

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
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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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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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HEMATOLOGY REPORT

MPAGI_PP_002

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate	14	mm/hr	0 - 30
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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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 Goal of therapy: < 7.0 Age < 19 years 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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 Sample Type : FLUORIDE F
 Client : Medpiper - PPMC MUMBAI

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BIOCHEMISTRY REPORT

MPAGI_PP_002

Glucose Fasting (BSF)

GLUCOSE FASTING
 Method : Fluoride plasma, Hexokinase

140

mg/dL

70-99 mg/dL: Normal
 100-125 mg/dL:
 Prediabetes
 >=126 mg/dL: Diabetes




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 Sample Type : Serum
 Client : Medpiper - PPMC MUMBAI

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BIOCHEMISTRY REPORT

MPAGI_PP_002

Blood Urea Nitrogen (Bun)

BLOOD UREA
 Method : Urease

34

mg/dL

18 - 55

BUN
 Method : Calculated

15.89

mg/dL

8.4 - 25.7

BIOCHEMISTRY REPORT

MPAGI_PP_002

Creatinine

CREATININE
 Method : Kinetic alkaline picrate

1.43

mg/dL

0.72 - 1.25 mg/dL

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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BIOCHEMISTRY REPORT

MPAGI_PP_002

Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Diazonium salt	1	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.4	mg/dL	0.0 - 0.5 mg/dL
BILIRUBIN INDIRECT Method : Calculated (T Bil - D Bil)	0.6	mg/dL	0.1 - 1.0 mg/dL
SGOT/AST Method : Enzymatic [NADH (without P5P)]	17	U/L	5 - 34 U/L
SGPT/ALT Method : Enzymatic [NADH (without P5P)]	10	U/L	0 to 55 U/L
SGOT/SGPT Ratio	1.7	-	-
ALKALINE PHOSPHATASE Method : Para-nitrophenyl-phosphate	65	U/L	40 - 150 U/L
TOTAL PROTEIN Method : Biuret	7.5	g/dL	6.0 - 7.8
ALBUMIN Method : Colorimetric (Bromocresol green)	4.8	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	2.7	g/dL	2.3 - 3.5 g/dL
ALBUMIN : GLOBULIN RATIO Method : Calculated (Albumin/Globulin)	1.78	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) 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-utanyl 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	153	mg/dL	Desirable : <200 Borderline : 200-239 High : >=240
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Method : Enzymatic - Cholesterol Oxidase

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	260	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >=500
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Method : Glycerol phosphate oxidase

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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BIOCHEMISTRY REPORT

MPAGI_PP_002

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) 3.6 mg/L 0 - 6.0
Method : Quantitative Turbidimetric Immunoassay

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
 Method : Direct

108

mg/dL

Optimal <100
 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
 Method : Accelerator Selective Detergent

34

mg/dL

40-60 mg/dl




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

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 Barcode No : CP941304
 Report Status : Final Report

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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)	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 : Griess 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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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)



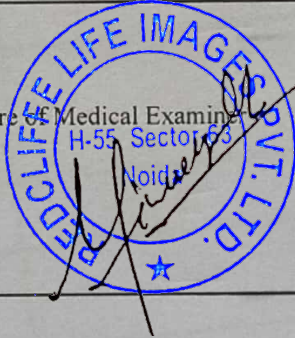
Personal Information

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	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	
<p>२१०१२१२२०२३</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</p> <p>Noida</p> 	


