

ID: mr sunil

06.07.2024 10:06:52 AM

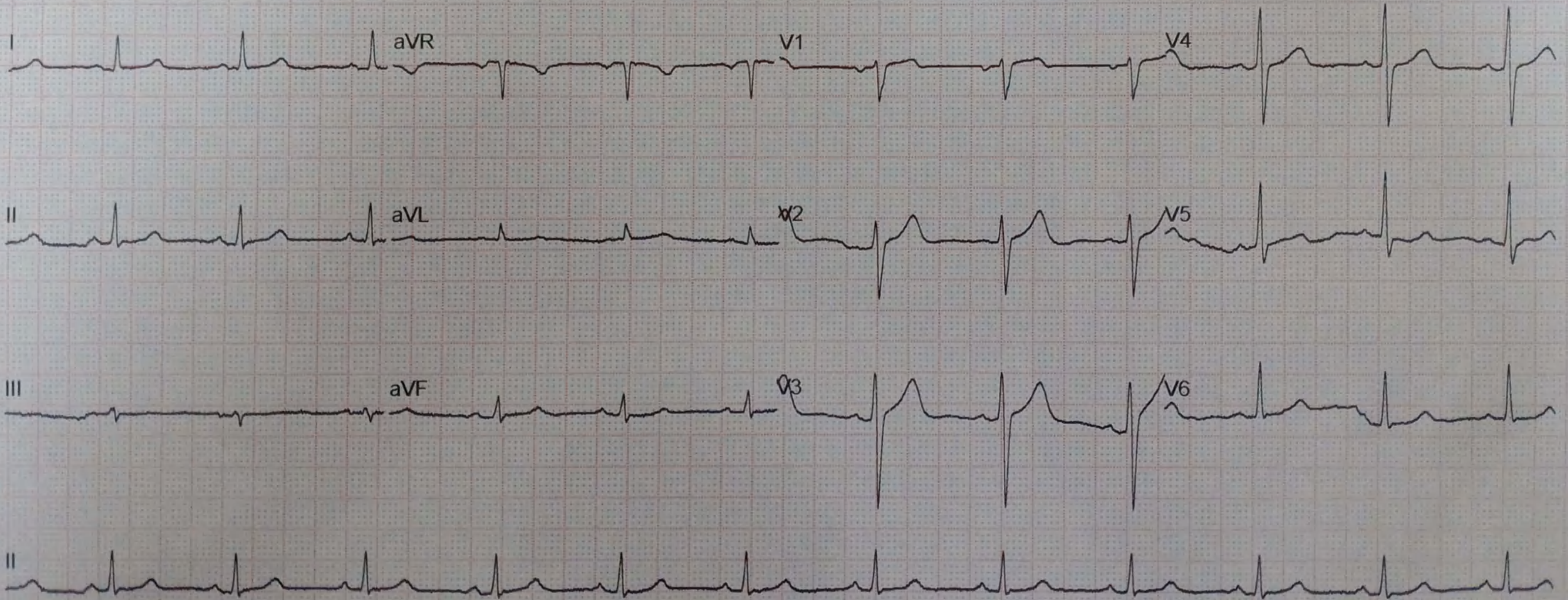
V-one Hospital
AB Road Geeta Bhawan
indore

73 bpm
- / - mmHg

Male

QRS : 84 ms
QT / QTcBaz : 372 / 409 ms
PR : 144 ms
P : 102 ms
RR / PP : 816 / 821 ms
P / QRS / T : 44 / 22 / 26 degrees

Normal sinus rhythm
Normal ECG





Patient Name: MR. SUNIL KUMAR GUPTA / MRN-240700360

Age / Gender : 41 Yr / M

Address: 9-d, Suvidhi Nagar Airport Road Indore , Chhota Bangarda, Indore, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL

Regn. Number: WALKIN.24-25-5625

Request Date : 06-07-2024

2D- & COLOR DOPPLER ECHO

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	27mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	23mm	15-26 mm
Left atrial dimensions (LAs diam)	33mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	43mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	26mm	18-42 mm
Interventricular ED septal thickness (IVSd)	11mm	6-11 mm
LVPW (D) (LVPWD)	11mm	6-11 mm
LVEF	65 %	55-70%

Regional wall motion abnormalities : No.

