

**TEST REPORT**

**Reg. No :** 2503100106      **UHID :** UHID29993      **Reg. Date :** 08-Mar-2025  
**Name :** RAHUL B KOTANGATE      **Collected On :** 08-Mar-2025 08:59  
**Age/Sex :** 36 Years / Male      **Report Date :** 08-Mar-2025  
**Ref. By :** MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	16.0	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	48.9	%	40 - 54
RBC Count (Electrical Impedance)	5.48	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	6640	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	314000	/cmm	150000 - 410000
MCV (Calculated)	89.2	fL	83 - 101
MCH (Calculated)	29.1	Pg	27 - 32
MCHC (Calculated)	32.7	%	31.5 - 34.5
RDW (Calculated)	12.4	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	36	%	20 - 45
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	03	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3652	/cmm	1800 - 7700
Lymphocytes (Absolute)	2390	/cmm	1000 - 3900
Monocytes (Absolute)	398	/cmm	200 - 800
Eosinophils (Absolute)	199	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.51	/cmm	0.7 - 4.0

**PERIPHERAL SMEAR EXAMINATION**

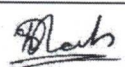
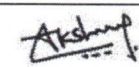
RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

**ERYTHROCYTE SEDIMENTATION RATE**

ESR (After 1 hour)	12	mm/hr	0 - 14
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----- End Of Report -----

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(MD.Pathology)  
**Mr. Akshay Parmar**  
M.Sc(Biochemistry)

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<b>FBS</b>			
Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	<b>123.9</b>	mg/dL	70 - 110
<b>PPBS</b>			
Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i>	<b>143.0</b>	mg/dL	110 - 140

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PHONE: (079) 2684 4444 FOR EMERGENCY (079) 2684 5555 • Email: dhshospitals@gmail.com • Web: www.dhshospitals.com

FOR OPD APPOINTMENT : +91 9081 610 444, FOR LABORATORY &amp; HEALTH CHECK UP 9081 620 444

DHS Properties and Hospitals LLP | CIN : AAA-7816

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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	6.4	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
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Mean Blood Glucose <i>Calculated</i>	136.98	mg/dL	
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**Criteria for the diagnosis of diabetes:**


1. HbA1c  $\geq 6.5$  \*Or
  2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  3. Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
  4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL.
- \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemc control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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<b>LIVER FUNCTION TEST</b>			
SGPT <i>Optimized UV-IFCC</i>	33.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	17.9	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.50	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.25	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.25	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	54	U/L	53 - 128
Total Protein	<b>6.33</b>	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	4.21	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	<b>2.12</b>	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.99		0.8 - 2.0

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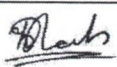
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<b>RENAL FUNCTION TEST</b>			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	1.05	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	28.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	13.22	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	4.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	139.6	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.78	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.71	mg/dL	4.4 - 5.4

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**LIPID PROFILE**

Cholesterol <i>CHOD-PAP method</i>	215	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	223.4	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	<b>44.68</b>	mg/dL	15 - 35
LDL CHOLESTEROL	136.62	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	33.7	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	<b>6.38</b>		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	<b>4.05</b>		0 - 3.5
Total Lipids <i>Calculated</i>	836.80		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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**THYROID FUNCTION TEST**

T3 (Triiodothyronine) CMIA	1.14	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	9.08	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	2.671	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)**

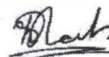

pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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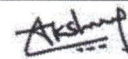
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**BLOOD GROUP & RH****SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION**

