

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
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<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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Referred By : Dr.

Sample Type : Whole blood EDTA

Client : Medpiper - PPMC MUMBAI

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Test Description	Value(s)	Unit(s)	Reference Range
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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 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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Patient ID / UHID : 3325275/RL2649188

Referred By : Dr.

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

109	mg/dL	70-99 mg/dL: Normal 100-125 mg/dL: Prediabetes >=126 mg/dL: Diabetes
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Patient Name : Ms PHOOLMATI YADAV

DOB/Age/Gender : 71 Y/Female

Patient ID / UHID : 3325275/RL2649188

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

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

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Test Description	Value(s)	Unit(s)	Reference Range
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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 Method : Diazonium salt	0.8	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.3	mg/dL	0.0 - 0.5 mg/dL
BILIRUBIN INDIRECT Method : Calculated (T Bil - D Bil)	0.5	mg/dL	0.1 - 1.0 mg/dL
SGOT/AST Method : Enzymatic [ NADH (without P5P) ]	28	U/L	5 - 34 U/L
SGPT/ALT Method : Enzymatic [ NADH (without P5P) ]	26	U/L	0 to 55 U/L
SGOT/SGPT Ratio	1.08	-	-
ALKALINE PHOSPHATASE Method : Para-nitrophenyl-phosphate	70	U/L	40 - 150 U/L
TOTAL PROTEIN Method : Biuret	6.9	g/dL	6.0 - 7.8
ALBUMIN Method : Calorimetric (Bromocresol green)	4.3	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	2.6	g/dL	2.3 - 3.5 g/dL
ALBUMIN : GLOBULIN RATIO Method : Calculated (Albumin/Globulin)	1.65	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) 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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DOB/Age/Gender : 71 Y/Female

Patient ID / UHID : 3325275/RL2649188

Referred By : Dr.

Sample Type : Serum

Client : Medpiper - PPMC MUMBAI

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

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

Report Date : Feb 18, 2023, 05:40 PM

Barcode No : BH296327

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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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 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
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**BIOCHEMISTRY REPORT****MPAGI\_PP\_002****HDL Cholesterol Direct**

HDL CHOLESTEROL	43	mg/dL	40-60 mg/dl
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Method : Accelerator Selective Detergent



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Patient Name : Ms PHOOLMATI YADAV  
 DOB/Age/Gender : 71 Y/Female  
 Patient ID / UHID : 3325275/RL2649188  
 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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### 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



Patient Name : Ms PHOOLMATI YADAV

DOB/Age/Gender : 71 Y/Female

Patient ID / UHID : 3325275/RL2649188

Referred By : Dr.

