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
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (SLS method)	15.5	g/dL	13.0 - 17.0
Hematrocrit (Electrical Impedance)	48.2	%	40 - 54
RBC Count (Electrical Impedance)	**6.41**	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5800	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	263000	/cmm	150000 - 410000
MCV (Calculated)	**75.2**	fL	83 - 101
MCH (Calculated)	**24.1**	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 (%)	**16**	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3480	/cmm	1800 - 7700
Lymphocytes (Absolute)	1334	/cmm	1000 - 3900
Monocytes (Absolute)	**928**	/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

---------- End Of Report ----------

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Parameter	Result	Unit	Reference Interval

BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'A'
Rh (D)	Positive

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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS)	95.8	mg/dL	70 - 110
Glucose Oxidase-Peroxidase			
PPBS			
Post Prandial Blood Sugar (PPBS)	125.3	mg/dL	110 - 140
Glucose Oxidase-Peroxidase			

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Parameter	Result	Unit	Biological Reference Interval
HEMOGLOBIN A1 C ESTIMATION			
Specimen: Blood EDTA			
Hb A1C *HPLC, NGSP Certified*	5.6	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose *Calculated*	114.02	mg/dL	

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 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 >/= 200mg/dL during an oral glucose tolerence 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 >/= 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 glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic 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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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT *Optimized UV-IFCC*	**61.0**	U/L	1 - 45
SGOT *Optimized UV-IFCC*	31.9	U/L	1 - 35
Total Bilirubin *DCA method*	1.56	mg/dL	0 - 2.0
Direct Bilirubin *DCA method*	0.25	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN *Calculated*	1.31	mg/dL	0.0 - 1.6
Alkaline Phosphatase *PNP-AMP Buffer, Multiple-point rate*	95	U/L	53 - 128
Total Protein	**6.26**	g/dL	6.4 - 8.2
Albumin *By Bromocresol Green*	3.59	g/dL	3.5 - 5.2
Globulin *Calculated*	2.67	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	1.34		0.8 - 2.0
GGT	28.3	U/L	1 - 55

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RENAL FUNCTION TEST

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

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Parameter	Result	Unit	Biological Reference Interval
LIPID PROFILE			
Cholesterol *CHOD-PAP method*	176	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *Enzymatic with GPO method*	124.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	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 *Magnetic Cholesterol Oxidase*	35.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio *Calculated*	4.94		0 - 5.0
LDL / HDL RATIO *Calculated*	3.24		0 - 3.5
Total Lipids *Calculated*	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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Parameter	Result	Unit	Biological Reference Interval
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

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-relasing 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 tertiaryhypothyroidism, 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition.
Philadelphia: WB Sounders,2012:2170

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Ref. By :	MEDIWHEEL		

Parameter	Result	Reference Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION		
Quantity	20 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)	**Occasional/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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Name:VISHAL CHAUDHARI		Frequency:	1000 Hz	PR Interval:	144 ms	Prompt:	
Sex:Male	Clinic No.:	Sample Time:	13 s	QT Interval:	312 ms	Total Beats 17 ,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);	
Age:30Y	Bed No.:	HR:	90 bpm	QTc Interval:	383 ms		
		P Interval:	74 ms	P Axis:	67.63°		
SN:0001153	Section:	QRS Interval:	82 ms	QRS Axis:	27.53°		
Date:13/11/2024 10:19:29	Case No.:	T Interval:	174 ms	T Axis:	33.56°	Phy Sign:	

DR. ARCHIT PARIKH
G - 30352
M. D.(General Medicine)
DHS MULTISPECIALITY HOSPITAL

bpm	90	90	88	89	90	92	91	90	90	89	90	90	89
ms	664	666	678	672	662	648	658	660	660	668	664	664	668

I	PA: 0.02mV	QA: -0.03mV	RA: 1.05mV	SA: --	STM: --	TA: 0.15mV					
II	PA: 0.17mV	QA: -0.04mV	RA: 0.97mV	SA: --	STM: --	TA: 0.16mV					
III	PA: 0.10mV	QA: -0.14mV	RA: 0.09mV	SA: -0.01mV	STM: --	TA: 0.03mV					
aVR	PA: -0.12mV	QA: -1.00mV	RA: --	SA: --	STM: --	TA: -0.15mV					
aVL	PA: 0.02mV	QA: -0.01mV	RA: 0.59mV	SA: --	STM: --	TA: 0.08mV					
aVF	PA: 0.13mV	QA: -0.03mV	RA: 0.51mV	SA: --	STM: --	TA: 0.09mV					
V1	PA: -0.10mV	QA: --	RA: 0.16mV	SA: -1.20mV	STM: 0.05mV	TA: 0.06mV					
V2	PA: -0.07mV	QA: --	RA: 0.36mV	SA: -1.31mV	STM: 0.08mV	TA: 0.34mV					
V3	PA: 0.05mV	QA: --	RA: 0.62mV	SA: -1.22mV	STM: 0.12mV	TA: 0.55mV					
V4	PA: 0.06mV	QA: --	RA: 0.78mV	SA: -0.93mV	STM: 0.09mV	TA: 0.45mV					
V5	PA: 0.07mV	QA: --	RA: 1.07mV	SA: -0.41mV	STM: 0.04mV	TA: 0.24mV					
V6	PA: 0.07mV	QA: --	RA: 1.14mV	SA: -0.13mV	STM: 0.02mV	TA: 0.17mV					

00:00

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 :

LVIDD	44.0 mm	AO	21.0mm
LVIDS	26.0 mm	LA	27.0mm
LVEF	65%		
IVSD/LVPWD	09.0mm/08.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.2	5.0			No AR
Mitral	E:0.2 A: 0.1				Mild MR
Pulmonary	0.2	3.0			No PR
Tricuspid	0.4	1.1			Trivial TR

Dr.ARCHIT PARIKH

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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. BHADRESH CHUDASAMA
MD RADIOLOGY