ABO      'O'  
Rh (D)      Positive

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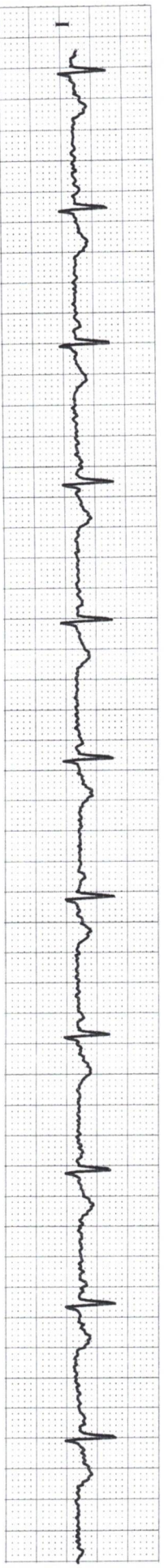
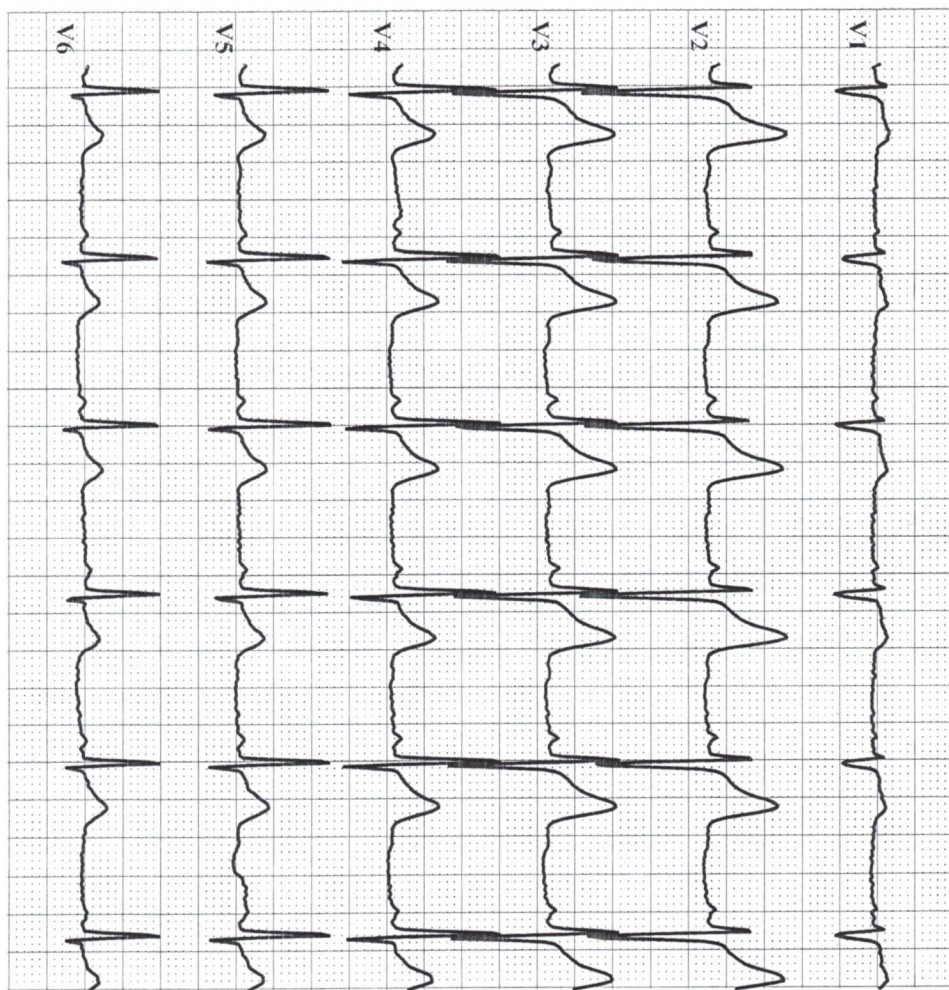
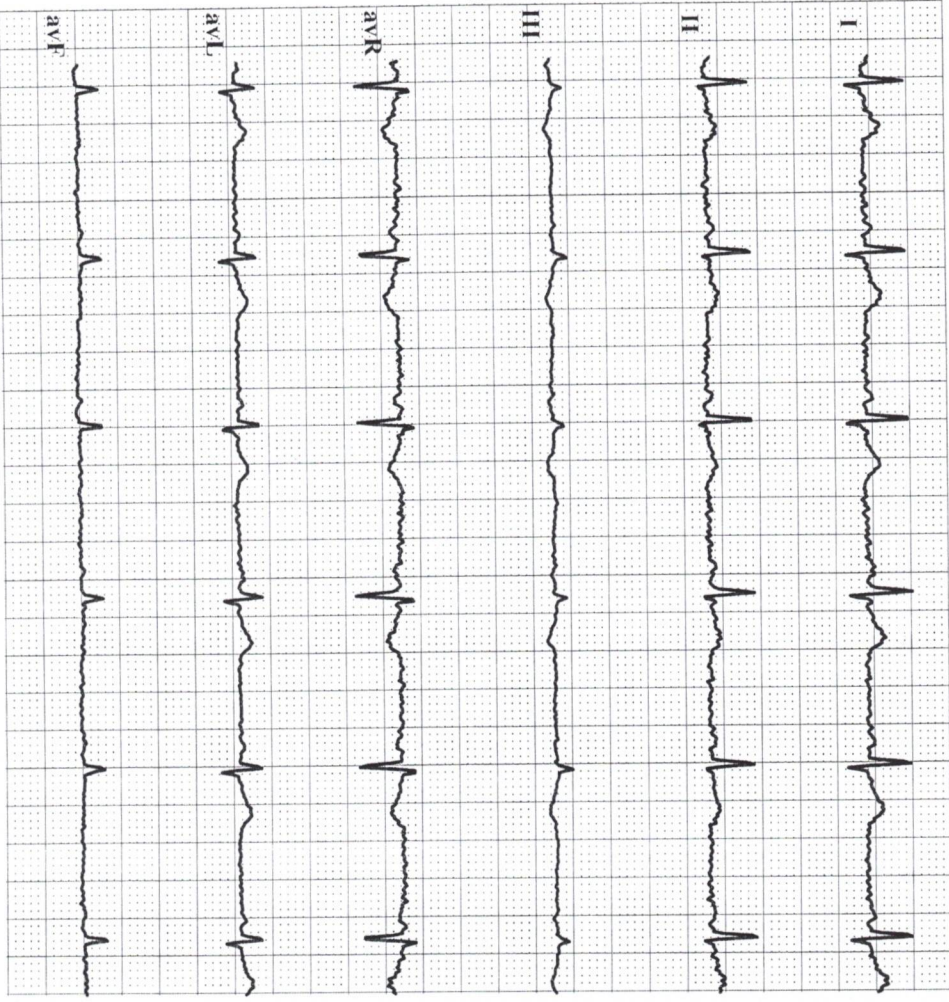
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417 RAHUL KOTANGATE  
36 Yrs/M Kg / Ht- cms Ref. No.:  
Date: 08-03-2025 Time: 09:26 AM

