO   | -      |
| 31   | Is there anything else you would like to share with us with respect to your health or habits?   | NO   | -      |
| 32   | Dr Final Remark if any  | Good .   |        |
|  |   |  |        |
|  |   |  |        |
| Signature/ Thumb Impression of Examinee<br> |   | Signature of Medical Examiner<br>H-55 Sector 63<br>Noida<br> |        |
| Date: 18/02/2023<br>Place: Thane(w).   |   |  |        |

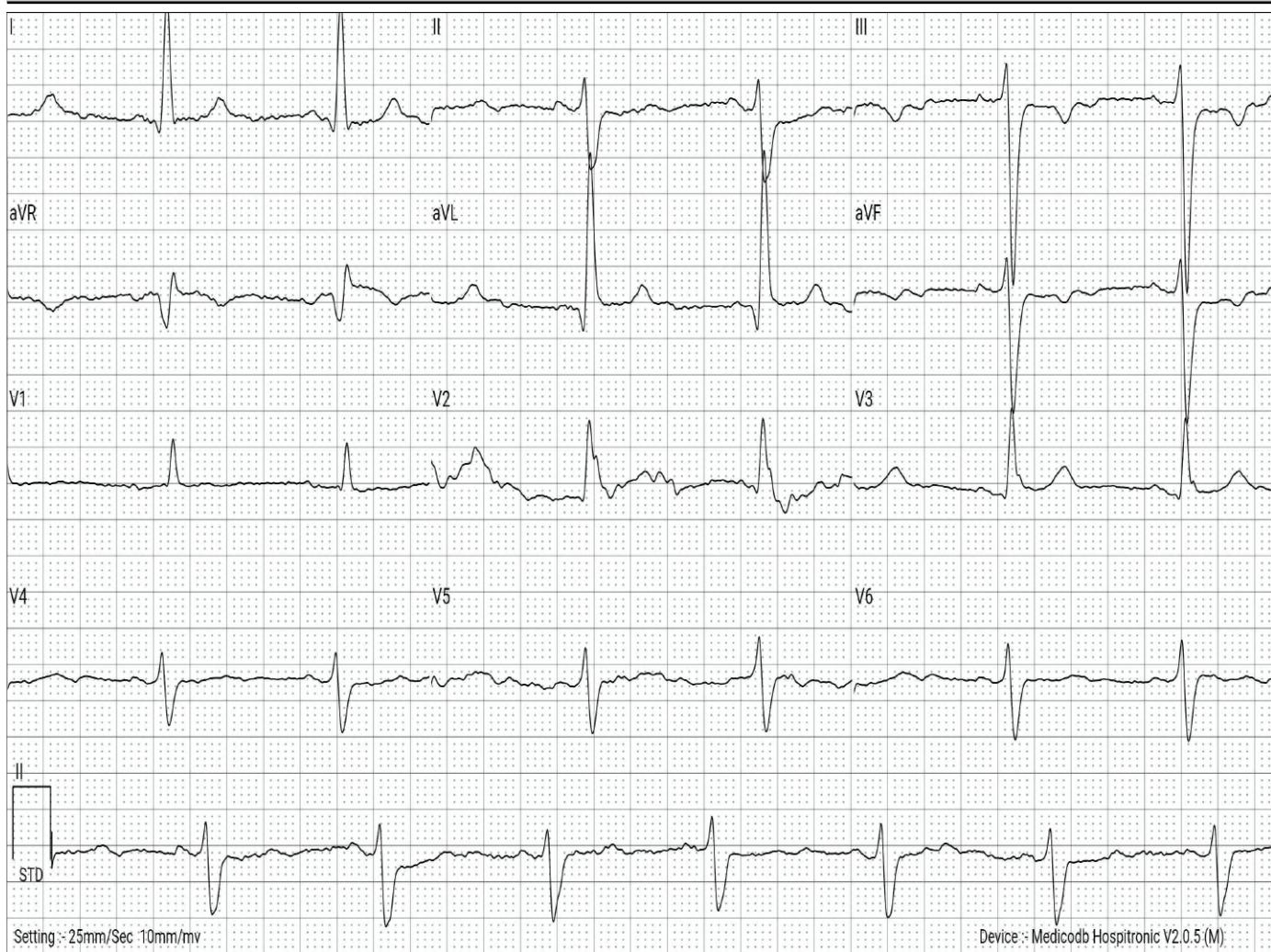


## Ms. Fhulmati Yadav

Thane Chandivali Powai Mumbai Maharashtra India

Gendr/DOB (Age) : Female/18-Feb-1953(70Y 0M) Medico ID : 23021801275998  
 Referred By : Date : 18-Feb-2023 / 09:41 AM  
 History :

### REPORT ON ECG



|        |              |                     |               |
|--------|--------------|---------------------|---------------|
| VITALS | TEMP : - (F) | PULSE RATE : - /MIN | RBS : - mg/dL |
|        | HR : 65 /MIN | BP : 0 / 0 mmHg     | SPO2 : 0.0 %  |

|                                   |                 |                 |                  |
|-----------------------------------|-----------------|-----------------|------------------|
| MEASUREMENTS*<br>(ECG Parameters) | PR : 162.5 ms   | QT : 450.6 ms   | P : 37.32 deg    |
|                                   | ST : -1.12 ms   | QTc : 467.45 ms | QRs : -42.41 deg |
|                                   | R-R : 929.17 ms | QRS : 141.67 ms | T : -20.89 deg   |

|                |                                  |  |  |
|----------------|----------------------------------|--|--|
| FINDINGS       | T WAVE CHANGES IN INFERIOR LEADS |  |  |
| IMPRESSION     | ? ISCHEMIC CHANGES               |  |  |
| RECOMMENDATION | CLINICAL CORRELATION             |  |  |

This is electronically authenticated report; hence doesn't require signature.

\* Software calculated values; to be verified manually.

Printed By : Sayyed Nazish On 18-Feb-2023 / 09:59 AM  
 (Rs. 0.00/- Received for this ECG)

Reported By

Express Diagnostics HQ

(Dr. Darshan C Shah (M.D. Medicine) ) Reg. No : G-87427

Please consult your Doctor / Cardiologist for interpretation and medical advice on your ECG report. Always seek the advice of a doctor, physician or other qualified healthcare provider with any questions regarding a medical condition.



**AARTHI SCANS & LABS**

This document holds the written Radiology Report for

**MRS.PHOOLMATI YADAV**

**71 Years    Female**

Visited us on

**18 February, 2023**

**USG ABDOMEN**

**Acc# : 3083\_232266\_165**

Referred By

**REDCLIFFE HEALTH CHECK UP - CREDIT**

#### **Disclaimer**

This information is copied from the RIS/PACS platform which is designed to provide the latest and accurate information as narrated by the Imaging Clinician. However, it is not possible to assure that this contains complete, up-to-date information, please seek a hardcopy report for complete information. Therefore, we make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty. All information contained in this should be further reviewed by physicians with expertise in related clinical domains for proper treatment.



|              |  |            |                |
|--------------|--|------------|----------------|
| Name         | MRS.PHOOLMATI YADAV                    | Patient ID | AS_THN_US_3083 |
| Accession No | 3083_232266_165                        | Age/Gender | 71Y / Female   |
| Referred By  | Dr.REDCLIFFE HEALTH CHECK UP<br>CREDIT | Date       | 18-Feb-2023    |

## USG REPORT - ABDOMEN AND PELVIS

### LIVER:

Is normal in size measures 13.1 cm and shows Grade I fatty changes. No obvious focal lesion seen. No intra - Hepatic biliary radical dilatation seen.

### GALL BLADDER:

Is well distended and shows no calculi or mass lesion.

CBD is not dilated.

### PANCREAS:

Head and part of body appears normal in size and it shows uniform echo texture. Rest of the pancreas is obscured by bowel gas shadows.

### SPLEEN:

Is normal in size measures 10.1 cm and shows uniform echogenicity.

### RIGHT KIDNEY:

Right kidney measures 9.8 x 4.6 cm.

The shape, size and contour of the right kidney appear normal.

Cortico medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

### LEFT KIDNEY:

Left kidney measures 9.7 x 3.9 cm.

The shape, size and contour of the left kidney appear normal.