Mr. Rajaram Yadav

Thane Chandivali Powai Mumbai Maharashtra India

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

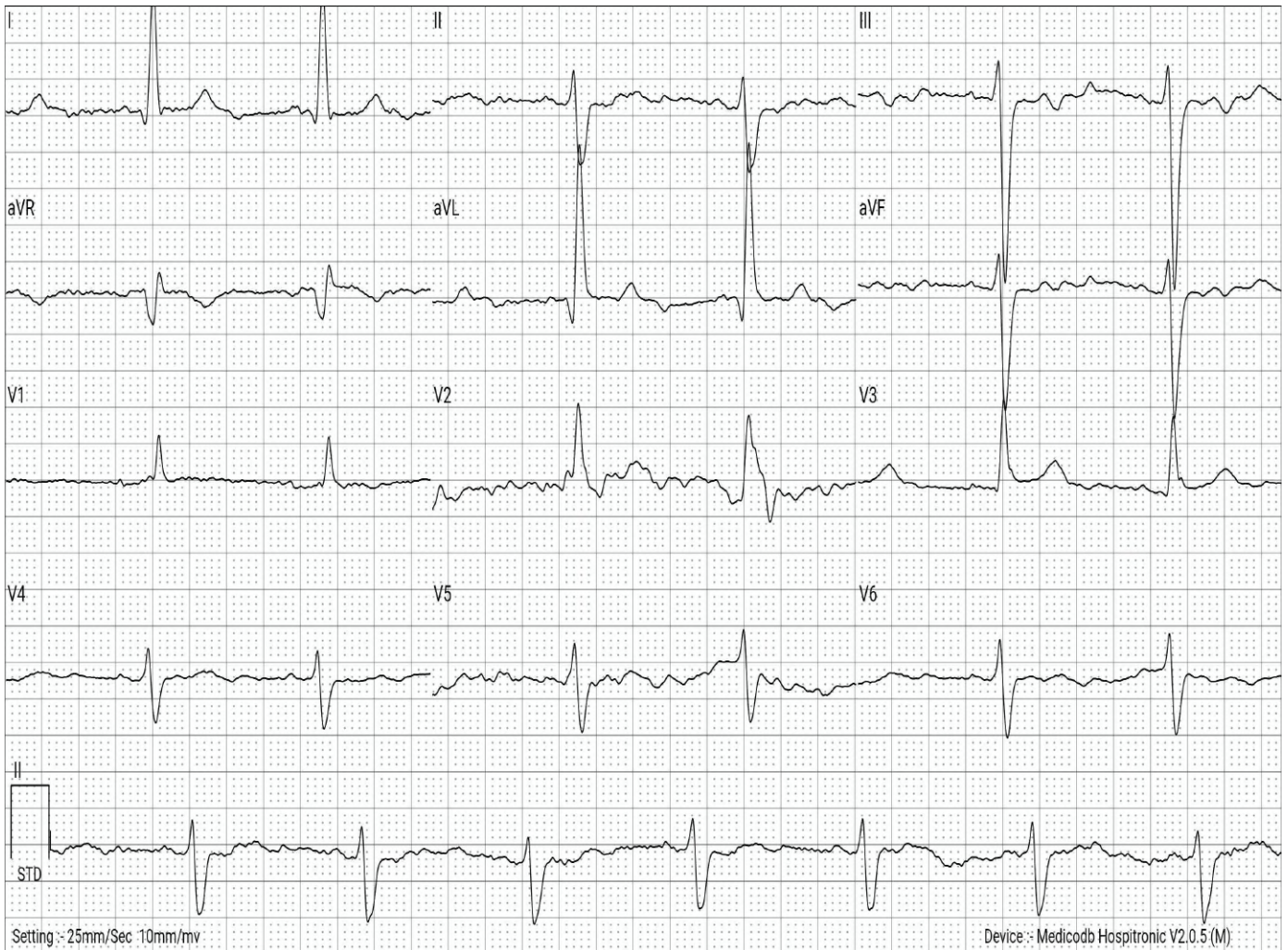
Referred By :

History :

Medico ID : 23021801275994

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

REPORT ON ECG



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

MEASUREMENTS*	:	PR	:	295.83 ms	QT	:	457.14 ms	P	:	0.0 deg
(ECG Parameters)	:	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

FINDINGS : NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED

IMPRESSION : FEW ARTEFACTS SEEN

RECOMMENDATION : THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.

RECOMMENDATION : CLINICAL CORRELATION



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 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 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