



# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: U85110PB2005PTC027898

Yashwant Dabas  
32y M

Dr. Mukesh Vats  
MBBS, MS, FVRS  
(Ophthalmologist)  
Retina Specialist & Phaco Surgeon  
PMC Reg. No.: 45034  
Mobile : +91-9357519888

13/3/23  
Vmr sk  
(U.A)

no general check-up  
Pupil - NSNR  
ALS - WNL.

Fundus T / Disc + Macula - (N)

30PT 14/14

Adv: Winolap DS old TMS on X 1 month.

RIA 1 month? See

*Vats*  
Dr. Mukesh Vats  
M.S FVRS  
Retina Consultant & Phaco Surgeon  
PMC 45034

IVY HOSPITAL SEC 21 MOHALI

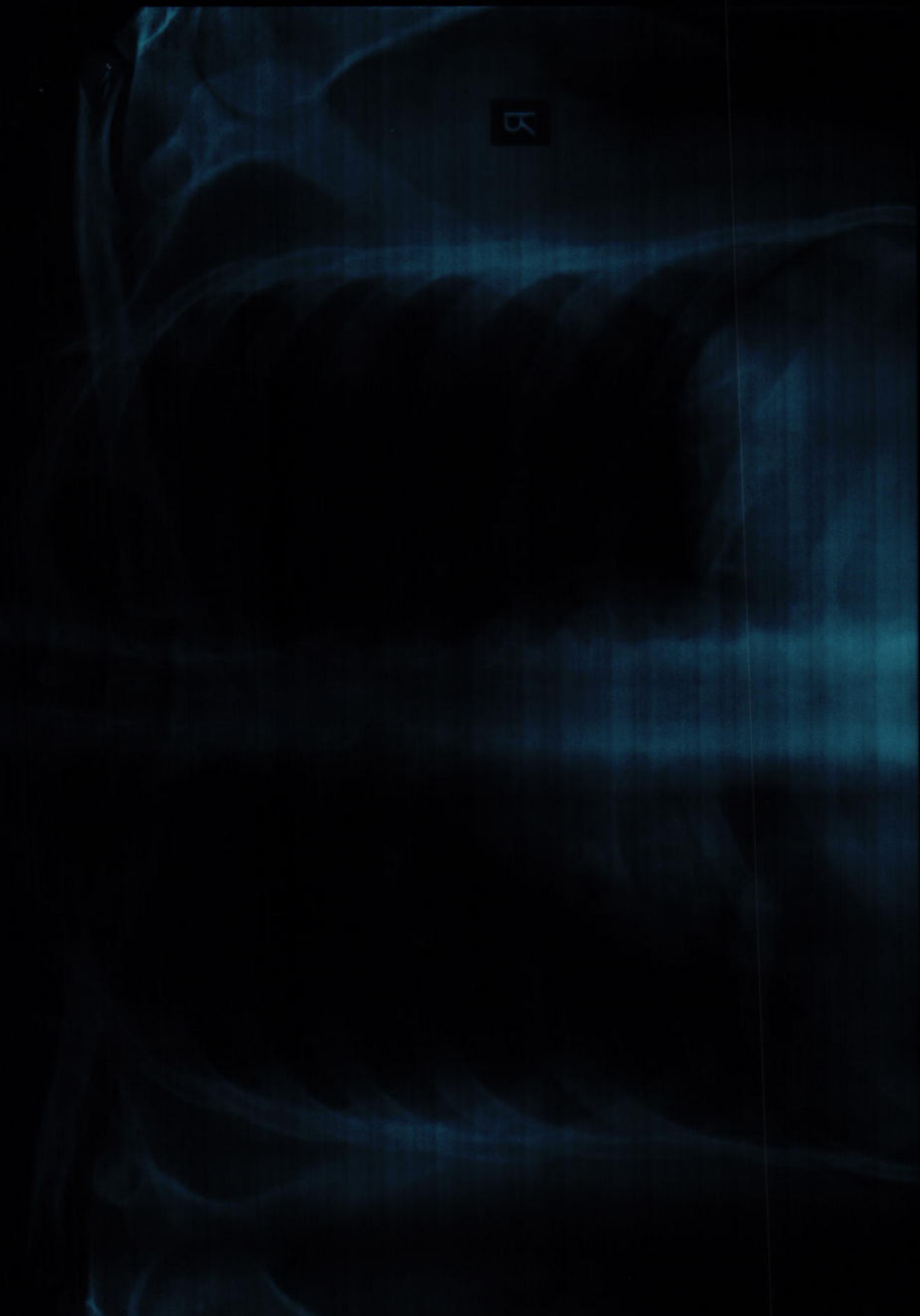
XIN033357-CED

Chest PA

ID345315

YASHWANT DABAS (Male 35 Years)