Cortico medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.



|              |  |            |                |
|--------------|--|------------|----------------|
| Name         | MRS.PHOOLMATI YADAV                    | Patient ID | AS_THN_US_3083 |
| Accession No | 3083_232266_165                        | Age/Gender | 71Y / Female   |
| Referred By  | Dr.REDCLIFFE HEALTH CHECK UP<br>CREDIT | Date       | 18-Feb-2023    |

## USG REPORT - ABDOMEN AND PELVIS

### BLADDER:

Is normal contour. No intra luminal echoes are seen.

### UTERUS:

Uterus measures 6 x 2.7 x 3.5 cm, anteverted.

Endometrial thickness measures 2.1 mm.

No focal lesion noted.

### OVARIES:

Small and atrophic, consistent with post menopausal status.

### RIGHT ILIAC FOSSA:

No focal fluid collections seen.

### IMPRESSION:

- Grade I fatty liver.
- No other significant sonographic abnormality detected.

Dr Rohan Rahul Thakur.,DNB.,  
Radiologist  
7824860997

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:04 PM  
 Sample Type : Whole blood EDTA Barcode No : HT189428  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

| <b>HEMATOLOGY REPORT</b><br><b>MPAGI_PP_002</b><br><b>Complete Blood Count (CBC)</b> |      |         |             |
|--|------|---------|-------------|
| <b>RBC PARAMETERS</b>  |      |         |             |
|  |      |         |             |
| Hemoglobin   | 15.8 | g/dL    | 13.0 - 17.0 |
| Method : colorimetric  |      |         |             |
| RBC Count  | 4.9  | 10^6/µl | 4.5 - 5.5   |
| Method : Electrical impedance  |      |         |             |
| PCV  | 47.4 | %       | 40 - 50     |
| Method : Calculated  |      |         |             |
| MCV  | 97.1 | fL      | 83 - 101    |
| Method : Calculated  |      |         |             |
| MCH  | 32.3 | pg      | 27 - 32     |
| Method : Calculated  |      |         |             |
| MCHC   | 33.3 | g/dL    | 31.5 - 34.5 |
| Method : Calculated  |      |         |             |
| RDW (CV)   | 13.2 | %       | 11.6 - 14.0 |
| Method : Calculated  |      |         |             |
| RDW-SD   | 52.1 | fL      | 35.1 - 43.9 |
| Method : Calculated  |      |         |             |
| <b>WBC PARAMETERS</b>  |      |         |             |
| TLC  | 6    | 10^3/µl | 4 - 10      |
| Method : Electrical impedance and microscopy   |      |         |             |
| <b>DIFFERENTIAL LEUCOCYTE COUNT</b>  |      |         |             |
| Neutrophils  | 58   | %       | 40-80       |
| Lymphocytes  | 30   | %       | 20-40       |
| Monocytes  | 6    | %       | 2-10        |
| Eosinophils  | 6    | %       | 1-6         |
| Basophils  | 0    | %       | <2          |
| <b>Absolute leukocyte counts</b>   |      |         |             |
| Method : Calculated  |      |         |             |
| Neutrophils*   | 3.48 | 10^3/µl | 2 - 7       |
| Lymphocytes*   | 1.8  | 10^3/µl | 1 - 3       |
| Monocytes*   | 0.36 | 10^3/µl | 0.2 - 1.0   |
| Eosinophils*   | 0.36 | 10^3/µl | 0.02 - 0.5  |
| Basophils*   | 0    | 10^3/µl | 0.02 - 0.5  |
| <b>PLATELET PARAMETERS</b>   |      |         |             |
| Platelet Count   | 270  | 10^3/µl | 150 - 410   |
| Method : Electrical impedance and microscopy   |      |         |             |
| Mean Platelet Volume (MPV)   | 8.9  | fL      | 9.3 - 12.1  |




Dr. Pallavi  
MBBS, MD (Pathology)  
Consultant Pathology

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:04 PM  
 Sample Type : Whole blood EDTA Barcode No : HT189428  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description    | Value(s)   | Unit(s) | Reference Range |
|---------------------|--|---------|-----------------|
| Method : Calculated |  |         |                 |
| PCT                 | 0.2  | %       | 0.17 - 0.32     |
| Method : Calculated |  |         |                 |
| PDW                 | 13.2   | fL      | 8.3 - 25.0      |
| Method : Calculated |  |         |                 |
| P-LCR               | 22.9   | %       | 18 - 50         |
| Method : Calculated |  |         |                 |
| P-LCC               | 62   | %       | 44 - 140        |
| Method : Calculated |  |         |                 |
| Mentzer Index       | 19.82  | %       |                 |
| Method : Calculated |  |         |                 |
| R.B.C. MORPHOLOGY   | RBCs ARE MAINLY<br>NORMOCYTIC<br>NORMOCHROMIC. NO<br>NUCLEATED RBCS<br>SEEN.                       | -       | -               |
| Method : Microscopy |  |         |                 |
| W.B.C. MORPHOLOGY   | WBCs ARE NORMAL IN<br>NUMBER AND<br>DISTRIBUTION. NO<br>TOXIC GRANULES/<br>IMMATURE CELLS<br>SEEN. | -       | -               |
| Method : Microscopy |  |         |                 |
| PLATELET MORPHOLOGY | PLATELETS ARE<br>ADEQUATE IN NUMBER<br>ON SMEAR  | -       | -               |
| Method : Microscopy |  |         |                 |

**Interpretation:**

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.




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Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:31 PM  
 Sample Type : Whole blood EDTA Barcode No : HT189428  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### HEMATOLOGY REPORT

#### MPAGI\_PP\_002

#### Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate 6 mm/hr 0 - 12  
 Method : MODIFIED WESTERGREN

#### Interpretation:

Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.



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Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:52 PM  
 Sample Type : Whole blood EDTA Barcode No : HT189428  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### HEMATOLOGY REPORT

#### MPAGI\_PP\_002

##### HbA1C

GLYCOSYLATED HEMOGLOBIN (HbA1c) 5.8 % < 5.7  
 Method : HPLC

ESTIMATED AVERAGE GLUCOSE 120

#### Interpretation:

##### Interpretation For HbA1c% As per American Diabetes Association (ADA)

| Reference Group                        | HbA1c in %  |
|--|---|
| Non diabetic adults >=18 years         | <5.7  |
| At risk (Prediabetes)                  | 5.7 - 6.4   |
| Diagnosing Diabetes                    | >= 6.5  |
| Therapeutic goals for glycemic control | Age > 19 years<br>Goal of therapy: < 7.0<br>Age < 19 years<br>Goal of therapy: <7.5 |

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

#### Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) | HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|----------|-----------------------------|
| 6        | 126                         | 12       | 298                         |
| 8        | 183                         | 14       | 355                         |
| 10       | 240                         | 16       | 413                         |



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MBBS, MD (Pathology)  
Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:01 PM  
 Sample Type : FLUORIDE F Barcode No : BH482516  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT**
**MPAGI\_PP\_002**
**Glucose Fasting (BSF)**
**104** mg/dL

**70 - 100**
**GLUCOSE FASTING**

Method : Hexokinase


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 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
 Sample Type : Serum Barcode No : BH482515  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Blood Urea Nitrogen (Bun)**

|                 |       |       |            |
|-----------------|-------|-------|------------|
| BLOOD UREA      | 24    | mg/dL | 18 - 55    |
| Method : Urease |       |       |            |
| BUN             | 11.21 | mg/dL | 8.4 - 25.7 |
| Method : Urease |       |       |            |

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Creatinine**

|                      |      |       |             |
|----------------------|------|-------|-------------|
| CREATININE           | 1.03 | mg/dL | 0.72 - 1.25 |
| Method : Photometric |      |       |             |

**Interpretation:**

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.