Sample Type : Spot Urine

Client : Medpiper - PPMC MUMBAI

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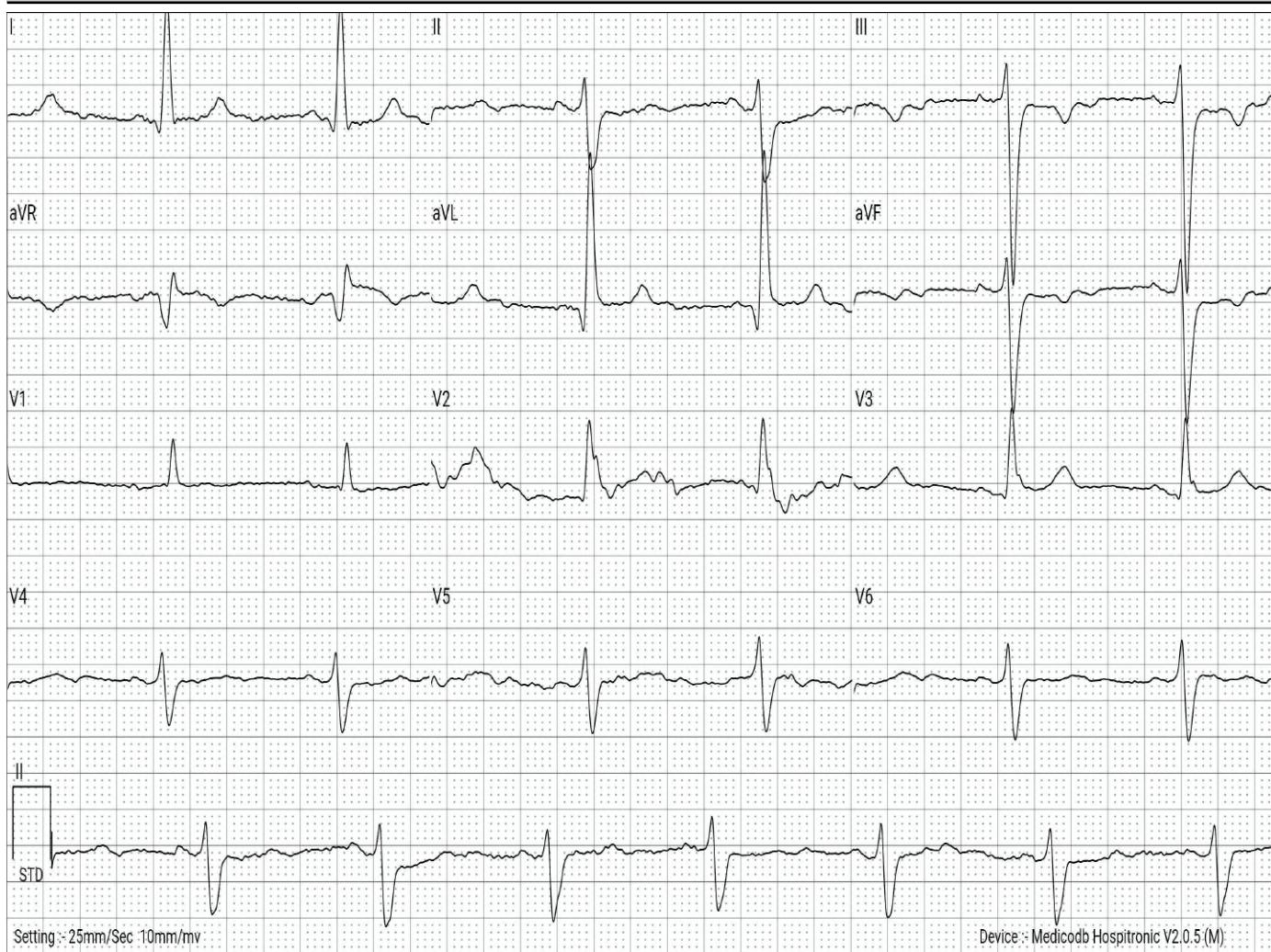


## Ms. Fhulmati Yadav

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* (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**

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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 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.



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## 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
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<b>HEMATOLOGY REPORT</b> <b>MPAGI_PP_002</b> <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




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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 NORMOCYTIC NORMOCHROMIC. NO NUCLEATED RBCS SEEN.	-	-
Method : Microscopy			
W.B.C. MORPHOLOGY	WBCs ARE NORMAL IN NUMBER AND DISTRIBUTION. NO TOXIC GRANULES/ IMMATURE CELLS SEEN.	-	-
Method : Microscopy			
PLATELET MORPHOLOGY	PLATELETS ARE ADEQUATE IN NUMBER 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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 Sample Type : Whole blood EDTA Barcode No : HT189428  
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### 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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 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
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### 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 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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 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
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**BIOCHEMISTRY REPORT**
**MPAGI\_PP\_002**
**Glucose Fasting (BSF)**
**104** mg/dL

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

Method : Hexokinase


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 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
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**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.



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 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 Method : Photometric	0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.1	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.2	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	13	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	29	U/L	0 to 55
SGOT/SGPT Ratio	0.45	-	-
ALKALINE PHOSPHATASE Method : IFCC	104	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.7	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.5	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	3.2	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.41	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) 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 (e.g., 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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Test Description	Value(s)	Unit(s)	Reference Range
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**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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 Sample Type : Serum Barcode No : BH482515  
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Test Description	Value(s)	Unit(s)	Reference Range
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### 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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 Client : Medpiper - PPMC PUNE Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**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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 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
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### 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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 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 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

