



Patient Name : MR. PANKAJ DINGU [MRN-240902015]
Age / Gender : 36 Yr / M
Address : Indore, MADHYA PRADESH
Req. Doctor: VONE HOSPITAL
Regn. ID: WALKIN.24-25-11217

HAEMATOLOGY

Request Date : 21-09-2024 08:02 AM
Collection Date : 21-09-2024 08:09 AM | H-7837

Reporting Date : 21-09-2024 01:18 PM

Reporting Status : Revised And Finalized

Acceptance Date : 21-09-2024 08:10 AM | **TAT:** 05:08 [HH:MM]

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	16.4 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	5.59 mill./cu.mm *	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	47.3 %	M 40 - 54 % (Age 1 - 100)
MCV	84.7 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	29.4 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.8 % *	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	256 $10^3/uL$	150 - 450 $10^3/uL$ (Age 1 - 100)
Total Leukocyte Count (TLC)	6.59 $10^3/uL$	4.5 - 11 $10^3/uL$ (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	52 %	40 - 70 % (Age 1 - 100)
Lymphocytes	38 %	20 - 40 % (Age 1 - 100)
Monocytes	06 %	2 - 10 % (Age 1 - 100)
Eosinophils	04 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	09 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.

The Test results are for diagnostic purpose only, not for medico legal purpose.

Residency Area, AB Road, Geeta Bhavan Square,
Indore - 452 001, MP, INDIA. E: info@vonehospital.com
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Acceptance Date : 21-09-2024 08:10 AM | TAT: 05:39 [HH:MM]

Reporting Date : 21-09-2024 01:49 PM
Reporting Status : Finalized

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

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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 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 glyceemic control. Excellent control-6-7 %		

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BIOCHEMISTRY

Request Date : 21-09-2024 08:02 AM
Collection Date : 21-09-2024 08:09 AM | BIO8649
Acceptance Date : 21-09-2024 08:10 AM | TAT: 125:34
[HH:MM]

Reporting Date : 26-09-2024 01:44 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	88.9 mg/dL	70 - 110 mg/dL

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BIOCHEMISTRY

Request Date : 21-09-2024 08:02 AM
Collection Date : 21-09-2024 08:09 AM | BIO8649
Acceptance Date : 21-09-2024 08:10 AM | TAT: 05:09 [HH:MM]

Reporting Date : 21-09-2024 01:19 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	213.0 mg/dL *	0 - 200 mg/dL
Tryglyceride	233.6 mg/dL *	150 - 200 mg/dL
HDL Cholesterol	44.6 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	46.72 mg/dL *	5 - 40 mg/dL
LDL	121.68 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	4.78	0 - 5
LDL/HDL	2.73	0.3 - 5

END OF REPORT.

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Collection Date : 21-09-2024 08:09 AM | BIO8649
Acceptance Date : 21-09-2024 08:10 AM | **TAT:** 08:28 [HH:MM]
Reporting Date : 21-09-2024 04:38 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
URIC ACID	6.9 mg/dL	M 3.5 - 7.2 mg/dL
BUN		
BUN	6.63 mg/dL	5 - 20 mg/dL
BUN / CREATINE RATIO	6.90 *	10 - 20
CREATININE	0.96 mg/dL	0.7 - 1.4 mg/dL
GGT(GAMMA GLUTAMYL TRANSFERASE)	13.4 U/L	M 11 - 60 U/L

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Request Date : 21-09-2024 08:02 AM
Collection Date : 21-09-2024 08:09 AM | BIO8649
Acceptance Date : 21-09-2024 08:10 AM | **TAT:** 05:42 [HH:MM]

Reporting Date : 21-09-2024 01:52 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
LFT		
SGOT	17.0 U/L	0 - 40 U/L
SGPT	20.3 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.89 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.29 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.60 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.75 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.39 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.36 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.86 *	1.1 - 1.5
ALKALINE PHOSPHATASE	36.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	15.6 sec *	13 - 15 sec
CONTROL	12.8	
INR	1.2 *	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.19	< 1.5
AST / ALT RATIO	0.83	< 1

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
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IMMUNOLOGY

Request Date : 21-09-2024 08:02 AM
Collection Date : 21-09-2024 08:09 AM | PATH5523
Acceptance Date : 21-09-2024 08:10 AM | TAT: 05:39
[HH:MM]

Reporting Date : 21-09-2024 01:49 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.99 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	12.78 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	3.44 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. QUTBUDDIN CHAHWALA
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CLINICAL PATHOLOGY

Request Date : 21-09-2024 08:02 AM **Reporting Date :** 21-09-2024 01:22 PM
Collection Date : 21-09-2024 08:09 AM | CP-3066 **Reporting Status :** Finalized
Acceptance Date : 21-09-2024 08:10 AM | **TAT:** 05:12
[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	2-3 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

