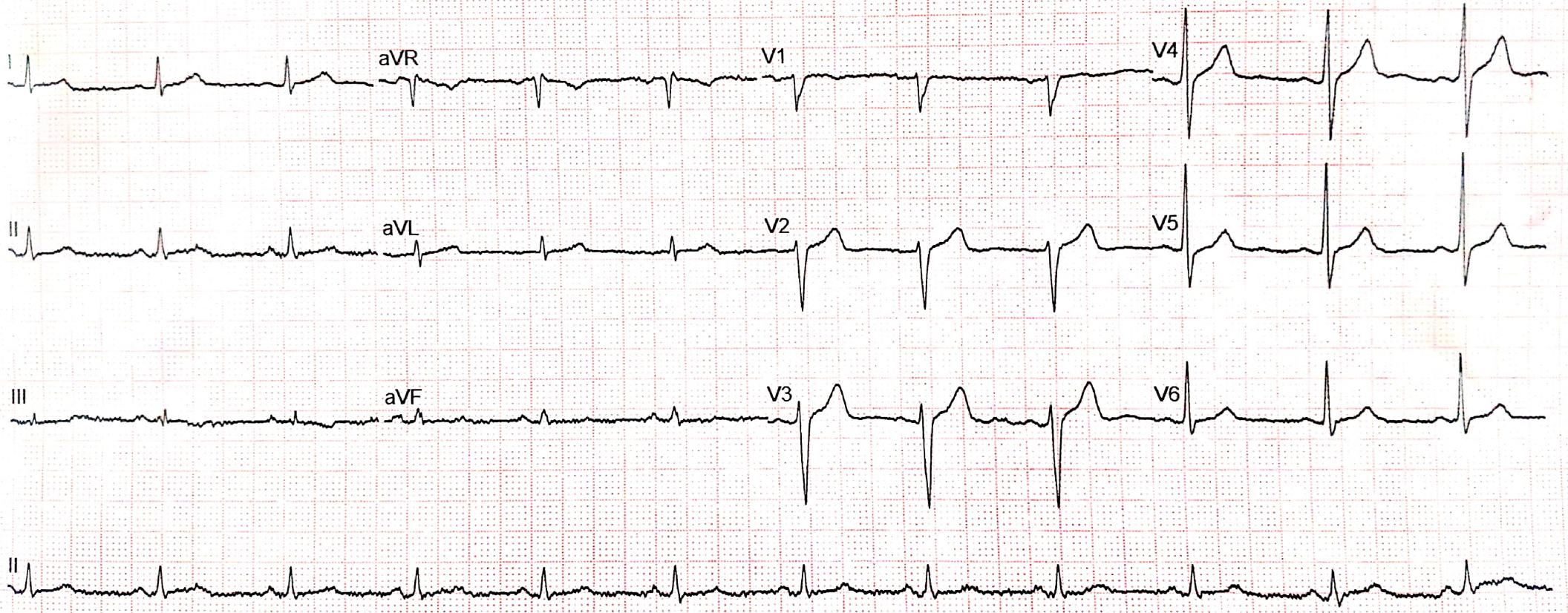


QRS : 86 ms
QT / QTcBaz : 372 / 404 ms
PR : 150 ms
P : 92 ms
RR / PP : 846 / 845 ms
P / QRS / T : 72 / 42 / 17 degrees

Normal sinus rhythm
Normal ECG





Patient Name: MR. NEERAJ BAGWAN / MRN-241101149
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Req. Doctor: VONE HOSPITAL
Regn. Number: WALKIN.24-25-14827

Request Date : 20-11-2024 08:21 AM

Reporting Date : 20-11-2024 05:36 PM
Report Status : Finalized

X-RAY CHEST AP

Size and shape of heart are normal.
C.P. angles are clear.
Lung fields are clear.
Soft tissues and rib cage are normal.

END OF REPORT

DR. RAVINDRA SINGH
CONSULTANT RADIOLOGIST



Patient Name : MR. NEERAJ BAGWAN [MRN-241101149]
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BIOCHEMISTRY

Request Date : 20-11-2024 08:21 AM **Reporting Date :** 21-11-2024 06:01 PM
Collection Date : 21-11-2024 03:52 PM | BIO10832 **Reporting Status :** Finalized
Acceptance Date : 21-11-2024 03:52 PM | **TAT:** 02:09 [HH:MM]

Investigations	Result	Biological Reference Range
PPBS		
PPBS	134.1 mg/dL	70 - 140 mg/dL

END OF REPORT.