13/03/2023 06:36:13





NAME	: MR. YASHWANT DABAS	Requisition Date	: 13/Mar/2023 08:42AM
DOB/Gender	: 05-Jul-1990/M	Sample CollDate	: 13/Mar/2023 09:02AM
UHID	: 345375	Sample Rec.Date	: 13/Mar/2023 09:03AM
Inv. No.	: 3207707	Approved Date	: 13/Mar/2023 12:24PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12704417		

Test Description	Observed Value	Unit	Reference Range
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**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> <small>(CLIA/Vitros 3600)</small>	1.30	ng/mL	0.970 – 1.69
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**Summary & Interpretation:**

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

<b>Serum Total T4</b> <small>(CLIA/Vitros 3600)</small>	5.99	µg/dL	5.53 – 11.0
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**Summary & Interpretation:**

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

<b>Serum TSH</b> <small>(CLIA/Vitros 3600)</small>	5.300	mIU/L	0.4001 – 4.049
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**Summary & Interpretation:**

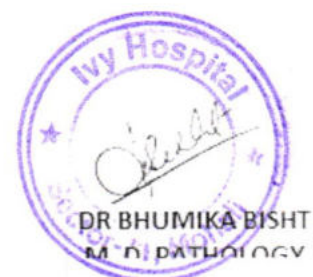
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

**Note:**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically







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Inv. No.	: 3207707	Approved Date	: 13/Mar/2023 02:29PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12704417		

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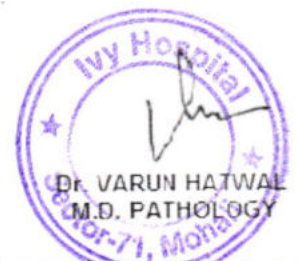
**HAEMATOLOGY**

**Glycosylated HB (HbA1c)**

Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	6.0	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	126	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:  
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298





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Inv. No.	: 3207707	Approved Date	: 13/Mar/2023 10:11AM
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**HAEMATOLOGY**

**BLOOD GROUP RH TYPE**

**ABO & RH Typing**

**Forward Grouping**

Anti A	POSITIVE
Anti B	Negative
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
<b>Final Blood Group</b>	<b>A POSITIVE</b>

**NOTE :**

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



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**BIOCHEMISTRY**

**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (Hexokinase/ AU480)	<b>114</b>	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
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**RFT (RENAL FUNCTION TESTS)**

Serum Urea (Urease GLDH/AU480)	<b>14.00</b>	mg/dl	17-43
Serum Creatinine (JAFTE KINETIC/ AU480)	1.00	mg/dl	0.67-1.17
Serum Uric acid (Urease/AU480)	5.50	mg/dl	3.5-7.2

**LIVER FUNCTION TEST WITH GGT**

Serum Bilirubin Total (DPD/ AU 480)	1.20	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/ AU 480)	0.20	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	1.00	mg/dl	0.1-1.0
Serum SGOT(AST) (IFC - Without P5P/ AU 480)	35	U/L	<35
Serum SGPT(ALT) (IFC - Without P5P/ AU 480)	44	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.80		
Serum GGT (IFCC/ AU 480)	25	IU/L	9-52
Serum Alkaline Phosphatase (IFCC PNPAMP Kinetic/ AU 480)	56	U/L	30-120
Serum Protein Total (Buret)	6.7	gm/dl	6.40 - 8.20
Serum Albumin (BCG/ AU 480)	4.1	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.58	%	1.0 - 1.8

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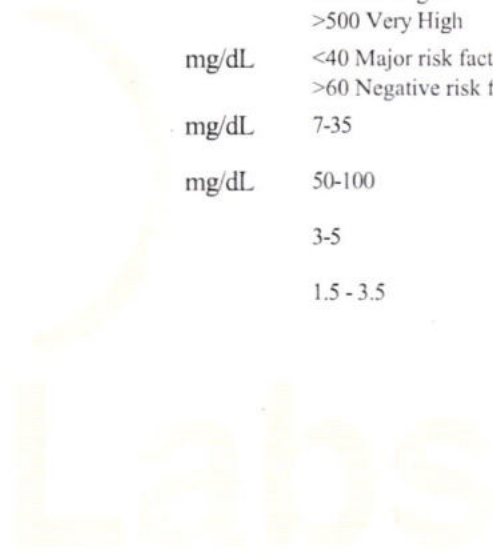
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Test Description	Observed Value	Unit	Reference Range
<b>LIPID PROFILE</b>			
Serum Cholesterol (CHO POD/AU 480)	212	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	163	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	48	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	33	mg/dL	7-35
Serum LDL cholesterol (Calculated)	131	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.42		3-5
Serum LDL-HDL Ratio (Calculated)	2.74		1.5 - 3.5