📞 928-909-0609

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Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
 Sample Type : Serum Barcode No : BH482515  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description  | Value(s) | Unit(s) | Reference Range |
|---|----------|---------|-----------------|
| <b>BIOCHEMISTRY REPORT</b>  |          |         |                 |
| <b>MPAGI_PP_002</b>   |          |         |                 |
| <b>Liver Function Test (LFT)</b>                                    |          |         |                 |
| BILIRUBIN TOTAL<br>Method : Photometric                             | 0.3      | mg/dL   | 0.2 - 1.2       |
| BILIRUBIN DIRECT<br>Method : Diazo Reaction                         | 0.1      | mg/dL   | 0.0 - 0.5       |
| BILIRUBIN INDIRECT<br>Method : Calculation (T Bil - D Bil)          | 0.2      | mg/dL   | 0.1 - 1.0       |
| SGOT/AST<br>Method : IFCC without P5P                               | 13       | U/L     | 5 - 34          |
| SGPT/ALT<br>Method : IFCC without P5P                               | 29       | U/L     | 0 to 55         |
| SGOT/SGPT Ratio   | 0.45     | -       | -               |
| ALKALINE PHOSPHATASE<br>Method : IFCC                               | 104      | U/L     | 40 - 150        |
| TOTAL PROTEIN<br>Method : Biuret                                    | 7.7      | g/dL    | 6.4 - 8.3       |
| ALBUMIN<br>Method : BCG   | 4.5      | gm/dL   | 3.8 - 5.0       |
| GLOBULIN<br>Method : Calculation (T.P - Albumin)                    | 3.2      | g/dL    | 2.3 - 3.5       |
| ALBUMIN : GLOBULIN RATIO<br>Method : Calculation (Albumin/Globulin) | 1.41     | -       | 1.0 - 2.1       |
| GAMMA GLUTAMYL TRANSFERASE (GGT)<br>Method : Photometric            | 18       | U/L     | 12 - 64         |

**Interpretation:**

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1. bleeding 2. liver disorder 3. malnutrition 4. agammaglobulinemia High Protein levels 'Hyperproteinemia': May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins. Low albumin levels may be caused by: 1. A poor diet (malnutrition). 2. Kidney disease. 3. Liver disease. High albumin levels may be caused by: Severe dehydration.



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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

  
 Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
 Sample Type : Serum Barcode No : BH482515  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

#### BIOCHEMISTRY REPORT

**MPAGI\_PP\_002**

##### Cholesterol, Serum

TOTAL CHOLESTEROL 172 mg/dL Desirable : <200  
 Method : Enzymatic - Cholesterol Oxidase Borderline : 200-239  
 High : >240

**Interpretation:**

Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

#### BIOCHEMISTRY REPORT

**MPAGI\_PP\_002**

##### Triglycerides

TRIGLYCERIDES 194 mg/dL Normal : <150  
 Method : Colorimetric - Lip/Glycerol Kinase Borderline : 150-199  
 High : 200-499  
 Very high : >500

**Interpretation:**

Triglyceride levels are increased in primary hyperlipidemia, pancreatitis, acute illnesses. Decreased triglyceride levels are seen in malnutrition, dietary change, recent weight loss, vigorous exercise.



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Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
 Sample Type : Serum Barcode No : BH482515  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### BIOCHEMISTRY REPORT

MPAGI\_PP\_002

#### C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) < 10.0 mg/L <10  
 Method : Immunoturbidimetry

#### Interpretation:

The level of CRP in the blood is normally low.

#### Increased CRP level:

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.  
 If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
 Sample Type : Serum Barcode No : BH482515  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****LDL Cholesterol Direct**

|                        |     |       |                            |
|------------------------|-----|-------|----------------------------|
| LDL CHOLESTEROL DIRECT | 121 | mg/dL | Optimal <100               |
| Method : Direct        |     |       | Near optimal/above optimal |
|                        |     |       | 100-129 Borderline high    |
|                        |     |       | 130-159                    |
|                        |     |       | High 160-189               |
|                        |     |       | Very high >190             |

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****HDL Cholesterol Direct**

|  |    |       |     |
|--|----|-------|-----|
| HDL CHOLESTEROL                          | 32 | mg/dL | >40 |
| Method : Accelerator Selective Detergent |    |       |     |



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 Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA Bill Date : Mar 10, 2023, 09:02 AM  
 DOB/Age/Gender : 60 Y/Male Sample Collected : Mar 10, 2023, 07:00 AM  
 Patient ID / UHID : 3490147/RCL2808173 Sample Received : Mar 10, 2023, 04:12 PM  
 Referred By : Dr. Report Date : Mar 10, 2023, 06:26 PM  
 Sample Type : Spot Urine Barcode No : CI006842  
 Client : Medpiper - PPMC PUNE Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### CLINICAL PATHOLOGY REPORT

MPAGI\_PP\_002

#### Urine Routine and Microscopic Examination

##### PHYSICAL EXAMINATON

|              |             |    |             |
|--------------|-------------|----|-------------|
| Volume       | 20          | ml |             |
| Colour       | Pale yellow |    | Pale yellow |
| Transparency | Clear       |    | Clear       |
| Deposit      | Absent      |    | Absent      |

##### CHEMICAL EXAMINATION

|                                      |          |               |
|--------------------------------------|----------|---------------|
| Reaction (pH)                        | 6        | 4.5 - 8.0     |
| Method : Double Indicator            |          |               |
| Specific Gravity                     | 1.020    | 1.010 - 1.030 |
| Method : Ion Exchange                |          |               |
| Urine Glucose (sugar)                | Negative | Negative      |
| Method : Oxidase / Peroxidase        |          |               |
| Urine Protein (Albumin)              | Negative | Negative      |
| Method : Acid / Base Colour Exchange |          |               |
| Urine Ketones (Acetone)              | Negative | Negative      |
| Method : Legals Test                 |          |               |
| Blood                                | Negative | Negative      |
| Method : Peroxidase Hemoglobin       |          |               |
| Leucocyte esterase                   | Negative | Negative      |
| Method : Enzymatic Reaction          |          |               |
| Bilirubin Urine                      | Negative | Negative      |
| Method : Coupling Reaction           |          |               |
| Nitrite                              | Negative | Negative      |
| Method : Griless Test                |          |               |
| Urobilinogen                         | Normal   | Normal        |
| Method : Ehrlichs Test               |          |               |

##### MICROSCOPIC EXAMINATION

|                    |        |      |        |
|--------------------|--------|------|--------|
| Pus Cells (WBCs)   | 1-2    | /hpf | 0 - 5  |
| Epithelial Cells   | 1-2    | /hpf | 0 - 4  |
| Red blood Cells    | Absent | /hpf | Absent |
| Crystals           | Absent | -    | Absent |
| Cast               | Absent | -    | Absent |
| Yeast Cells        | Absent | -    | Absent |
| Amorphous deposits | Absent | -    | Absent |
| Bacteria           | Absent | -    | Absent |
| Protozoa           | Absent |      | Absent |



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 Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology

## **CONDITIONS OF REPORTING**

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)



### Personal Information

|   |                              |
|---|------------------------------|
| Full Name of the Applicant:                             | CHANDRA SELVARAJ-KOMUBTHIRAJ |
| Application No.   |                              |
| Telephone/Mobile no.                                    | 9890670134                   |
| Gender:   | MALE                         |
| Date of Birth:  | 13-02-1963                   |
| Height (cm):  | 172 cm                       |
| Weight (kg):  | 65.6 kgs                     |
| Blood Pressure Reading in mm Hg ( Systolic / Diastolic) | 142/95, 143/91, 146/93       |
| Qualification:  | GRADUATION                   |
| Occupation:   | RETIRED                      |

### Medical History

| Sr No. | Question  | Yes/No | If Yes Please Provide Details                        |
|--------|---|--------|--|
| 1      | Are you currently in Good Health?   | YES    |  |
| 2      | Do you have any health complaints, either present or past?  | NO     |  |
| 3      | Are you currently under treatment or have you been taking any medicines / pills / drugs etc.?   | NO     |  |
| 4      | Have you undergone any investigations like blood test / urine test / X ray / ECG OR any special test like CTMT / MRI scans etc.?                    | NO     |  |
| 5      | Have you ever been hospitalized or remained absent from work for any illness, sickness, disease, injury, accident or disorder for more than 7 days? | NO     |  |
| 6      | Has there been any weight loss or weight gain of 10 Kg or more in past 6 months?  | NO     |  |
| 7      | Have you ever in the past or are currently consuming any of the following - Cigarette / Beedi / Pan /Gutkha   | NO     |  |
| 8      | Have you ever in the past or are currently consuming any of the following – Alcohol?  | YES    | 2-3 times in a year<br>stopped since corona pandemic |
| 9      | Have either of your natural parents or any siblings or spouse suffered from or are  | NO     |  |