Gain: 10 mm/mV Hr: 67 QRS Int.: 86 P Axis: 73 Ref. By:  
BP: -/- mmHg Sweep: 25 mm/s P Int: 52 QT Int.: 362 QRS Axis: 26 Tech.:  
Notch: On Filter: 0.1 - 35 Hz PR Int: 116 QTc Int.: 383 T Axis: 04



Comments: Sinus Rhythm

Impression: Normal ECG



<b>Patient Name</b>	<b>RAHUL B KOTANGATE</b>	<b>Patient ID</b>	<b>UHID29993</b>
<b>Age/Gender</b>	<b>36 Years / M</b>	<b>Study Date</b>	<b>08-Mar-2025</b>
<b>Referred By</b>		<b>Reported Date</b>	<b>08-Mar-2025</b>

**X – RAY CHEST PA VIEW:**

Both lung fields under vision appear normal.  
Cardiac size appears normal.  
Both costophrenic angles are clear.  
Hilar regions are normal.  
Both domes appear normal in position.  
Bony thorax under vision appears normal.



Dr. Sunny Shivlani  
MD Radiology REG G-33548

**Date Reported: 08-Mar-2025**

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes



**PATIENT NAME****MR. RAHUL KOTANGATE****AGE / SEX****36 YRS/MALE****REF. DOCTOR****DR. DHS DOCTOR TEAM****DATE****08/03/2025**

## 2D ECHO CARDIOGRAPHY REPORT

**Observation:**

1. Normal size LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

**Conclusion:**

**Normal LV systolic function.**  
**No RWMA.**  
**No PAH.**

**Measurements :**

<b>LVIDD</b>	<b>42.0 mm</b>	<b>AO</b>	<b>29.0mm</b>
<b>LVIDS</b>	<b>32.0 mm</b>	<b>LA</b>	<b>32.0mm</b>
<b>LVEF</b>	<b>65%</b>		
<b>IVSD/LVPWD</b>	<b>09.0mm/10.0mm</b>		

**DOPPLER STUDY:**

<b>Valves</b>	<b>velocity</b>	<b>Max gradient</b>	<b>Mean gradient</b>	<b>Area</b>	<b>Regurgitation</b>
<b>Aortic</b>	<b>1.2</b>	<b>4.0</b>			<b>No AR</b>
<b>Mitral</b>	<b>E:0.4 A: 0.2</b>				<b>Trivial MR</b>
<b>Pulmonary</b>	<b>0.3</b>	<b>2.0</b>			<b>No PR</b>
<b>Tricuspid</b>	<b>0.3</b>	<b>1.2</b>			<b>Trivial TR</b>

**Dr.ARCHIT PARIKH**

**PATIENT NAME** RAHUL KOTANGATE  
**AGE / SEX** 36 Y/ M  
**REF. DOCTOR** HEALTH CHECK UP  
**DATE** 8-Mar-25

**ULTRASOUND WHOLE ABDOMEN - PELVIS**

**LIVER :** Liver is normal in size and shows **grade 1 fatty changes**.  
No focal lesion is seen. Intra-hepatic biliary radicals are not dilated.  
**PORTAL VEIN:** appears normal in course and caliber. PV- 9 mm

**GALL BLADDER :** is distended and appears normal. No calculus or mass lesion seen.  
**CBD:** appears normal, 4mm.

**PANCREAS :** Pancreas is normal.

**SPLEEN :** Spleen is normal in size and shows normal echo pattern.

**KIDNEYS :** Both kidneys are normal in size, shape & echotexture.  
No calculus or hydronephrosis seen in either kidney.

**URINARY BLADDER :** is full & normal.

**PROSTATE:** normal in size.

Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.  
No lymphadenopathy seen. Reactive looking mesenteric lymph nodes noted.  
No evidence of collection or mass lesion seen in RIF.  
No free fluid.

**IMPRESSION :**  
**Grade 1 fatty liver.**  
**No other significant abnormality.**

  
**DR. JAY THAKKAR, MD**