IVS motion : Normal

CHAMBERS SIZE & SHAPE :-

Left Ventricle : Normal.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

PERICARDIUM : Normal.

IVC : Normal.



VALVULAR ECHO :-

MITRAL VALVE :-

Doppler : **Morphology :-**
: E vel- 0 m/sec A vel- 0 m/sec
Mitral stenosis : Absent
Mitral regurgitation : Normal

TRISCUSPID VALVE :-

Tricuspid Stenosis : **Morphology :-**
: Absent
Tricuspid regurgitation : **Grade - I/IV TR No PAH (PASP:- 17mmHg + RAP)**

PULMONARY VALVE :-

Doppler : **Morphology :-**
: PV Vmax- 0.59m/sec PV Max PG- 1.25mmHg.
Pulmonary Stenosis : Absent
Pulmonary regurgitation : Normal

AORTIC VALVE :-

Doppler : **Morphology :-**
: AV Vmax- 1.11m/sec AV max PG- 4.92mmHg.
Aortic Stenosis : Absent
Aortic Regurgitation : Normal

IMPRESSION :-

➤ **Normal 2D Echo & CD study.**

Dr. Deepesh Kothari, MD, DM
Consulant Cardiologist



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Regn. Number: WALKIN.24-2S-S625

Request Date : 06-07-2024

USG - WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any hydronephrosis.

A calculus noted in lower pole of left kidney measuring 9.5 mm.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

Left renal calculus.

DR. RAVINDRA SINGH
Consultant Radiologist

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Reg No.: NH/4126/Sep-2021

CiN: U85300MP2021PTC056037

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Regn. ID: WALKIN.24-25-5625

HAEMATOLOGY

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | H-4718
Acceptance Date : 06-07-2024 09:51 AM | **TAT: 03:03**
[HH:MM]

Reporting Date : 06-07-2024 12:54 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	14.2 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	4.40 mill./cu.mm	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	40.3 %	M 40 - 54 % (Age 1 - 100)
MCV	91.5 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	32.2 pg *	27 - 32 pg (Age 1 - 100)
MCHC	35.2 % *	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	249 10 ³ /uL	150 - 450 10 ³ /uL (Age 1 - 100)
Total Leukocyte Count (TLC)	4.58 10 ³ /uL	4.5 - 11 10 ³ /uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	57 %	40 - 70 % (Age 1 - 100)
Lymphocytes	40 %	20 - 40 % (Age 1 - 100)
Monocytes	02 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	41 mm/hr *	M 0 - 12 mm/hr

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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HAEMATOLOGY

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | H-4718
Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 03:04 [HH:MM]

Reporting Date : 06-07-2024 12:55 PM
Reporting Status : Finalized

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

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HAEMATOLOGY

Reporting Date : 06-07-2024 12:56 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
HbA1C	5.3 %	4 - 6 %
Glyco Hb (HbA1C)	105.41 mg/dL	mg/dL
Estimated Average Glucose		
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 glycated 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 glycemic control. Excellent control-6-7 %		

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BIOCHEMISTRY

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | BIO5706
Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 06:36
[HH:MM]

Reporting Date : 06-07-2024 04:27 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	219.0 mg/dL *	0 - 200 mg/dL
Tryglyceride	136.9 mg/dL *	150 - 200 mg/dL
HDL Cholesterol	43.7 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	27.38 mg/dL	5 - 40 mg/dL
LDL	147.92 mg/dL *	0 - 130 mg/dL
Total Cholesterol /HDL	5.01 *	0 - 5
LDL/HDL	3.38	0.3 - 5

END OF REPORT.