|    |   |     |                   |
|----|---|-----|-------------------|
|    | suffering from any medical condition like Cancer, Heart related Problems, Diabetes, Blood Pressure, Hepatitis, HIV /AIDS etc.?  | NO  |                   |
| 10 | Have you ever had any complaints of chest pain, fainting, palpitation, breathlessness. Was it diagnosed to relate with any heart disease or heart attack?                               | NO  |                   |
| 11 | Have you ever suffered from any heart disease or disorder, heart valve problem, raised blood pressure or cholesterol problems ?   | NO  |                   |
| 12 | Have you ever suffered from asthma, bronchitis, tuberculosis (TB) or coughing with blood or any other lung infection or any problem leading to breathing difficulties ?                 | NO  |                   |
| 13 | Have you ever had any disease or disorder of the digestive system including infections of the stomach, stomach ulcer, gall stones, Jaundice, Hepatitis or any other digestive problem ? | NO  |                   |
| 14 | Have you ever suffered from any illness because of stress, depression, anxiety or neurological symptoms like fits, blackouts, convulsions, epilepsy ?                                   | NO  |                   |
| 15 | Do you have any history of any problems related to kidney, ureter, bladder, prostate or reproductive organs or have had blood, protein or sugar in the urine ?                          | NO  |                   |
| 16 | Do you have any problems affecting your vision, hearing or any other eye, ear, nose or throat problems ?  | YES | I wear spectacles |
| 17 | Have you ever had any problem with your joints or muscle, Including pain, weakness, swelling or stiffness or any physical disability ?  | NO  |                   |
| 18 | Have you ever suffered from Diabetes or blood sugar problem ?   | NO  |                   |
| 19 | Have you ever suffered from Thyroid problem ?   | NO  |                   |
| 20 | Have you ever had or been told to have or been treated for any cancer, tumour, cyst, or growth of any kind ?  | NO  |                   |
| 21 | Have you ever had blood disorder or received any blood transfusion ?  | NO  |                   |
| 22 | Have you ever been tested for HIV / VDRL or any other sexually transmitted disease ? If yes, please give full details regarding the result  | NO  |                   |
| 23 | Have you ever had suffered from any cerebro- vascular disease like stroke and transient ischaemic attack (TIA), or any  | NO  |                   |

|                  |   |                               |                    |
|------------------|---|-------------------------------|--------------------|
|                  | diseases of the nervous system like Parkinsons and Multiple Sclerosis or musculo -skeletal disorder such as paralysis / paraplegia etc ?                            | NO                            |                    |
| 24               | Has any proposal for insurance on your life ever been declined, postponed, withdrawn or accepted at an increased premium, special terms or with reduced cover ?     | NO                            |                    |
| 25               | Are you married ?   | YES                           | ARUNA. Ic - WIFE   |
| 26               | Do you have any children ?  | YES                           | SASHI BHADUR - SON |
| 27               | Are you currently pregnant ?  | NO                            |                    |
| 28               | Do you have any history of miscarriage or abortion ?  | NO                            |                    |
| 29               | Have you ever visited a medical practitioner for any problems of breast / uterus / cervix etc. If yes, please give details of the same                              | NO                            |                    |
| 30               | Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? If yes, please give full details regarding the result and the reason for the same | NO                            |                    |
| 31               | Is there anything else you would like to share with us with respect to your health or habits?   | NO                            |                    |
| 32               | Dr Final Remark if any  |                               |                    |
|                  |   |                               |                    |
|                  |   |                               |                    |
|                  |   |                               |                    |
|                  | Signature/Thumb Impression of Examinee  | Signature of Medical Examiner | DR. TARUN JHAMB    |
| Date: 10-03-2023 |   |                               | MBBS MD            |
| Place: PUNE      |   | RED. NO.- HN4383              |                    |

# ECG Interpretation & sign

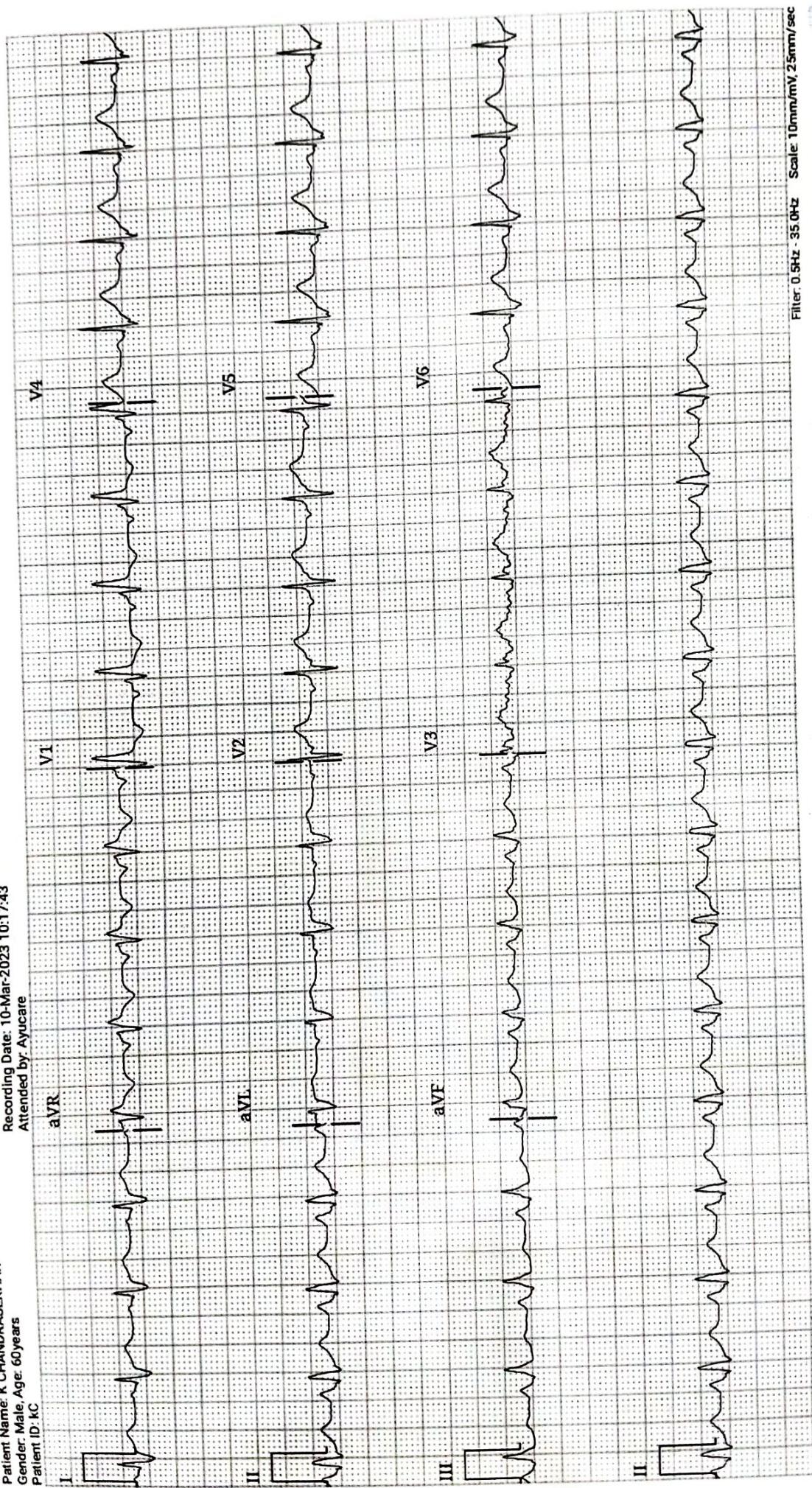
|               |  |
|---------------|--|
| Patient Name: | Chandrasekhar Kondubhotla                    |
| ECG Remarks:  | to correlate with history and to get opinion |



Dr. DHARINI, R.V, MBBS,  
REG. No: 127655

Patient Name: K CHANDRASEKHAR  
Gender: Male, Age: 60 years  
Patient ID: k.C

Recording Date: 10-Mar-2023 10:17:43  
Attended by: Ayucate



Filter: 0.5Hz - 350Hz Scale: 10mm/mV, 25mm/sec

Dr. VINOD MIDHA

MBBS, AFIM, FCGP, DDM  
PGDC-Rheumatology, Diabetes & Paediatrics  
MMC Reg. No. 2012/01/0066

SIGNATURE

Product by Kallows Engineering India

|              |                      |            |                 |
|--------------|----------------------|------------|-----------------|
| Patient name | Mr. CHANDRASHEKHAR K | Age/Sex    | 60 Years / Male |
| Patient ID   | C3869                | Visit no   | 1               |
| Referred by  | Dr. HEALTHLEADER     | Visit date | 10/03/2023      |

### **Abdomen and KUB Scan Report**

Real time B-mode Ultrasonography of Abdomen and KUB done

#### **Abdomen**

Liver measures 13.5 cm, appears normal in size, shape and echotexture. Simple cyst of size 1.8 x 1.1 cm noted in left lobe of liver.

