

ManipalHospitals

LIFE'S ON

RADIOLOGY & IMAGING

NAME	Abhishek SINGH	STUDY DATE	13-04-2019 08:58:21
AGE / SEX	024Yrs / M	HOSPITAL NO.	MH004704619
ACCESSION NO.	R1840437	MODALITY	DX
REPORTED ON	13-04-2019 09:10:12	REFERRED BY	HEALTH CHECK

CHEST X-RAY PA

No cardiomegaly. Pulmonary vasculature is normal.

Lungs are clear.

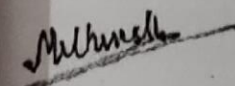
Hila are not enlarged.

No mediastinal widening.

CP angles are clear.

Diaphragm is normal in position.

No abnormality in the rib cage.



Dr Mithun Shetty
Radiologist

Manipal Hospitals

LIFE'S ON

Name : MR Abhishek SINGH
Age(year(s)) / Sex : 24 Yr(s) / Male
Reg No : MH004704619

Report Date : 13/04/2019
Episode No : H0000208263

CLINICAL EXAMINATION

Respiratory System

R.R - : Within Normal Limit
Any adventitious sounds : Nil

Type of breathing : Normal Vesicular
Any other abnormal findings : Nil

Abdominal System

Liver : Normal
Any other palpable lump : Nil

Spleen : Normal
Free Fluid : Absent

External Genitalia : Normal
Any other abnormal findings : Nil

Hernial Orifices : Free

Central Nervous System

Higher function cortical : Normal

Cranial Nerves : Normal

Motor System : Normal

Cerebellar function : Normal

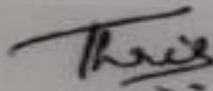
Sensory System : Normal

Gait : Normal

IMPRESSION

ADVICE

Doctor : Dr.Thirsha Naik
RESIDENT



Manipal Hospital HAL Airport Road

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For any medical emergency

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Registered Office

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CRC: U86110KA2010PTC052540



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LIFE'S ON

RADIOLOGY & IMAGING

Name: **ABHISHEK SINGH**
Age: 24 Sex: M
Doctor: HEALTH CHECK
Order: Ultrasound abdomen pelvis

Hospital No: MH004704619
Episode No: H0000208203
Result Date: 13 Apr 2019 10:27

bha/d

REAL TIME ULTRASONOGRAPHY OF THE ABDOMEN AND PELVIS WAS PERFORMED

LIVER: Normal in size, shape and outline. Fatty changes noted. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Portal vein is normal. Portahepatis is normal.

GALL BLADDER: Wall thickness normal. Luminal echoes are normal. No calculi.
C.B.D: Not dilated.

PANCREAS: Head and body normal. Tail obscured.

SPLEEN: Measures 9.5cm, normal texture.

AORTA: Obscured.

KIDNEYS: Normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal.

Right kidney measures 9.7cm with a parenchymal thickness of 1.5cm.

Left kidney measures 10.8cm with a parenchymal thickness of 1.6cm.

URINARY BLADDER: Wall thickness normal. Luminal echoes normal. No calculi.

PROSTATE: Normal in size and texture.

No free fluid in peritoneal cavity.

IMPRESSION:

Fatty liver.

No other significant abnormality detected.

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Name : MR ABHISHEK SINGH
Registration No : MH004704619
Patient Episode : H0000208203
Referred By : HEALTH CHECK
Receiving Date : 13 Apr 2019 08:45

Age: 24 Yrs Sex: Male
Lab. No. : 12190409798
Collection Date: 13 Apr 2019 07:50
Reporting Date: 13 Apr 2019 12:58

BIOCHEMISTRY

Clinical Laboratory Report

TEST	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Plasma GLUCOSE-Fasting (Hexokinase)	150 #	mg/dl	[70-100]

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase)	318 #	mg/dl	[70-140]
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Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

TOTAL CHOLESTEROL (CHOD/POD)	195	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	184 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	37	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	37	mg/dl	[10-40]
LDL- CHOLESTEROL	121 #	mg/dl	[<100] Near/Above optimal:100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	5.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Page 1 of

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F-401B

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LIFE'S ON

RADIOLOGY & IMAGING



ICICI - BOEING - 2019

Employee Name: ABHISHEK SINGH

Employee ID : 3053684

Test Date : 13/4/19

Authcode : CORPANCB0E2703190197

Test	Unit	Value	Normal/Abnormal
BP	120/88	mmhg	Normal
Pulse Rate	92	Count/min	Abnormal
Height	176	Cm	
Weight	106.8	Kg	

BMI - 34.48
Obese

MANIPAL HOSPITALS
HEALTH
Medical Officer
(Sign and Stamp)

=====End of Report=====

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Registered Office

Manipal Health Enterprises Pvt Ltd

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CIN: U85110KA2010PTC052540

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LIFE'S ON



Name : MR Abhishek SINGH
Age[year(s)] / Sex : 24 Yr(s) / Male
Reg No : MH004704619

