





Lab No. 012503080205 Age/Gender 40.6 YRS/MALE Coll. ON 08/Mar/2025 08:39AM

NAME Mr. DINESH DALAL 08/Mar/2025 Reg. ON

Ref. Dr. **MEDIWHEEL** BarcodeNo 01080205 Approved ON 08/Mar/2025 11:01AM Rpt. Centre Email, undefined Printed ON 08/Mar/2025 04:41PM

Test Name	Value	Unit	Biological Reference Interval
Complete Haemogram, EDTA wh	ole blood		
Haemoglobin (Hb) Method : Colorimetry	15.30	gm/dl	13.0 - 17.0
RBC count Method : Electrical impedence	5.34	Millons/cmm	4.5 - 5.5
PCV / Haematocrit Method : Calculated	45.90	%	40.0 - 50.0
ЛСV Method : Calculated	85.90	fl	83.0 - 101.0
MCH Method: Calculated	28.60	picogram	27.0 - 32.0
MCHC Method : Calculated	33.30	%	31.5 - 34.5
RDW - CV Method : Calculated	14.80	%	11.6 - 14.0
Mentzer Index Method: Calculated	16.09		>= 13.0

The Mentzer index (MCV/RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) Method: Flowcytometry	4,990	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	56.60	%	35.0 - 75.0
Lymphocytes	30.80	%	25.0 - 45.0
Eosinophils	6.20	%	1.0 - 5.0
Monocytes	5.80	%	1.0 - 6.0
Basophils	0.60	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	2,824.34	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,536.92	/cmm	1000 - 3000
Absolute Eosinophil count	309.38	/cmm	20 - 500
Absolute Monocyte count	289.42	/cmm	200 - 1000
Absolute Basophil count	29.94	/cmm	0 - 100
Platelet count Method: Electrical impedence	1.90	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) Method: Westergren method	13	mm/1st hr	0 - 22

RBCs are normocytic and normochromic.

Leucocytic series reveals eosinophilia.

Platelets are adequate in number and are normal in morphology.

No atypical cells or haemoparasites are seen.

Impression: Eosinophilia.

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Dr. Deepak Sadwani MD Pathology Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist MCI Regd. No. IMR/11/115 Mousheei Mukkeezee Dr. Moushmi Mukherjee MD Pathology Consultant Pathologist DMC Regd. No. 61873

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Lab No. 012503080205 Age/Gender 40.6 YRS/MALE

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Unit Test Name Value **Biological Reference** Interval

01080205

Blood Group (ABO + RH)

Blood Group , EDTA blood Method : Slide agglutination (Forward & Reverse grouping)

Rh type , EDTA blood Method : Slide agglutination Positive



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Test Name Value Ur	Jnit Biological I Interval	Reference
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100.60 60 - 100 Glucose Fasting, plasma mg/dL Method: GOD POD

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.



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90 - 140

mg/dL



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120.40

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Test Name	Value	Unit	Biological Reference Interval

Interpretation (In accordance with the American diabetes association guidelines):

Glucose PP, plasma

Method : GOD POD

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.



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Test Name	Value	Unit	Biological Reference Interval
Serum Creatinine Method: Jaffe kinetic	0.87	mg/dl	0.7 - 1.2
Serum Uric Acid Method: Uricase-Peroxidase	4.16	mg/dl	3.6 - 8.2



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Test Name Value Unit **Biological Reference** Interval

HbA1c (Glycosylated haemoglobin), EDTA whole blood 5.30 < 5.7

Estimated average plasma Glucose 105.41 mg/dL 65 - 136

Method : Calculated

The test is approved by NGSP for patient sample testing.