Gall Bladder not imaged

Commonduct appeared normal. No calculi seen in the commonduct.

Pancreas appeared normal

Spleen appeared normal

#### **KUB**

Right kidney measured 9.5 X 4.0 cms.

Right kidney appears normal in size, shape and echotexture. No evidence of hydronephrosis or hydroureter noted. Cortico-medullary differentiation is well maintained.

Left kidney measured 10.7 X 4.8 cms.

Left kidney appears normal in size, shape and echotexture. No evidence of hydronephrosis or hydroureter noted. Cortico-medullary differentiation is well maintained.

Bladder appeared normal

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

#### **Impression**

Normal appearing Liver, Common Duct, Pancreas, Spleen, Both Kidneys, Bladder, Prostate

**Simple liver cyst.**

Suggested clinical corelation.

**Dr. MRIDUL AYUSH**

MA AYUCARE DIAGNOSTIC CENTRE

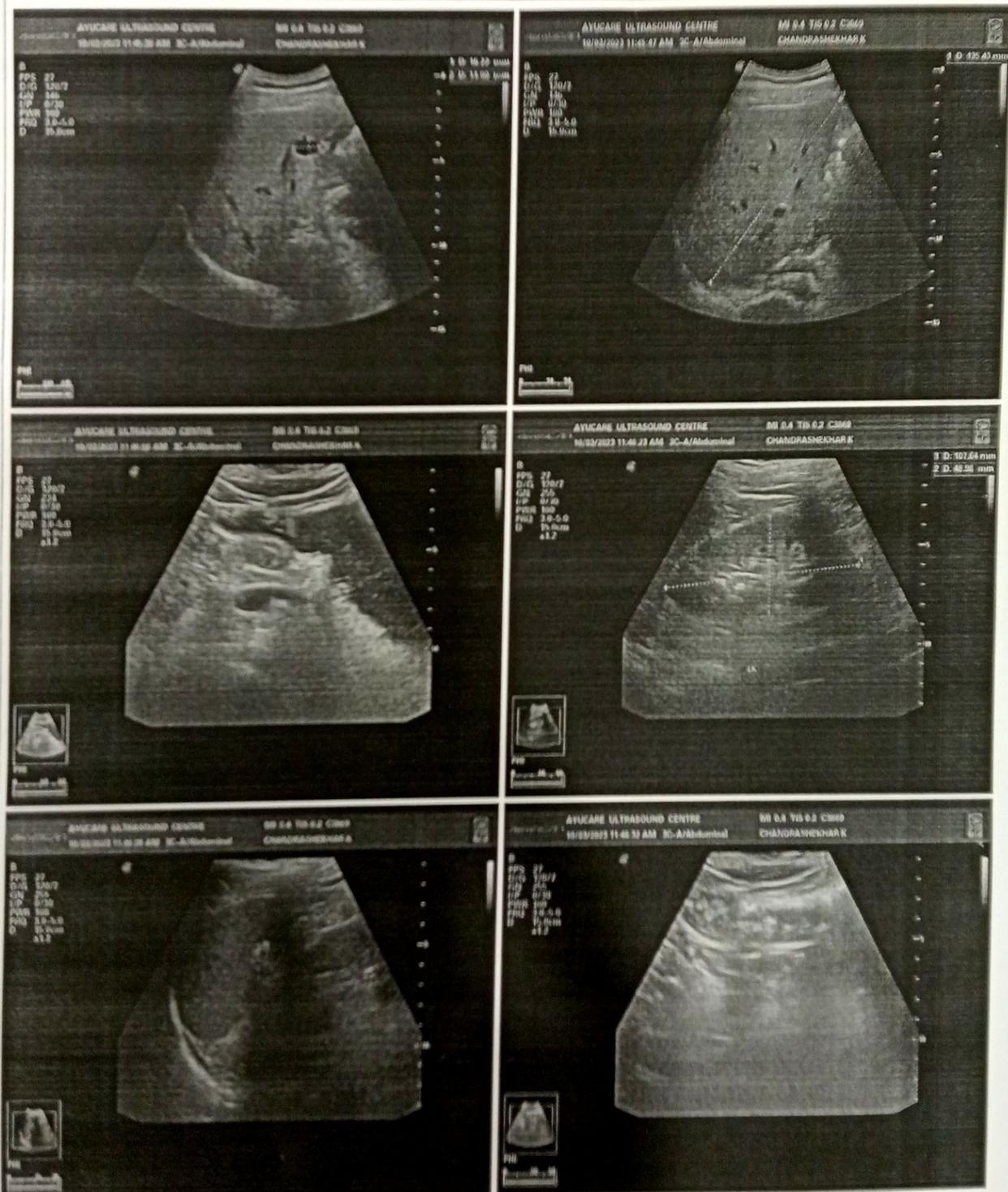
MBBS, MD RADIOLOGY

Reg. No.: -2012/03/0631

DR. MRIDUL AYUSH

MD RADIOLOGY

|              |                      |            |                 |
|--------------|----------------------|------------|-----------------|
| Patient name | Mr. CHANDRASHEKHAR K | Age/Sex    | 60 Years / Male |
| Patient ID   | C3869                | Visit no   | 1               |
| Referred by  | Dr. HEALTHLEADER     | Visit date | 10/03/2023      |



**Dr. MRIDUL AYUSH**  
AYUCARE DIAGNOSTIC CENTRE  
MBBS, MD RADIOLOGY  
Reg. No.: 2012/03/0631

Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Whole blood EDTA

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 03:21 PM

Barcode No : HT104221

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**HEMATOLOGY REPORT****MPAGI\_PP\_002****Complete Blood Count (CBC)****RBC PARAMETERS**

|                               |      |         |             |
|-------------------------------|------|---------|-------------|
| Hemoglobin                    | 13.7 | g/dL    | 13.0 - 17.0 |
| Method : colorimetric         |      |         |             |
| RBC Count                     | 4.5  | 10^6/µl | 4.5 - 5.5   |
| Method : Electrical impedance |      |         |             |
| PCV                           | 41.9 | %       | 40 - 50     |
| Method : Calculated           |      |         |             |
| MCV                           | 92.6 | fL      | 83 - 101    |
| Method : Calculated           |      |         |             |
| MCH                           | 30.3 | pg      | 27 - 32     |
| Method : Calculated           |      |         |             |
| MCHC                          | 32.8 | g/dL    | 31.5 - 34.5 |
| Method : Calculated           |      |         |             |
| RDW (CV)                      | 13.3 | %       | 11.6 - 14.0 |
| Method : Calculated           |      |         |             |
| RDW-SD                        | 40.2 | fL      | 35.1 - 43.9 |
| Method : Calculated           |      |         |             |

**WBC PARAMETERS**

|  |     |         |        |
|--|-----|---------|--------|
| TLC  | 7.9 | 10^3/µl | 4 - 10 |
| Method : Electrical impedance and microscopy |     |         |        |

**DIFFERENTIAL LEUCOCYTE COUNT**

|             |    |   |       |
|-------------|----|---|-------|
| Neutrophils | 56 | % | 40-80 |
| Lymphocytes | 33 | % | 20-40 |
| Monocytes   | 9  | % | 2-10  |
| Eosinophils | 2  | % | 1-6   |
| Basophils   | 0  | % | <2    |

**Absolute leukocyte counts**

Method : Calculated

|              |      |         |            |
|--------------|------|---------|------------|
| Neutrophils* | 4.42 | 10^3/µl | 2 - 7      |
| Lymphocytes* | 2.61 | 10^3/µl | 1 - 3      |
| Monocytes*   | 0.71 | 10^3/µl | 0.2 - 1.0  |
| Eosinophils* | 0.16 | 10^3/µl | 0.02 - 0.5 |
| Basophils*   | 0    | 10^3/µl | 0.02 - 0.5 |

**PLATELET PARAMETERS**

|  |     |         |           |
|--|-----|---------|-----------|
| Platelet Count                               | 166 | 10^3/µl | 150 - 410 |
| Method : Electrical impedance and microscopy |     |         |           |

Mean Platelet Volume (MPV)

11.4 fL

9.3 - 12.1



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Dr. Sonal Gupta  
MD Pathology

Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Whole blood EDTA

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 03:21 PM

Barcode No : HT104221

Report Status : Final Report

| Test Description    | Value(s) | Unit(s) | Reference Range |
|---------------------|----------|---------|-----------------|
| Method : Calculated |          |         |                 |
| PCT                 | 0.2      | %       | 0.17 - 0.32     |
| Method : Calculated |          |         |                 |
| PDW                 | 23.6     | fL      | 8.3 - 25.0      |
| Method : Calculated |          |         |                 |
| P-LCR               | 45       | %       | 18 - 50         |
| Method : Calculated |          |         |                 |
| P-LCC               | 75       | %       | 44 - 140        |
| Method : Calculated |          |         |                 |
| Mentzer Index       | 20.58    | %       |                 |
| Method : Calculated |          |         |                 |

**Interpretation:**

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.