Report Date : 13/04/2019
Episode No : H0000208203

CLINICAL EXAMINATION

Height(cms) : 176
Pulse (min) : 92
BMI : 34.48

HISTORY

Weight (Kgs) : 106.8
BP (mm of Hg) : 120 / 88
Temp(°F) :

Chief Complaints

Details : For Comprehensive Checkup

History of Present Illness

Details : C/o chest pain occasionally

Past History

Details : H/o High SGPT last year

Personnal History

Diet : Non Veg
Smoking Habits : Less Than 5 Cigarettes
Other Habits : None
Present Medication : None

Alcohol : Social
Exercise : regular

Drug Allergies

Sulpha Drugs : No
Other Drug Allergy : None

Penicillin : No

Family History

Hypertension : Nil
Diabetes : Father
Heart Diseases : Nil
Cancers : Nil
Bronchial Asthma : Nil, Grand Father - Paternal
Epilepsy : Nil
Others : Nil

Cerebro Vascular: Nil
Diseases : Nil
Tuberculosis : Nil
Gout : Nil

General Examination

Pallor : Nil
Cyanosis : Nil
Clubbing : Nil
Pedal Oedema : Nil
Bones and Joints : Normal
Others : Nil

Icterus : Nil
Lymph Node : Nil
Thyroid : Normal
Oral Cavity : Normal
Skin : Normal

Systemic Examination

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Registered Office : Absent

Any other abnormal findings

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CIN: U85110KA2010PTC052540

Pulse Type : Sinus Normal
Heart Sounds : S1 S2 Heard

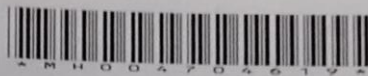
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LIFE'S ON



* MH004704619 *

OUT-PATIENT RECORD

Get your OPD Sheet scanned by PCC after each consultation

Patient Name : MR ABHISHEK SINGH

Hospital No. : MH004704619

Consultant Name : DR. ANAND R SHENOY (MBBS, MD, DM, FICC, FSCAI, MEAPCI)

IC Reg No : 45022

Age/Sex : 24 yrs /Male

Date : 13 Apr 2019 12:43PM

Dept : CARDIOLOGY MHB

HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT AND PROGRESS

B-P-100/70mmHg

DMT → raised
heart and hypertension

Wise & early to start
medication
for DM

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HAL Airport Road, Bangalore 560017

For booking an appointment, call on 1800 3001 1111

NABH Accredited

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F-401B



Name : MR ABHISHEK SINGH
Registration No : MH004704619
Patient Episode : H0000208203
Referred By : HEALTH CHECK
Receiving Date : 13 Apr 2019 08:44

Age: 24 Yrs Sex: Male
Lab. No. : 13190407350
Collection Date: 13 Apr 2019 07:51
Reporting Date: 13 Apr 2019 10:39

HAEMATOLOGY

Clinical Laboratory Report

TEST	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (Automated) Specimen-EDTA Blood			
WBC Count (TC)	8420	/cu.mm	[4400-11000]
RBC Count	4.89	million/cu.mm	[4.50-6.50]
Haemoglobin	13.8 #	g/dl	[14.0-18.0]
Haematocrit [PCV]	40.3 #	%	[42.0-54.0]
MCV	82.4	fL	[80.0-96.0]
MCH	28.2	pg	[27.0-31.0]
MCHC	34.2	g/dl	[32.0-37.0]
Platelet Count	298000	/cu.mm	[150000-400000]
RDW (CV)	13.4	%	[11.6-14.0]
IPF	2.00	%	[0.70-9.10]
DIFFERENTIAL COUNT			
Neutrophils	56.5	%	[40.0-75.0]
Lymphocytes	31.7	%	[20.0-45.0]
Monocytes	7.4	%	[2.0-10.0]
Eosinophils	4.0	%	[0.0-7.0]
Basophils	0.4	%	[0.0-1.0]

Note:

- * IPF (Immature Platelet Fraction) is an index of thrombopoiesis.
- * A normal or low IPF in the presence of thrombocytopenia is indicative of decreased thrombopoiesis.
- * An increased IPF in the presence of thrombocytopenia is indicative of platelet destruction / consumption.
- * An increased IPF has also been noted as part of Asymptomatic Constitutional Macrothrombocytopenia in the West Bengal population.

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 21.0 # /1sthour [0.0-10.0]

Page 1 of 1

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

Dr. Swati Pai MD, DNB
Consultant Hematopathologist

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F-401B R2

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LIFE'S ON

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Name : MR ABHISHEK SINGH
Registration No : MH004704619
Patient Episode : H0000208203
Referred By : HEALTH CHECK
Receiving Date : 13 Apr 2019 08:45

Age: 24 Yrs Sex: Male
Lab. No. : 12190409798
Collection Date: 13 Apr 2019 07:5
Reporting Date: 13 Apr 2019 10:0

BIOCHEMISTRY

Clinical Laboratory Report

TEST RESULT UNITS BIOLOGICAL REFERENCE INTERVAL
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

PROSTATE SPECIFIC ANTIGEN (PSA) : 0.620 ng/mL [<2.000]
Method : ECLIA

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate mass urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

KIDNEY PROFILE

BUN (Urease/GLDH)	14.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.06	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	8.9 #	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	8.9	mg/dl	[8.0-10.5]
SERUM PHOSPHORUS (Molybdate, UV)	3.8	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	135.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.3	mmol/l	[3.5-5.2]
SERUM CHLORIDE (ISE / IMT)	96.0	mmol/l	[95.0-105.0]
eGFR	97.7	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis.