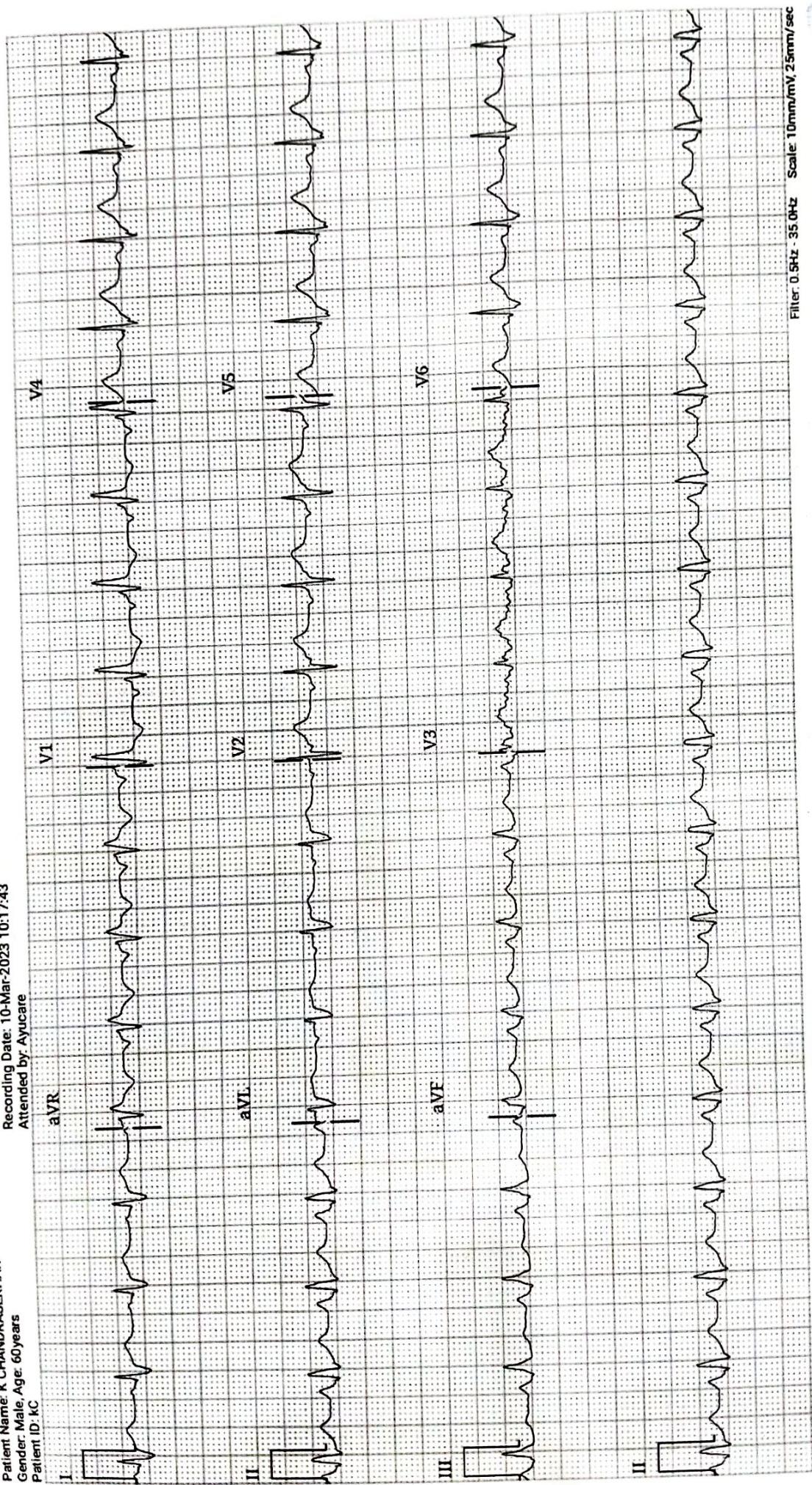
Patient Name:	Chandrasekhar Kondubhotla
ECG Remarks:	to correlate with history and to get opinion