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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Test Name	Value		Biological Reference Interval	
LFT (Liver Function Test)				
Serum Bilirubin Total Method : Diazotized Sulfanilic Acid (DSA)	1.43	mg/dl	0.1 - 1.2	
Serum Bilirubin Direct Method : Diazotized Sulfanilic Acid (DSA)	0.27	mg/dl	0.0 - 0.3	
erum Bilirubin Indirect Method : Calculated	1.16	mg/dl	0.1 - 1.1	
Gerum SGOT/AST Method : IFCC without P5P	23.50	U/I	<= 35.0	
Gerum SGPT/ALT Method : IFCC without P5P	43.30	U/I	<= 45.0	
Serum Alkaline Phosphatase Method : PNP, AMP Buffer	101.80	U/I	30.0 - 120.0	
Gerum GGT (Gamma Glutamyl Transpeptidase) Method : UV-assay according to Szasz	22.80	U/I	11.0 - 61.0	
Serum total Protein Method : Biuret	7.10	g/dl	6.6 - 8.3	
Serum Albumin Method : Bromo Cresol Green	5.00	g/dl	3.5 - 5.2	
Gerum Globulin Method : Calculated	2.10	g/dl	2.0 - 3.5	
Albumin / Globulin ratio Method : Calculated	2.38		1.5 - 2.5	

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Test Name		Value	Unit	Biological Reference Interval
Lipid Profile basic (direct HDL,c	alculated L	.DL)		
Total Cholesterol, , serum Method : CHOD-POD		224.50	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD		274.70	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)		43.60	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated		54.94	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated		125.96	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated		180.90	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ra Method : Calculated	tio , serum	5.15		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated		2.89		< 3.5
Interpretation:				
National Lipid Association Recommendation (NLA-2014)			
Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Triglycerides Normal: <150 r Borderline high High: 200-499 r Very high: > or	ng/dL 1: 150-199 mg/dL mg/dL		
Non HDL Cholesterol Desirable: <130 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL		mg/dL 100-129 mg/dL 1: 130-159 mg/dL mg/dL		
HDL Cholesterol Low (Men) <40 mg/dL				

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Low (Women) <50 mg/dL

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Test Name	Value	Unit	Biological Reference Interval
PSA Total, serum	1.24	ng/mL	0 - 2.0

01080205

Interpretation:

Method: ECLIA

NAME

Ref. Dr.

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.



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Test Name	Value	Unit	Biological Reference Interval
Thyroid Profile Total (T3, T4, TSH)			
T3, (Triiodothyronine) , serum Method : ECLIA	0.99	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	7.00	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum	1.37	uIU/ml	0.27 - 4.2

Interpretation:

- · Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Nitrite





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Test Name	Value	Unit	Biological Reference
			Interval

Urine Routine & Microscopic Examination

Physical examination

Volume mL Colour Pale Yellow Pale yellow Transparency Clear Clear 1.020 1.003 - 1.035 Specific gravity

Method : pKa change **Chemical examination**

Method: Double indicator

Protein Nil Method : error-of-indicator Nil

Nil Glucose Method: GOD-POD

Bilirubin Negative Negative Method: Azo-coupling reaction

Urobilinogen Normal Normal Method: Azo- coupling reaction

Negative Negative Ketone Method : Legals test

Erythrocytes Absent Absent Method: Peroxidase

Negative Negative Method: Griess reaction Absent Leu/uL Negative

Method: Esterase activity of granulocytes

Method : Light microscopy

Microscopic examination **WBC** 0 - 1/ HPF 0 - 2

RBC Nil / HPF 0 - 2/ HPF Casts Nil Nil Nii / HPF Crystals Nil / HPF Epithelial cells 0 - 10 - 15Absent Absent Bacteria

Others

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MD Pathology Consultant Pathologist

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Test Name	Value	Unit	Biological Reference Interval	
Urine Sugar fasting Method: Hexokinase	Nil		Nil	
Urine Sugar PP Method : Hexokinase	NIL		NIL	

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ECG Electro-cardiography

Normal ECG.



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Echo-cardiography

COLOR DOPPLER ECHO-CARDIOGRAPHY

MEASUREMENTS:

Dimensions	Values	Normal Range	
Aorta	31	Upto 40 mm	
Left Atrium	31	Upto 40 mm	
Left ventricle			
End diastolic	52	Upto 56 mm	
End systolic	37	Upto 35 mm	
Interventricular septal			
thickness			
End diastolic	09	6-12 mm	
End systolic	12		
Posterior wall thickness			
End diastolic	10	6-11 mm	
End systolic	13		
LV Ejection Fraction	60%	55-85 %	

MITRAL VALVE: Both antero-medial and posterolateral mitral valve leaflets are normal in thickness.