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BIOCHEMISTRY

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | BIO5706

Reporting Date : 06-07-2024 04:45 PM
Reporting Status : Revised And Finalized

Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 06:54 [HH:MM]

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	97.0 mg/dL	70 - 110 mg/dL
URINE SUGAR - FASTING	NIL	
PPBS	143.7 mg/dL *	100 - 140 mg/dL
URINE SUGAR POST - PRANDIAL	NIL	
URIC ACID	8.0 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	11.40 mg/dL	5 - 20 mg/dL
CREATININE	0.81 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	14.06	10 - 20

END OF REPORT.

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BIOCHEMISTRY

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | BIO5706
Acceptance Date : 06-07-2024 09:51 AM | TAT: 06:57 [HH:MM]

Reporting Date : 06-07-2024 04:48 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
LFT		
SGOT	18.2 U/L	0 - 40 U/L
SGPT	24.2 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.59 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.15 mg/dL	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.44 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.45 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.34 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	3.11 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.40	1.1 - 1.5
ALKALINE PHOSPHATASE	88.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	13.7 sec	13 - 15 sec
CONTROL	12.8 sec	
INR	1.08	0.8 - 1.1
HBSAG	Non Reactive	
GGT(GAMMA GLUTAMYL TRANSFERASE)	30.60 U/L	M 11 - 60 U/L
AST/ ALT RATIO	0.75 U/L	< 1 U/L

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

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SPECIAL TEST

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | ST-2094
Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 07:07 [HH:MM]

Reporting Date : 06-07-2024 04:58 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
VITAMIN D3	18.43 ng / ml	Deficiency : <20 Insufficiency : 20-30 Sufficiency : 30-100

Interpretation: Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses). associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
 M.D. PATHOLOGIST

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IMMUNOLOGY

Reporting Date : 06-07-2024 04:58 PM
Reporting Status : Finalized

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | PATH4760
Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 07:07 [HH:MM]

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.90 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	9.93 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	0.82 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.

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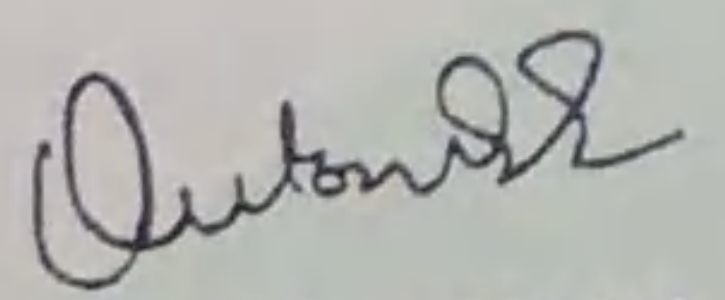
IMMUNOLOGY

Reporting Date : 06-07-2024 04:57 PM
Reporting Status : Finalized

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | PATH4760
Acceptance Date : 06-07-2024 09:51 AM | **TAT:** 07:06
[HH:MM]

Investigations	Result	Biological Reference Range
PSA Interpretation: INTERPRETATIONS: Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy	0.51 ng / ml	0 - 4 ng / ml (Age 0 Y - 100 Y)

END OF REPORT.


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IMMUNOLOGY

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Reporting Date : 06-07-2024 04:57 PM
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Investigations	Result	Biological Reference Range
VITAMIN B12 Interpretation: <u>Introduction</u> : Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease. <u>Clinical Significance</u> : Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA. <u>Decreased in:</u> Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age. <u>Increased in:</u> Renal failure, liver disease and myeloproliferative diseases. Variations due to age Increases: with age. Temporarily Increased after Drug. Falsely high in Deteriorated sample.	190.57 pg / ml	120 - 914 pg / ml

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Regn. ID:



CLINICAL PATHOLOGY

Reporting Date : 06-07-2024 04:45 PM
Reporting Status : Finalized

Request Date : 06-07-2024 09:44 AM
Collection Date : 06-07-2024 09:48 AM | CP-2075
Acceptance Date : 06-07-2024 09:51 AM | TAT: 06:54
 [HH:MM]

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	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

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Qutbuddin
DR. QUTBUDDIN CHAHWALA
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