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

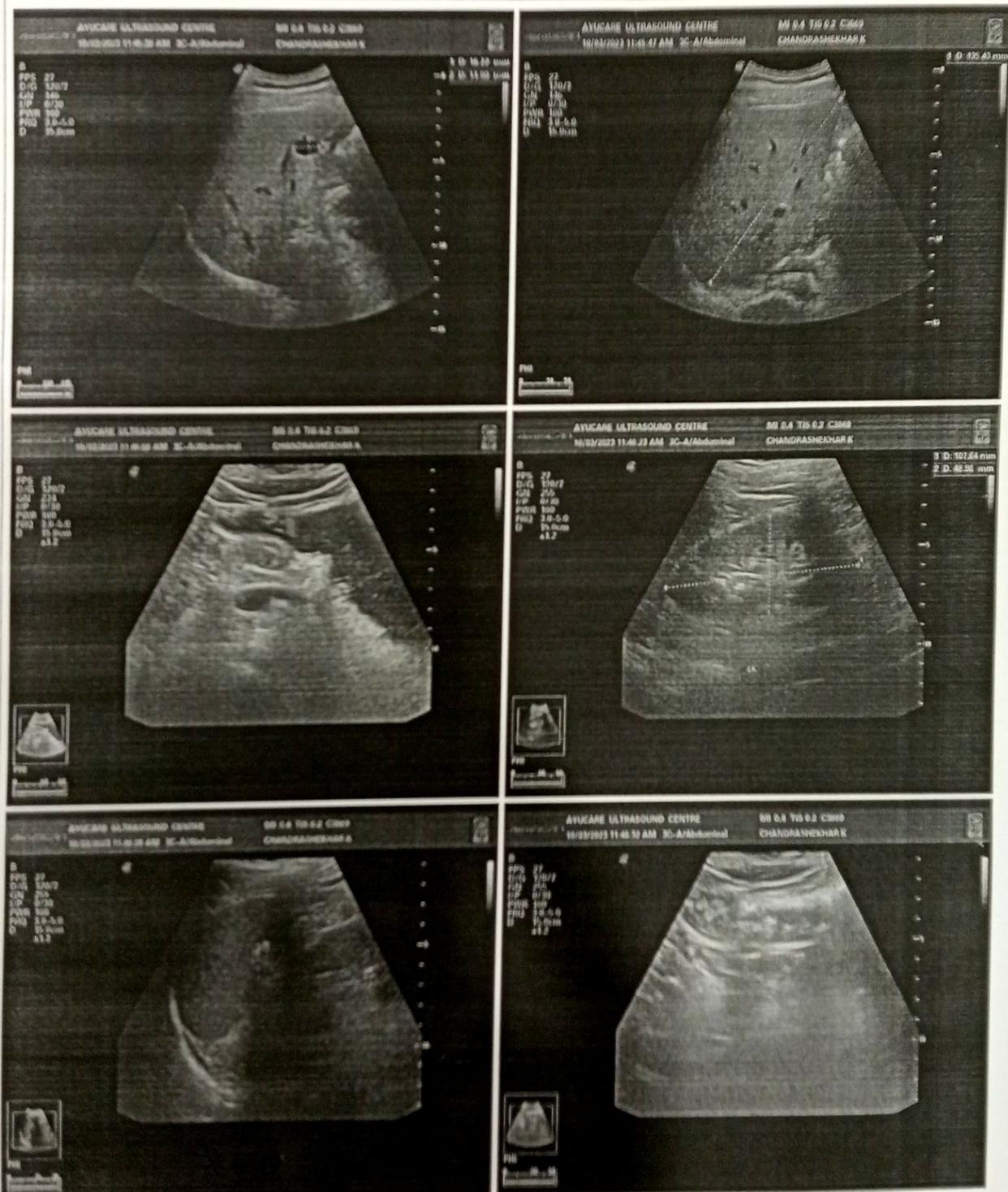
MBBS, MD RADIOLOGY

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
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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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Dr. Sonal Gupta  
MD Pathology

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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
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**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
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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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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
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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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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, 04:56 PM

Barcode No : BH296335

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**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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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  
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 Barcode No : BH296335  
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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 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 : Calorimetric (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-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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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

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

Barcode No : BH296335

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**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

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 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  
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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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Redcliffe Lifetech Pvt. Ltd. (Unit of Redcliffe Lifetech Inc, USA) Unit No. 1 To 8, M-Wing, Tex Centre CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

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 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
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**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			



Dr. Sonal Gupta  
MD Pathology

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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
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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 : 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



📞 928-909-0609

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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)



