

**TEST REPORT**

Reg. No : 2411100172      UHID : UHID27956      Reg. Date : 13-Nov-2024  
Name : CHAUDHARI VISHAL DILIPBHAI      Collected On : 13-Nov-2024 09:18  
Age/Sex : 30 Years / Male      Report Date : 13-Nov-2024  
Ref. By : MEDIWHEEL

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

Hemoglobin (SLS method)	15.5	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	48.2	%	40 - 54
RBC Count (Electrical Impedance)	<b>6.41</b>	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5800	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	263000	/cmm	150000 - 410000
MCV (Calculated)	<b>75.2</b>	fL	83 - 101
MCH (Calculated)	<b>24.1</b>	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	14.0	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	23	%	20 - 45
Monocytes (%)	<b>16</b>	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3480	/cmm	1800 - 7700
Lymphocytes (Absolute)	1334	/cmm	1000 - 3900
Monocytes (Absolute)	<b>928</b>	/cmm	200 - 800
Eosinophils (Absolute)	58	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.67	/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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(MD.Pathology)  
Mr. Akshay Parmar  
M.Sc(Biochemistry)



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**BLOOD GROUP & RH**

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO      'A'  
Rh (D)      Positive

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<b>FBS</b> Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	95.8	mg/dL	70 - 110
<b>PPBS</b> Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	125.3	mg/dL	110 - 140

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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.6	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	114.02	mg/dL	

**Criteria for the diagnosis of diabetes:**

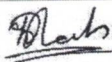
- HbA1c  $\geq 6.5$  \*Or
  - Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  - Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
  - 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.

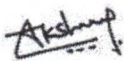
**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

- HbA1C, also known as glycated haemoglobin, 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><u>LIVER FUNCTION TEST</u></b>			
SGPT <i>Optimized UV-IFCC</i>	61.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	31.9	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	1.56	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.25	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	1.31	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	95	U/L	53 - 128
Total Protein	6.26	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.59	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.67	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.34		0.8 - 2.0
GGT	28.3	U/L	1 - 55

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**RENAL FUNCTION TEST**

Creatinine <i>Enzymatic, IDMS Traceable</i>	1.03	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	25.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	11.82	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	4.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	140.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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**LIPID PROFILE**

Cholesterol <i>CHOD-PAP method</i>	176	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	124.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	24.94	mg/dL	15 - 35
LDL CHOLESTEROL	115.46	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>	35.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	4.94		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	3.24		0 - 3.5
Total Lipids <i>Calculated</i>	561.40		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	0.89	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	4.89	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	0.965	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

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.

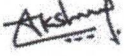
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Name: VISHAL CHAUDHARI

Sex: Male

Age: 30Y

Clinic No.:

Bed No.:

SN: 00001153

Date: 13/11/2024 10:19:29

Section:

Case No.:

Frequency:

1000 Hz

PR Interval:

144 ms

Sample Time:

13 s

QT Interval:

312 ms

HR:

90 bpm

QTc Interval:

383 ms

P Interval:

74 ms

P Axis:

67.63°

QRS Interval:

82 ms

QRS Axis:

27.53°

T Interval:

174 ms

T Axis:

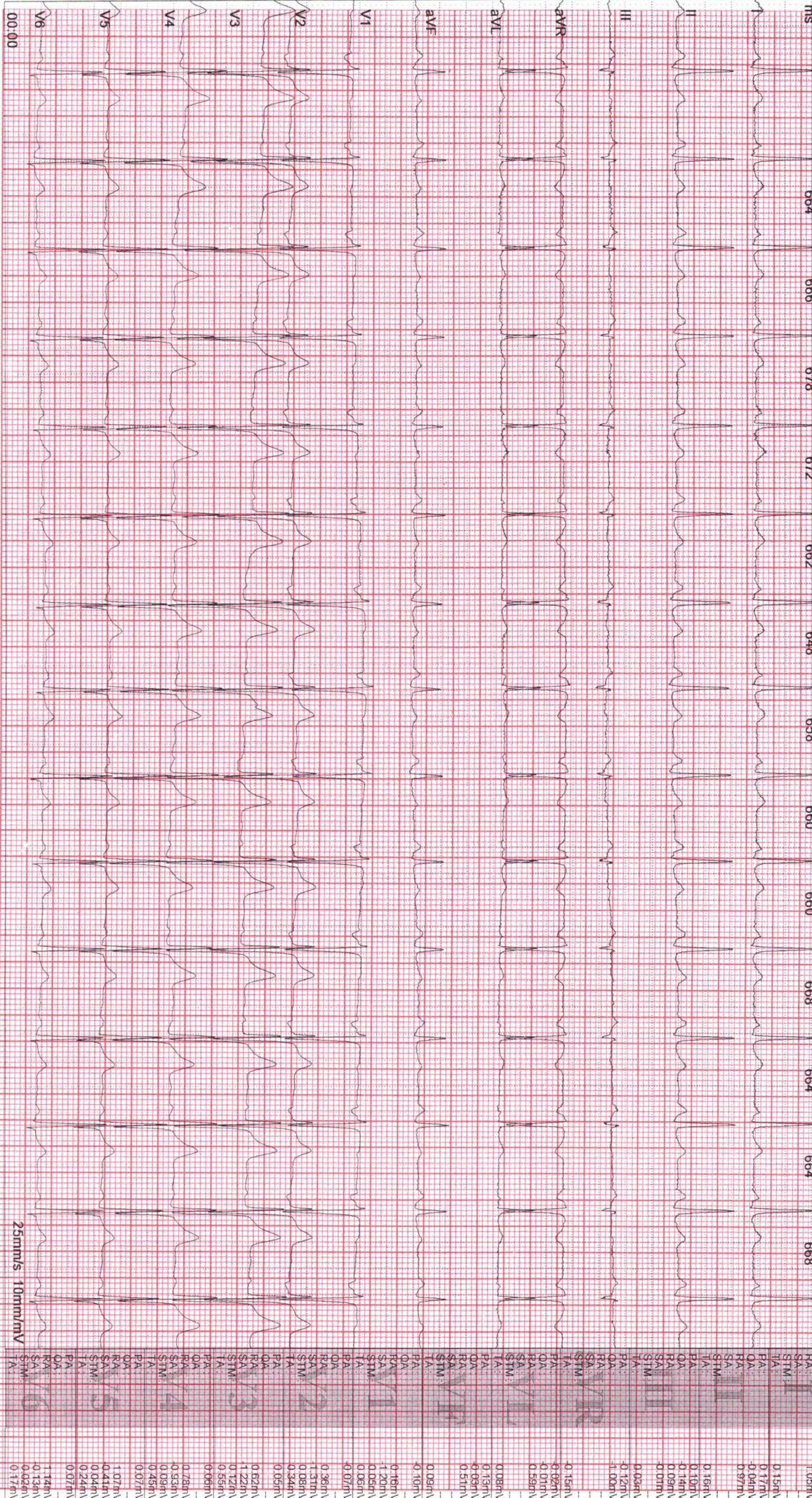
33.56°

Prompt:

Total Beats: 12 Normal Beats 17 SVE 0 VE 0.  
Normal Heart Rate (HR between 60 and 100 bpm);  
Light left cardiac electric axis deviation (QRS axis between 0 degree and 30 degree)



DR. ARCHIT PARIKH  
G-30352  
M. D. General Hospital  
D-3180  
SPECIALIST HOSPITAL



25mm/s 10mm/mV

**PATIENT NAME****MR. VISHAL CHAUDHRI****AGE / SEX****30 YRS/MALE****REF. DOCTOR****DR. DHS DOCTOR TEAM****DATE****13/11/2024****2D ECHO CARDIOGRAPHY REPORT****Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
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. RVSP = 26 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Mild 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>44.0 mm</b>	<b>AO</b>	<b>21.0mm</b>
	<b>26.0 mm</b>	<b>LA</b>	<b>27.0mm</b>
<b>LVIDS</b>			
<b>LVEF</b>	<b>65%</b>		
<b>IVSD/LVPWD</b>	<b>09.0mm/08.0mm</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>5.0</b>			<b>No AR</b>
<b>Mitral</b>	<b>E:0.2 A: 0.1</b>				<b>Mild MR</b>
<b>Pulmonary</b>	<b>0.2</b>	<b>3.0</b>			<b>No PR</b>
<b>Tricuspid</b>	<b>0.4</b>	<b>1.1</b>			<b>Trivial TR</b>

**Dr.ARCHIT PARIKH**  
**DR. ARCHIT PARIKH**  
**G - 30352**  
**M. D.(General Medicine)**  
**DHS MULTISPECIALTY HOSPITAL**

**CHAUDHARI VISHAL**  
30 Y/M  
HEALTH CHECK UP  
13/11/2024

**U.S.G. OF ABDOMEN AND PELVIS**

**Liver:** appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen.

**Both Kidneys** appear normal in size, position and echopattern. C-M differentiation is well preserved on either side. No calculus or hydronephrosis on either side. Cortical thickness appears normal on both sides. No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

**Prostate** appears normal in size and echopattern.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen. Bowel loops appear normal in caliber & show normal peristalsis. No abnormal dilatation of bowel loops or wall thickening is seen. No fluid collection or lump formation is seen in RIF. No ascites is seen.

**IMPRESSION:**

**Normal USG abdomen**

Clinical correlation suggested. Thanks for reference.

  
**DR. BHADRISH CHUDASAMA**  
MD RADIOLOGY