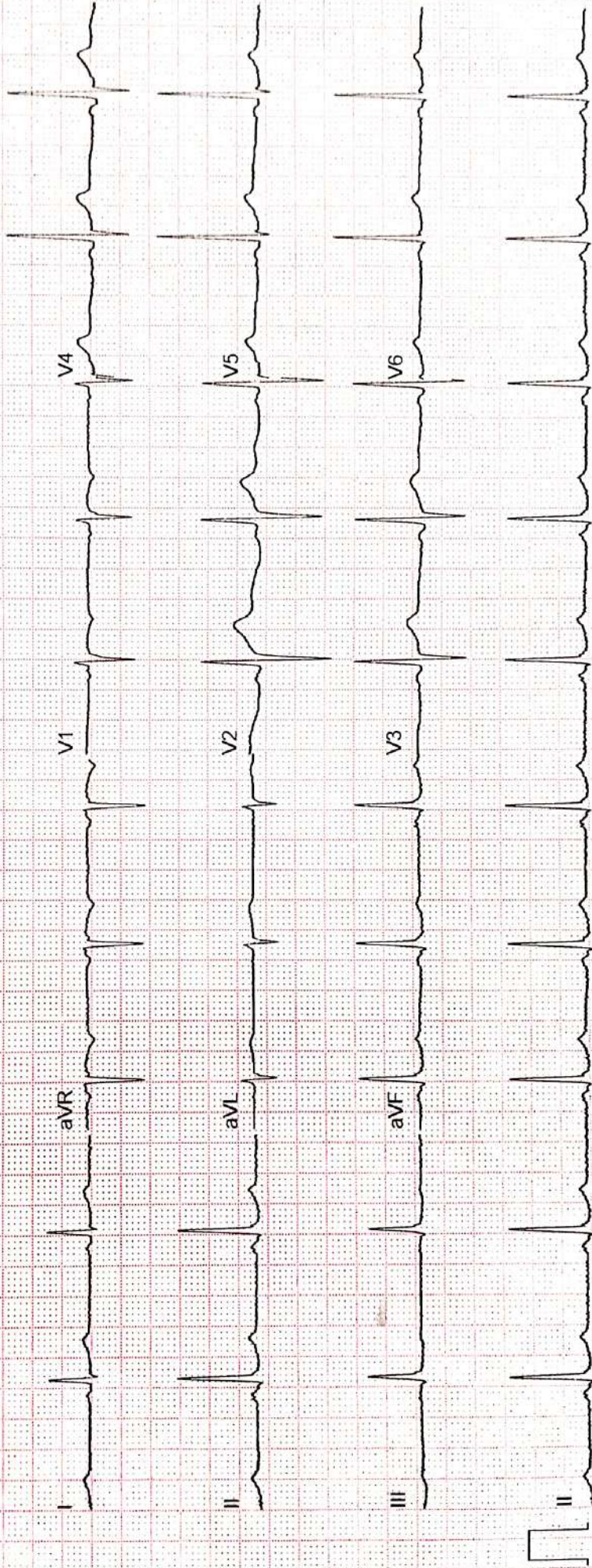
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Normal sinus rhythm
Normal ECG

QRS :	92 ms
QT / QTcBaz :	384 / 392 ms
PR :	114 ms
P :	98 ms
RR / PP :	948 / 952 ms
P / QRS / T :	53 / 65 / 29 degrees





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2D- & COLOR DOPPLER ECHO

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	24mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	20mm	15-26 mm
Left atrial dimensions (LAs diam)	30mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	38mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	23mm	18-42 mm
Interventricular ED septal thickness (IVSd)	10mm	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 :-

<u>MITRAL VALVE :-</u>	: Morphology :- Floppy movement of partial AML
Doppler	: E vel- 0 m/sec A vel- 0 m/sec
Mitral stenosis	: Absent
Mitral regurgitation	: Mild MR
<u>TRISCUSPID VALVE :-</u>	: Morphology :-
Tricuspid Stenosis	: Absent
Tricuspid regurgitation	: Grade - I/IV TR No PAH (PASP:- 16mmHg + RAP)
<u>PULMONARY VALVE :-</u>	: Morphology :-
Doppler	: PV Vmax- 0.51m/sec PV Max PG- 1.03mmHg.
Pulmonary Stenosis	: Absent
Pulmonary regurgitation	: Normal
<u>AORTIC VALVE :-</u>	: Morphology :-
Doppler	: AV Vmax- 1.05m/sec AV max PG- 4.42mmHg.
Aortic Stenosis	: Absent
Aortic Regurgitation	: Normal

IMPRESSION :-

➤ **Normal 2D Echo & CD study.**


Dr. Deepesh Kothari, MD, DM
Consultant Cardiologist

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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