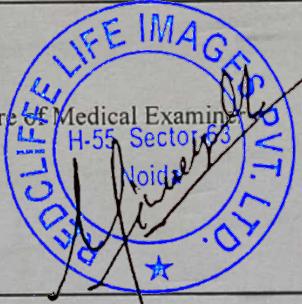
#### Personal Information

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 Noida</p> 	


**Mr. Rajaram Yadav**

Thane Chandivali Powai Mumbai Maharashtra India

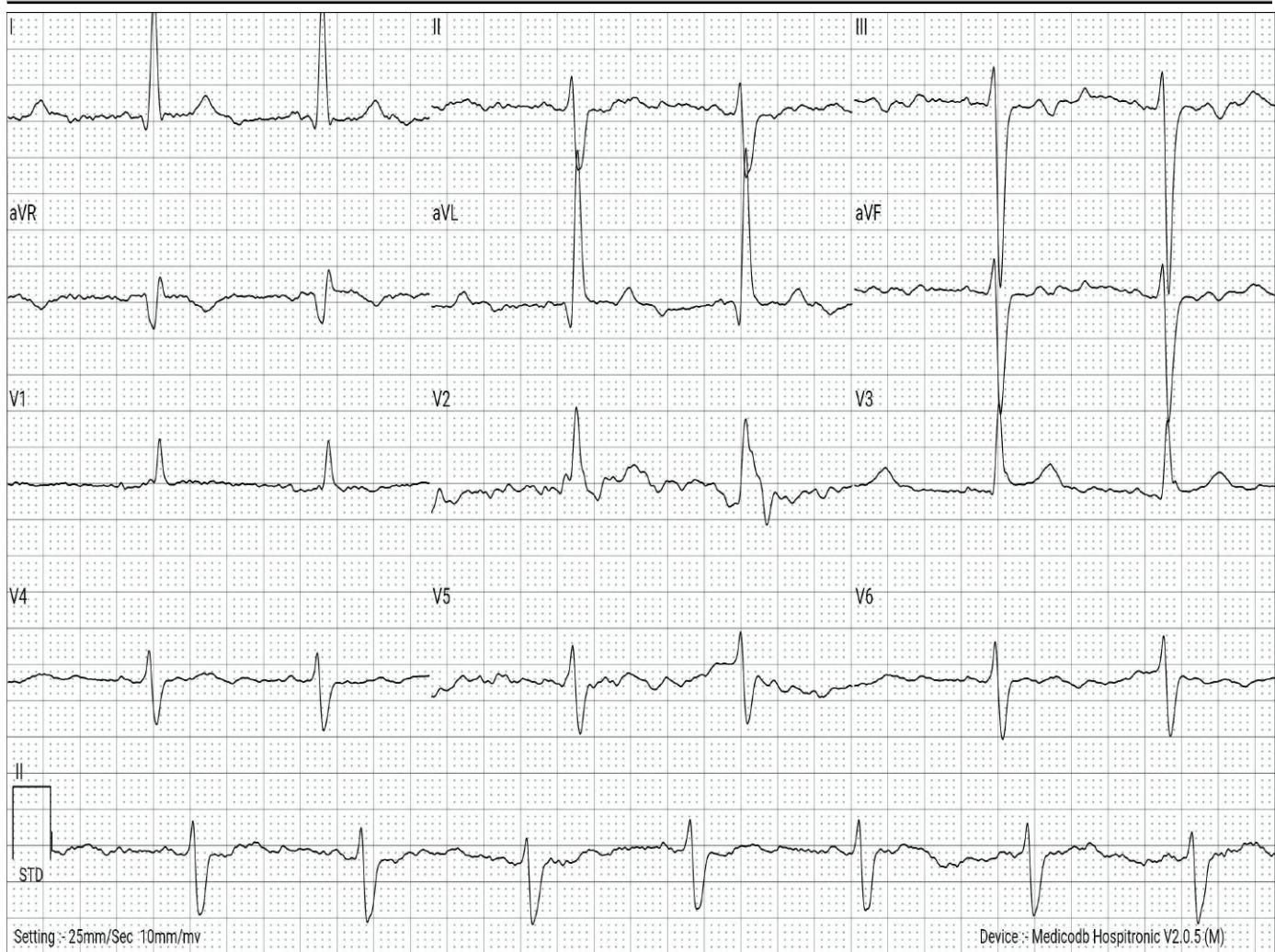
**Gendr/DOB (Age)** : Male/18-Feb-1951(72Y 0M)

**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> (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 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