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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Whole blood EDTA

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 04:59 PM

Barcode No : HT104221

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**HEMATOLOGY REPORT****MPAGI\_PP\_002****Erythrocyte Sedimentation Rate (ESR)**

ESR - Erythrocyte Sedimentation Rate

Method : MODIFIED WESTERGREN

14

mm/hr

0 - 30

**Interpretation:**

Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.



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Patient Name : Mr RAJARAM YADAV  
 DOB/Age/Gender : 74 Y/Male  
 Patient ID / UHID : 3325358/RL2649212  
 Referred By : Dr.  
 Sample Type : Whole blood EDTA  
 Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM  
 Sample Collected : Feb 18, 2023, 07:00 AM  
 Sample Received : Feb 18, 2023, 02:19 PM  
 Report Date : Feb 18, 2023, 05:32 PM  
 Barcode No : HT104221  
 Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### HEMATOLOGY REPORT

#### MPAGI\_PP\_002

##### HbA1C

GLYCOSYLATED HEMOGLOBIN (HbA1c) **7.6** % <5.7  
 Method : HPLC

ESTIMATED AVERAGE GLUCOSE 171.42

#### Interpretation:

##### Interpretation For HbA1c% As per American Diabetes Association (ADA)

| Reference Group                        | HbA1c in %  |
|--|---|
| Non diabetic adults >=18 years         | <5.7  |
| At risk (Prediabetes)                  | 5.7 - 6.4   |
| Diagnosing Diabetes                    | >= 6.5  |
| Therapeutic goals for glycemic control | Age > 19 years<br>Goal of therapy: < 7.0<br>Age < 19 years<br>Goal of therapy: <7.5 |

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

#### Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) | HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|----------|-----------------------------|
| 6        | 126                         | 12       | 298                         |
| 8        | 183                         | 14       | 355                         |
| 10       | 240                         | 16       | 413                         |




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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : FLUORIDE F

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 03:52 PM

Barcode No : BH296336

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Glucose Fasting (BSF)**

140

mg/dL

70-99 mg/dL: Normal

100-125 mg/dL:

Prediabetes

&gt;=126 mg/dL: Diabetes

GLUCOSE FASTING

Method : Fluoride plasma, Hexokinase



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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 04:56 PM

Barcode No : BH296335

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Blood Urea Nitrogen (Bun)**

34

mg/dL

18 - 55

15.89

mg/dL

8.4 - 25.7

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Creatinine**

1.43

mg/dL

0.72 - 1.25 mg/dL

CREATININE

Method : Kinetic alkaline picrate

**Interpretation:**

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.



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Patient Name : Mr RAJARAM YADAV  
 DOB/Age/Gender : 74 Y/Male  
 Patient ID / UHID : 3325358/RL2649212  
 Referred By : Dr.  
 Sample Type : Serum  
 Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM  
 Sample Collected : Feb 18, 2023, 07:00 AM  
 Sample Received : Feb 18, 2023, 02:19 PM  
 Report Date : Feb 18, 2023, 04:56 PM  
 Barcode No : BH296335  
 Report Status : Final Report

| Test Description  | Value(s) | Unit(s) | Reference Range |
|---|----------|---------|-----------------|
| <b>BIOCHEMISTRY REPORT</b>  |          |         |                 |
| <b>MPAGI_PP_002</b>   |          |         |                 |
| <b>Liver Function Test (LFT)</b>  |          |         |                 |
| BILIRUBIN TOTAL<br>Method : Diazonium salt  | 1        | mg/dL   | 0.2 - 1.2       |
| BILIRUBIN DIRECT<br>Method : Diazo Reaction   | 0.4      | mg/dL   | 0.0 - 0.5 mg/dL |
| BILIRUBIN INDIRECT<br>Method : Calculated (T Bil - D Bil)                                       | 0.6      | mg/dL   | 0.1 - 1.0 mg/dL |
| SGOT/AST<br>Method : Enzymatic [ NADH (without P5P) ]   | 17       | U/L     | 5 - 34 U/L      |
| SGPT/ALT<br>Method : Enzymatic [ NADH (without P5P) ]   | 10       | U/L     | 0 to 55 U/L     |
| SGOT/SGPT Ratio   | 1.7      | -       | -               |
| ALKALINE PHOSPHATASE<br>Method : Para-nitrophenyl-phosphate                                     | 65       | U/L     | 40 - 150 U/L    |
| TOTAL PROTEIN<br>Method : Biuret  | 7.5      | g/dL    | 6.0 - 7.8       |
| ALBUMIN<br>Method : Calorimetric (Bromocresol green)  | 4.8      | gm/dL   | 3.8 - 5.0       |
| GLOBULIN<br>Method : Calculation (T.P - Albumin)  | 2.7      | g/dL    | 2.3 - 3.5 g/dL  |
| ALBUMIN : GLOBULIN RATIO<br>Method : Calculated (Albumin/Globulin)                              | 1.78     | -       | 1.0 - 2.1       |
| GAMMA GLUTAMYL TRANSFERASE (GGT)<br>Method : L-Gamma-Glutamyl-3-Carboxy-4-Nitroanilidesubstrate | 36       | U/L     | 12 to 64 U/L    |

**Interpretation:**

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT). Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1. bleeding 2. liver disorder 3. malnutrition 4. agammaglobulinemia. High Protein levels 'Hyperproteinemia': May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins. Low albumin levels may be caused by: 1. A poor diet (malnutrition). 2. Kidney disease. 3. Liver disease. High albumin levels may be caused by: Severe dehydration.



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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 04:56 PM

Barcode No : BH296335

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Cholesterol, Serum**

TOTAL CHOLESTEROL

Method : Enzymatic - Cholesterol Oxidase

153

mg/dL

Desirable : &lt;200

Borderline : 200-239

High : &gt;/=240

**Interpretation:**

Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****Triglycerides**

TRIGLYCERIDES

Method : Glycerol phosphate oxidase

260

mg/dL

Normal : &lt;150

Borderline : 150-199

High : 200-499

Very high : &gt;/=500

**Interpretation:**

Triglyceride levels are increased in primary hyperlipidemia, pancreatitis, acute illnesses. Decreased triglyceride levels are seen in malnutrition, dietary change, recent weight loss, vigorous exercise.



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MD Pathology

Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 05:53 PM

Barcode No : BH296335

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****C-Reactive Protein (CRP), Quantitative**

CRP (Quantitative)

Method : Quantitative Turbidimetric Immunoassay

3.6

mg/L

0 - 6.0

**Interpretation:**

The level of CRP in the blood is normally low.