Dr.SHOBHANA AGRAWAL
MD (Pathologist)

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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A unit of Mediheal Healthcare Private Limited



Patient Name : MR. NEERAJ BAGWAN [MRN-241101149]
Age / Gender : 34 Yr / M
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Req. Doctor: VONE HOSPITAL
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BIOCHEMISTRY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | BIO10770
Acceptance Date : 20-11-2024 08:24 AM | **TAT:** 04:18 [HH:MM]

Reporting Date : 20-11-2024 12:42 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
FBS		
FBS	110.3 mg/dL *	70 - 110 mg/dL
URIC ACID		
URIC ACID	6.5 mg/dL	M 3.5 - 7.2 mg/dL
BUN		
BUN	11.01 mg/dL	
CREATININE		
CREATININE	0.93 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO		
BUN / CREATINE RATIO	11.83	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)		
GGT(GAMMA GLUTAMYL TRANSFERASE)	17.0 U/L	M 11 - 60 U/L

END OF REPORT.

Dr. SHOBHANA AGRAWAL
MD (Pathologist)

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Regn. ID: WALKIN.24-25-14827



HAEMATOLOGY

Request Date : 20-11-2024 08:21 AM **Reporting Date :** 20-11-2024 12:43 PM
Collection Date : 20-11-2024 08:24 AM | H-9892 **Reporting Status :** Finalized
Acceptance Date : 20-11-2024 08:24 AM | **TAT:** 04:19 [HH:MM]

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	B	
RH FACTOR	Positive	

END OF REPORT.

Dr. SHOBHANA AGRAWAL
MD (Pathologist)

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HAEMATOLOGY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | H-9892
Acceptance Date : 20-11-2024 08:24 AM | TAT: 04:19 [HH:MM]
Reporting Date : 20-11-2024 12:43 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	15.7 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	4.93 mill./cu.mm *	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	44.9 %	M 40 - 54 % (Age 1 - 100)
MCV	91.2 fL	76 - 96 fL (Age 1 - 100)
MCH	31.9 pg	27 - 32 pg (Age 1 - 100)
MCHC	35.0 g/dl *	30.5 - 34.5 g/dl (Age 1 - 100)
Platelet Count	232 10 ³ /uL	150 - 450 10 ³ /uL (Age 1 - 100)
Total Leukocyte Count (TLC)	5.80 10 ³ /uL	4.5 - 11 10 ³ /uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	60 %	40 - 70 % (Age 1 - 100)
Lymphocytes	35 %	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	02 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	08 mm/hr	M 0 - 12 mm/hr

END OF REPORT.

Dr. SHOBHANA AGRAWAL
MD (Pathologist)

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Regn. ID: WALKIN.24-25-14827

HAEMATOLOGY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | H-9892
Acceptance Date : 20-11-2024 08:24 AM | TAT: 04:19 [HH:MM]

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Reporting Status : Finalized

Investigations	Result	Biological Reference Range
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Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	02 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	08 mm/hr	M 0 - 12 mm/hr

END OF REPORT.

Dr.SHOBHANA AGRAWAL
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IMMUNOLOGY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | PATH6015
Acceptance Date : 20-11-2024 08:24 AM | TAT: 04:19 [HH:MM]
Reporting Date : 20-11-2024 12:43 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	1.29 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	8.67 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	3.23 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)
First trimester 0.24 - 2.00
Second trimester 0.43-2.2

END OF REPORT.

Dr. SHOBHANA AGRAWA
MD (Pathologist)

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CLINICAL PATHOLOGY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | CP-3817
Acceptance Date : 20-11-2024 08:24 AM | TAT: 04:20 [HH:MM]

Reporting Date : 20-11-2024 12:44 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	1-2 /hpf	2-3/hpf
Epithelial Cells	Occasional /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

Dr. SHOBHANA AGRAWAL
MD (Pathologist)

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Unit of Mediheal Healthcare Private Limited



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BIOCHEMISTRY

Request Date : 20-11-2024 08:21 AM **Reporting Date :** 20-11-2024 12:44 PM
Collection Date : 20-11-2024 08:24 AM | BIO10770 **Reporting Status :** Finalized
Acceptance Date : 20-11-2024 08:24 AM | TAT: 04:20 [HH:MM]

Investigations	Result	Biological Reference Range
LFT		
SGOT	10.0 U/L	0 - 40 U/L
SGPT	18.7 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.95 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.31 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.64 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.75 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.40 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.35 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.87 *	1.1 - 1.5
ALKALINE PHOSPHATASE	106.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	12.8 sec *	13 - 15 sec
CONTROL	12.8 sec	
INR	1.00	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.87 *	< 1.5
AST / ALT RATIO	0.53	< 1

END OF REPORT.

DR.SHOBHANA AGRAWAL
MD (Pathologist)

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HAEMATOLOGY

Request Date : 20-11-2024 08:21 AM
Collection Date : 20-11-2024 08:24 AM | H-9892
Acceptance Date : 20-11-2024 08:24 AM | **TAT:** 04:20
[HH:MM]

Reporting Date : 20-11-2024 12:44 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
HbA1C		
Glyco Hb (HbA1C)	5.1 %	4 - 6 %
Estimated Average Glucose	99.67 mg/dL	mg/dL
Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2.Low glycosylated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.		
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent control-6-7 %		

END OF REPORT.

Dr.SHOBHANA AGRAWAL
MD (Pathologist)

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