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LIFE'S ON

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Name : MR ABHISHEK SINGH
Registration No : MH004704619
Patient Episode : H0000208203
Referred By : HEALTH CHECK
Receiving Date : 13 Apr 2019 08:45

Age: 24 Yrs Sex: Male
Lab. No. : 12190409798
Collection Date: 13 Apr 2019
Reporting Date: 13 Apr 2019

TEST **BIOCHEMISTRY** **Clinical Laboratory Report**
Reference ranges based on ATP III Classifications. **RESULT** **UNITS** **BIOLOGICAL REFERENCE INT**
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fast

Serum LIVER FUNCTION TEST

BILIRUBIN-TOTAL (mod.J Groff)**	0.39	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.16	mg/dl	[0.00-0.40]
BILIRUBIN - INDIRECT (mod.J Groff)	0.23	mg/dl	[0.20-1.00]
SGOT/ AST (PSP, IFCC)	21	IU/L	[5-37]
SGPT/ ALT (PSP, IFCC)	33	IU/L	[10-50]
ALP (p-NPP, kinetic)*	104	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.1	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	3.9	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.2	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.22		[1.10-1.80]

Note:

**NEW BORN: Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

Serum GGT (GCNA-IFCC) 93 # IU/L [15-85]

Serum TSH (ECLIA) 4.550 # micIU/mL Adult > 20 yrs [0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. Factors such as change of seasons, hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

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F-4



Name : MR Abhishek SINGH
Age[year(s)] / Sex : 24 Yr(s) / Male
Reg No : MH004704619

Report Date : 16/04/2019
Episode No : H0000208203

PHYSICIAN REPORT

Urine Examination :
Stool Examination :
CBC : Hb%13.8 g/dl
Blood Biochemical Analysis : LDL:121/ Uric acid:8.9
FBS:150/ PPBS:318
X-Ray Chest : Normal
ECG : SR
Treadmill (stress)Test : Normal
Echo Cardiography :
Ultrasonography :
Pulmonary Function Test :
Audiometry :
Other Tests :
Special Test : PSA:Normal
TSH:4.3550

Impression

-Type 2 Diabetes Mellitus -Newly detected
-Hyperuricaemia
-Fatty Liver

Advice

-Cardiologist opinion
-Diabetic diet/ Regular exercise
-Glycomet SR 1000 1-0-0 daily (after breakfast)
-Tab.Onderomet 2.5/1000 0-0-1 daily
-Tab.Feburic 40 1-0-0 daily

To do:HbA1c-Now
-FBS/ PPBS- after 3 weeks
-S.Uric acid- after 2 months

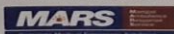
Examined By

: Dr. Shekar
REGISTRAR

HbA1c - 8.0%

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LIFE'S ON

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Name : MR ABHISHEK SINGH
Registration No : MH004704619
Patient Episode : H0000208203
Referred By : HEALTH CHECK
Receiving Date : 13 Apr 2019 12:15

Age: 24 Yrs Sex: Male
Lab. No. : 18190402132
Collection Date: 13 Apr 2019 07:5
Reporting Date: 13 Apr 2019 13:4

CLINICAL PATHOLOGY

Clinical Laboratory Report

STOOL ROUTINE ANALYSIS

Specimen-Stool

MACROSCOPIC DESCRIPTION

Colour	BROWN	(Yellow - Dark Brown)
Consistency	Semi Solid	(Semi Solid - Solid)
Blood	Absent	(Absent)
Mucus	Absent	(Absent)
Stool for Occult Blood	Negative	(Negative)

MICROSCOPIC DESCRIPTION

Ova	Absent	(NIL)
Cyst	Absent	(NIL)
Fat Globules	Absent	(Absent)
WBC/Pus Cells	OCCASIONAL /hpf	(1 - 4)
Red Blood Cells	NIL	(0 - 2)

ROUTINE URINE ANALYSIS (Automated)

Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Reaction[pH]	6	(4.6-8.8)
Specific Gravity	1.020	(1.015-1.025)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NIL-TRACE)
Glucose	NIL	(NIL)
Ketone Bodies	NIL	(NIL)
Urobilinogen	NORMAL	(NORMAL)
Bile Salts	NEGATIVE	(NEGATIVE)
Bile Pigments	NIL	(NIL)

MICROSCOPIC EXAMINATION

WBC/Pus Cells	OCCASIONAL /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)

Page

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

Swati Pai

Dr. Swati Pai MD, DNB

Consultant Hematopathologist

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