There is no calcification of valve leaflets. Chordae and both papillary muscles are normal.

There is no evidence of mitral stenosis or regurgitation/prolapse of leaflets.

Mitral valve ring is normal and does not show any calcification. There are no vegetations seen.

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AORTIC VALVE:

Aortic valve has three leaflets, closure line is central. There is no systolic doming of leaflets.

Aortic valve opening is normal. No calcification is seen.

No vegetations. No evidence of stenosis or regurgitation of valve.

PULMONARY VALVE:

No vegetation. No stenosis or regurgitation of the valve.

TRICUSPID VALVE:

Leaflets are normally attached. There is no vegetations. No evidence of stenosis of tricuspid valve.

DOPPLER STUDIES

Valve	Normal velocities		Gradient	Regurgitation
	Velocity m/sec	Values m/s		
Aortic	(0.7 - 1.1)	1.00		Nil
Mitral	(0.6 - 1.1) E =	0.65		Nil
	A =	0.55		
Pulmonary	(0.6-0.9)	0.79		Nil
Tricuspid	(0.3 - 0.6)	1.07	4	Nil

Pulmonary Artery Pressure: No pulmonary artery hypertension seen.

CHAMBERS:

LEFT VENTRICLE:

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Left ventricle is of normal size and shape. Contractility is normal.

No evidence of resting regional left ventricle hyperkinesia/ akinesia/ dyskinesia/ left ventricle aneurysm. No left ventricle clot is seen.

No intra-cavitary mass is seen. Left ventricular Ejection Fraction is: 60%

RIGHT VENTRICLE:

Right ventricle is of normal size and shape. Right ventricle contractility is normal. No evidence of resting regional hypokinesia/ akinesia or dyskinesia of right ventricle.

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INTER VENTRICULAR SEPTUM:

No evidence of inter ventricular septum rupture or ventricular septal defects.

LEFT ATRIUM:

Left atrium is of normal size. No Evidence of left atrium or left atrium appendage clots.

RIGHT ATRIUM:

Right atrium is normal in size shape and contractility. No clots or intra-cavitary mass.

INTER ATRIAL SEPTUM: No flow across inter atrial septum is seen.

AORTA:

Ascending aorta is normal in diameter. No evidence of dissection on transthoracic echo. No calcification is seen.

PUMONARY ARTERIES:

Main pulmonary artery, left and right pulmonary arteries are normal in size and do not reveal any stenosis or occlusion of lumen.

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PERICARDIUM:

NAME

Pericardium has normal thickness. There is no effusion or pericardial calcification or constriction.

LEFT VENTRICULAR SYSTOLIC FUNCTION:

Left ventricle (systolic) ejection fraction 60%.

FINAL IMPRESSION:

- Cardiac chambers are normal.
- No systolic anterior motion/ Left ventricular outflow tract gradient noted

BarcodeNo

- Wall motion is normal.
- Normal mitral inflow pattern.
- Left ventricle & right ventricle systolic function is normal.
- Left ventricular Ejection Fraction 60 %.

Kindly correlate clinically.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user. Processing Centre: Prognosis Laboratories, 515-516, Sector-19, Dwarka, Behind Gupta Properties.



Dr. Anil Sahoo MD. PGDCO Reg. No.33201

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Lab No. 012503080205

NAME

Ref. Dr.

Rpt. Centre

Age/Gender 40.6 YRS/MALE Coll. ON 08/Mar/2025 08:39AM

08/Mar/2025 Mr. DINESH DALAL Reg. ON

MEDIWHEEL 01080205 Approved ON 08/Mar/2025 11:21AM BarcodeNo Email, Courier

Printed ON 08/Mar/2025 04:41PM

Eye Vision			
	Right Eye	Left Eye	
NEAR	NI / Z	N/6	
VISION	N/6	11/0	
DISTANCE	4.14	6/6	
VISION	6/6	070	
COLOR	Normal	Normal	
VISION	INOTITIAL	NOTIIIai	

MER

General	Fair, no pallor, no icterus, no anemia
Condition	observed
Height (cm)	184
Weight (kg)	86
Pulse (bpm)	62
BP (mm/hg)	137/83

Please note: Kindly review with clinician in view of abnormal reports (if any).