Increased CRP level:

- A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
- Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
- Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 04:56 PM

Barcode No : BH296335

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****LDL Cholesterol Direct**

|                        |     |       |                            |
|------------------------|-----|-------|----------------------------|
| LDL CHOLESTEROL DIRECT | 108 | mg/dL | Optimal <100               |
| Method : Direct        |     |       | Near optimal/above optimal |
|                        |     |       | 100-129 Borderline high    |
|                        |     |       | 130-159                    |
|                        |     |       | High 160-189               |
|                        |     |       | Very high >190             |

**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****HDL Cholesterol Direct**

|  |    |       |             |
|--|----|-------|-------------|
| HDL CHOLESTEROL                          | 34 | mg/dL | 40-60 mg/dl |
| Method : Accelerator Selective Detergent |    |       |             |



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Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Spot Urine

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 05:06 PM

Barcode No : CP941304

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

**CLINICAL PATHOLOGY REPORT****MPAGI\_PP\_002****Urine Routine and Microscopic Examination****PHYSICAL EXAMINATON**

|              |             |    |             |
|--------------|-------------|----|-------------|
| Volume       | 15          | ml |             |
| Colour       | Pale yellow |    | Pale yellow |
| Transparency | Clear       |    | Clear       |
| Deposit      | Absent      |    | Absent      |

**CHEMICAL EXAMINATION**

|                                      |          |               |
|--------------------------------------|----------|---------------|
| Reaction (pH)                        | 6.0      | 4.5 - 8.0     |
| Method : Double Indicator            |          |               |
| Specific Gravity                     | 1.010    | 1.010 - 1.030 |
| Method : Ion Exchange                |          |               |
| Urine Glucose (sugar)                | Negative | Negative      |
| Method : Oxidase / Peroxidase        |          |               |
| Urine Protein (Albumin)              | Negative | Negative      |
| Method : Acid / Base Colour Exchange |          |               |
| Urine Ketones (Acetone)              | Negative | Negative      |
| Method : Legals Test                 |          |               |
| Blood                                | Negative | Negative      |
| Method : Peroxidase Hemoglobin       |          |               |
| Leucocyte esterase                   | Negative | Negative      |
| Method : Enzymatic Reaction          |          |               |
| Bilirubin Urine                      | Negative | Negative      |
| Method : Coupling reaction           |          |               |
| Nitrite                              | Negative | Negative      |
| Method : Griless Test                |          |               |
| Urobilinogen                         | Normal   | Normal        |
| Method : Ehrlichs Test               |          |               |

**MICROSCOPIC EXAMINATION**

Method : Microscopy

|                    |        |      |        |
|--------------------|--------|------|--------|
| Pus Cells (WBCs)   | 5-6    | /hpf | 0 - 5  |
| Epithelial Cells   | 4-5    | /hpf | 0 - 4  |
| Red blood Cells    | Absent | /hpf | Absent |
| Crystals           | Absent |      | Absent |
| Cast               | Absent |      | Absent |
| Yeast Cells        | Absent |      | Absent |
| Amorphous deposits | Absent |      | Absent |
| Bacteria           | Absent |      | Absent |
| Protozoa           | Absent |      | Absent |



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MD Pathology



# LABORATORY REPORT



Patient Name : Mr RAJARAM YADAV

DOB/Age/Gender : 74 Y/Male

Patient ID / UHID : 3325358/RL2649212

Referred By : Dr.

Sample Type : Spot Urine

Client : Medpiper - PPMC MUMBAI

Bill Date : Feb 17, 2023, 02:56 PM

Sample Collected : Feb 18, 2023, 07:00 AM

Sample Received : Feb 18, 2023, 02:19 PM

Report Date : Feb 18, 2023, 05:06 PM

Barcode No : CP941304

Report Status : Final Report

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|                  |          |         |                 |



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MD Pathology

## **CONDITIONS OF REPORTING**

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)



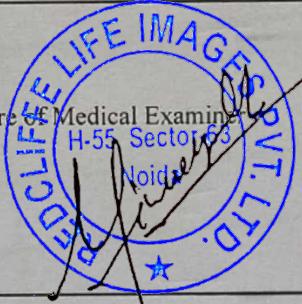
#### Personal Information

|   |                           |
|---|---------------------------|
| Full Name of the Applicant:                             | me. Rajaram Ramraj Yadav. |
| Application No.   |                           |
| Telephone/Mobile no.                                    | 9987849123.               |
| Gender:   | male .                    |
| Date of Birth:  | 01/01/1949 .              |
| Height (cm):  | 176 cm                    |
| Weight (kg):  | 82.63 Kg                  |
| Blood Pressure Reading in mm Hg ( Systolic / Diastolic) | 153/92 mmhg (63 min).     |
| Qualification:  | 5th Pass.                 |
| Occupation:   |                           |

#### Medical History

| Sr No. | Question  | Yes/No | If Yes Please Provide Details |
|--------|---|--------|-------------------------------|
| 1      | Are you currently in Good Health?   | Yes .  | —                             |
| 2      | Do you have any health complaints, either present or past?  | No     | —                             |
| 3      | Are you currently under treatment or have you been taking any medicines / pills / drugs etc.?   | No     | —                             |
| 4      | Have you undergone any investigations like blood test / urine test / X ray / ECG OR any special test like CTMT / MRI scans etc.?                    | Yes .  | Cataract Surgery (2020).      |
| 5      | Have you ever been hospitalized or remained absent from work for any illness, sickness, disease, injury, accident or disorder for more than 7 days? | No     | —                             |
| 6      | Has there been any weight loss or weight gain of 10 Kg or more in past 6 months?  | No     | —                             |
| 7      | Have you ever in the past or are currently consuming any of the following - Cigarette / Beedi / Pan /Gutkha   | No     | —                             |
| 8      | Have you ever in the past or are currently consuming any of the following – Alcohol?  | No     | —                             |
| 9      | Have either of your natural parents or any siblings or spouse suffered from or are  | No     | —                             |

|    |   |    |   |
|----|---|----|---|
|    | suffering from any medical condition like Cancer, Heart related Problems, Diabetes, Blood Pressure, Hepatitis, HIV /AIDS etc.?  | NO | — |
| 10 | Have you ever had any complaints of chest pain, fainting, palpitation, breathlessness. Was it diagnosed to relate with any heart disease or heart attack?                               | NO | — |
| 11 | Have you ever suffered from any heart disease or disorder, heart valve problem, raised blood pressure or cholesterol problems ?   | NO | — |
| 12 | Have you ever suffered from asthma, bronchitis, tuberculosis (TB) or coughing with blood or any other lung infection or any problem leading to breathing difficulties ?                 | NO | — |
| 13 | Have you ever had any disease or disorder of the digestive system including infections of the stomach, stomach ulcer, gall stones, Jaundice, Hepatitis or any other digestive problem ? | NO | — |
| 14 | Have you ever suffered from any illness because of stress, depression, anxiety or neurological symptoms like fits, blackouts, convulsions, epilepsy ?                                   | NO | — |
| 15 | Do you have any history of any problems related to kidney, ureter, bladder, prostate or reproductive organs or have had blood, protein or sugar in the urine ?                          | NO | — |
| 16 | Do you have any problems affecting your vision, hearing or any other eye, ear, nose or throat problems ?  | NO | — |
| 17 | Have you ever had any problem with your joints or muscle, Including pain, weakness, swelling or stiffness or any physical disability ?  | NO | — |
| 18 | Have you ever suffered from Diabetes or blood sugar problem ?   | NO | — |
| 19 | Have you ever suffered from Thyroid problem ?   | NO | — |
| 20 | Have you ever had or been told to have or been treated for any cancer, tumour, cyst, or growth of any kind ?  | NO | — |
| 21 | Have you ever had blood disorder or received any blood transfusion ?  | NO | — |
| 22 | Have you ever been tested for HIV / VDRL or any other sexually transmitted disease ? If yes, please give full details regarding the result  | NO | — |
| 23 | Have you ever had suffered from any cerebro- vascular disease like stroke and transient ischaemic attack (TIA), or any  | NO | — |

|   |   |   |         |
|---|---|---|---------|
|   | diseases of the nervous system like Parkinsons and Multiple Sclerosis or musculo -skeletal disorder such as paralysis / paraplegia etc ?                            | NO  | —       |
| 24  | Has any proposal for insurance on your life ever been declined,postponed,withdrawn or accepted at an increased premium, special terms or with reduced cover ?       | NO  | —       |
| 25  | Are you married ?   | Yes.  | —       |
| 26  | Do you have any children ?  | Yes   | 2 Boys. |
| 27  | Are you currently pregnant ?  | No  | —       |
| 28  | Do you have any history of miscarriage or abortion ?  | NO  | —       |
| 29  | Have you ever visited a medical practitioner for any problems of breast / uterus / cervix etc. If yes, please give details of the same                              | ALO   | —       |
| 30  | Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? If yes, please give full details regarding the result and the reason for the same | NO  | —       |
| 31  | Is there anything else you would like to share with us with respect to your health or habits?   | NO  | —       |
| 32  | Dr Final Remark if any  | Good .  |         |
|   |   |   |         |
|   |   |   |         |
| <p><u>21012121</u> 21/6/21</p> <p>Signature/ Thumb Impression of Examinee</p> <p>Date: 18/02/2023 .</p> <p>Place: Thane (w) .</p> |   | <p>Signature of Medical Examiner</p> <p>H-55 Sector 63<br/>Noida</p>  |         |


**Mr. Rajaram Yadav**

Thane Chandivali Powai Mumbai Maharashtra India

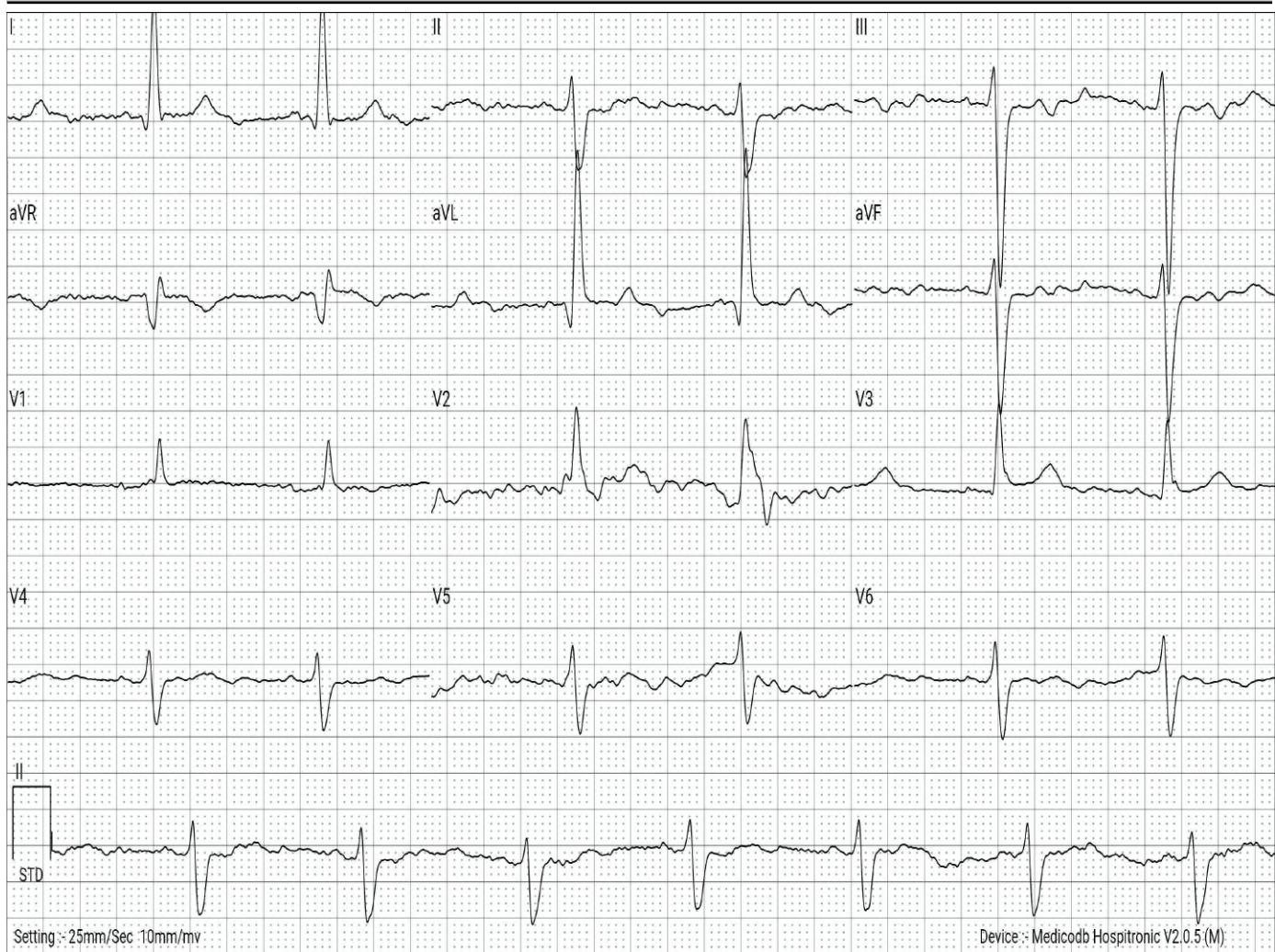
**Gendr/DOB (Age)** : Male/18-Feb-1951(72Y 0M)

**Medico ID** : 23021801275994

**Referred By** :

**Date** : 18-Feb-2023 / 09:40 AM

**History** :

**REPORT ON ECG**


|               |                |                     |               |
|---------------|----------------|---------------------|---------------|
| <b>VITALS</b> | : TEMP : - (F) | PULSE RATE : - /MIN | RBS : - mg/dL |
|               | HR : 66 /MIN   | BP : 0 / 0 mmHg     | SPO2 : 0.0 %  |

|  |                  |                 |                  |
|--|------------------|-----------------|------------------|
| <b>MEASUREMENTS*</b><br>(ECG Parameters) | : PR : 295.83 ms | QT : 457.14 ms  | P : 0.0 deg      |
|  | ST : -0.38 ms    | QTc : 478.56 ms | QRs : -39.21 deg |
|  | R-R : 912.5 ms   | QRS : 141.67 ms | T : -29.16 deg   |

|                       |  |
|-----------------------|--|
| <b>FINDINGS</b>       | : NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED |
| <b>IMPRESSION</b>     | : FEW ARTEFACTS SEEN                                   |
| <b>RECOMMENDATION</b> | : THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.        |



**AARTHI SCANS & LABS**

This document holds the written Radiology Report for

**MR.RAJARAM YADAV**

**74 Years    Male**

Visited us on

**18 February, 2023**

**USG ABDOMEN**

**Acc# : 3084\_232266\_165**

Referred By

**REDCLIFFE HEALTH CHECK UP - CREDIT**

#### **Disclaimer**

This information is copied from the RIS/PACS platform which is designed to provide the latest and accurate information as narrated by the Imaging Clinician. However, it is not possible to assure that this contains complete, up-to-date information, please seek a hardcopy report for complete information. Therefore, we make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty. All information contained in this should be further reviewed by physicians with expertise in related clinical domains for proper treatment.



|              |  |            |                |
|--------------|--|------------|----------------|
| Name         | MR.RAJARAM YADAV                       | Patient ID | AS_THN_US_3084 |
| Accession No | 3084_232266_165                        | Age/Gender | 74Y / Male     |
| Referred By  | Dr.REDCLIFFE HEALTH CHECK UP<br>CREDIT | Date       | 18-Feb-2023    |

## USG REPORT - ABDOMEN AND PELVIS

### LIVER:

Is normal in size measures 15.2 cm and shows Grade I fatty changes. No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

### GALL BLADDER:

Is well distended and shows no calculi or mass lesion.

CBD is obscured by bowel gas shadows.

### PANCREAS:

Head appears normal in size and it shows uniform echo texture. Rest of the pancreas is obscured by bowel gas shadows.

### SPLEEN:

Appears normal in size and it shows uniform echo texture. It measures 11.7 cm in long axis.

### RIGHT KIDNEY:

Right kidney measures 101 x 5.2 cm.

The shape, size and contour of the right kidney appear normal.

Cortico medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

**Multiple partially exophytic, cortical and interpolar cysts are noted, largest measuring 5 x 4.7cm is seen at the upper pole of right kidney.**

### LEFT KIDNEY:

Left kidney measures 9.7 x 5.1 cm.

The shape, size and contour of the left kidney appear normal.

Cortico medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

**Multiple partially exophytic, cortical and interpolar cysts are noted, largest measuring 7 x 5.2 cm is seen at the upper pole of right kidney.**



|              |  |            |                |
|--------------|--|------------|----------------|
| Name         | MR.RAJARAM YADAV                       | Patient ID | AS_THN_US_3084 |
| Accession No | 3084_232266_165                        | Age/Gender | 74Y / Male     |
| Referred By  | Dr.REDCLIFFE HEALTH CHECK UP<br>CREDIT | Date       | 18-Feb-2023    |

## USG REPORT - ABDOMEN AND PELVIS

### URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

Pre void: 150 cc.

Post void: 10 cc.

### PROSTATE:

Enlarged in size, measures 3.8 x 4.7 x 4.3 cm (vol: 40.8 cc).

### RIGHT ILIAC FOSSA:

No focal fluid collections seen.

### IMPRESSION:

- Grade I fatty liver.
- Multiple bilateral renal cysts.
- Prostatomegaly with no significant post void residual urine.

Dr Rohan Rahul Thakur.,DNB.,  
Radiologist  
7824860997