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Hr. Dr. Smita Sadwani MBBS. MD Director

Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist Lab Director

Dr. Deepak Sadwani Dr. Ashish Gautam MD(Pathology)

MD, PGDCC

Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Cardiologist Consultant Pathologist

DMC Regd. No. 48732

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Lab No. 012503080205

NAME

Ref. Dr.

Rpt. Centre

Age/Gender 40.6 YRS/MALE Coll. ON 08/Mar/2025 08:39AM

Reg. ON

08/Mar/2025

Mr. DINESH DALAL **MEDIWHEEL**

Email, Courier

01080205 BarcodeNo

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Printed ON 08/Mar/2025 04:41PM

X-Ray Chest PA view

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Impression: No significant abnormality seen.

Please correlate clinically

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MBBS,DMRD.DNB (RADIO DIAGNOSIS)
Page 19 of 20 DMC No. 55709





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Lab No. 012503080205

NAME

Ref. Dr.

Rpt. Centre

Age/Gender 40.6 YRS/MALE Coll. ON

08/Mar/2025 08:39AM

Mr. DINESH DALAL

MEDIWHEEL

Email, Courier

BarcodeNo 01080205 Reg. ON 08/Mar/2025 Approved ON 08/Mar/2025 09:38AM

Printed ON

08/Mar/2025 04:41PM

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size (14.1 cm) and shows mild diffuse increased parenchymal echogenicity. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. There is no evidence of any calculi. There is no evidence of any wall thickening seen. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (8.7cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 10.7 x 3.3 cm and the left kidney measures 10.4 x 5.1 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The prostate is not enlarged. It measures 43 x 31 x 32 mm and shows an estimated weight of 23.4 gms. There is no median lobe prominence.

IMPRESSION

• Grade I fatty liver.

Kindly correlate clinically.

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*** End Of Report ***



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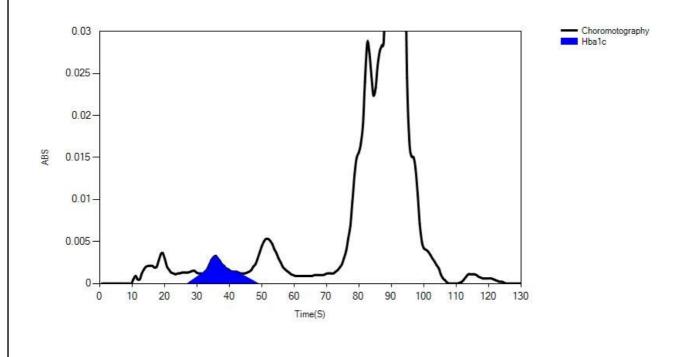
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
Page 20 of 20 DMC No. 55709

LIFOTRONIC Graph Report

Name: Case: Patient Type: Test Date: 08/03/2025 11:05:18

Age: Department: Sample Type: Whole Blood EDTA Sample Id: 01080205 Gender: Total Area: 10545

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	66	3255	9449	84.5
HbA1c	38	54	594	5.3
La1c	26	33	253	2.2
HbF	21	15	17	0.2
Hba1b	14	38	137	1.2
Hba1a	11	21	95	0.8



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC19 NEW DELHI 110075

Mr. DINESH DALAL I.D. : 1778 AGE/SEX: 40 Yr/M

HT/WT : /

DATE : 08-03-2025 09:40:35 AM REF.BY: Dr.MEDIWHEEL

MACHINE INTERPRETATION: Normal ECG.

RATE : 60 bpm P Duration : 119 ms : N/A PR Duration : 148 ms BP P Axis : 15 deg. QRS Duration: 73 ms QRS Axis: 64 deg.

QT Interval : 379 ms T Axis : 22 deg. QTc Interval : 381 ms

Speed: 25 mm/s Sensitivity: 10 mm/mV

Linked Median