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**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.030		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	1-2		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

**HAEMATOLOGY**

**ESR**

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	3	mm/h	0-10
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<b>COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)</b>			
Haemoglobin <small>(Non-cyanmethhaemoglobin)</small>	15.1	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	45.9	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	5.00	10 <sup>6</sup> / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	91.4	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	30.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.1	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	174	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	13.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.4	10 <sup>3</sup> /μl	4.0 - 10.0
<b>Differential Leucocyte Count (VCS/ Microscopy)</b>			
Neutrophils	48	%	40-75
Lymphocytes	42	%	20-40
Monocytes	9	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,592	μl	2000-7000
Absolute Lymphocyte Count	2,268	uL	1000-3000
Absolute Monocyte Count	486	uL	200-1000
Absolute Eosinophil Count	54	μl	20-500

\*\*\* End Of Report \*\*\*



The highlighted values should be correlated clinically



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**SECTOR 71, MOHALI**  
**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

Patient Name YASHWANT DABAS Patient ID 345375  
 Gender/Age Male / 33 Test Date : 13 Mar 2023

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	5.1	3.7-5.6 CM
Left Ventricular ES Dimension	3.8	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.5	2.0-3.7 CM
LA Diameter	3.5	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	55-60%	54-76%
Fractional Shortening	30%	25-46%

**Mitral Valve** : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

**Aortic Valve** : Thin Trileaflet open completely with central closure

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 95cm/s, A= 72cm/s

**Aortic valve:** Vmax = 128cm/s

**Pulmonary valve:** Vmax = 76cm/s

#### Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

**(NOT FOR MEDICO-LEGAL PURPOSE)**



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Remarks -

**FINAL IMPRESSION -**

Normal study

**DR. (Major) Bhavesh Talera**  
**Internal Medicine**

**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

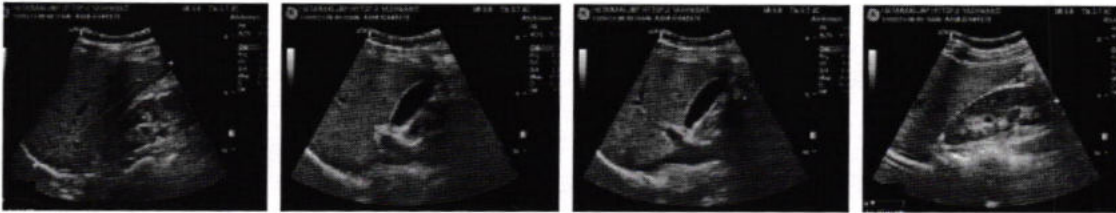
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

**IVY HELPLINE : +91 99888-23456**



NAME	YASHWANT DABAS	SEX/AGE	M32Y
PATIENT ID	ID345375	Accession Number	
REF CONSULTANT	PACKAGE	DATE	13/03/2023 09:46

### USG WHOLE ABDOMEN



**LIVER:** is normal in size (~ 15.0 cm), outline and shows **generalized increased echogenicity**. . No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

**GALL BLADDER:** is normally distended. GB wall is normal. No echoes are seen in GB.

**SPLEEN:** is normal in size (~ 8cm), outline and echotexture. No focal lesion is seen.

**PANCREAS & UPPER RETROPERITONEUM:** Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

**RIGHT KIDNEY:** It is normal in size (~ 10.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~10.5 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**U-BLADDER:** is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

**PROSTATE:** is normal in size (~25 cc).  
No free fluid is seen in peritoneal cavity.

### IMPRESSION:

**Grade I Fatty Liver.**

**Adv: Clinical correlation and followup.**



DR K S Randhawa  
MD Radiodiagnosis

**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

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HR 67 bpm

Mr. Yashward Dabag

32y/m

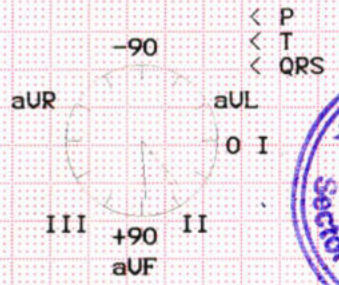
345375

Measurement Results:

QRS	:	94 ms
QT/QTcB	:	376 / 402 ms
PR	:	140 ms
P	:	104 ms
RR/PP	:	874 / 870 ms
P/QRS/T	:	55/ 85/ 50 degrees
QTD/QTcBD	:	54 / 58 ms
Sokolow	:	1.8 mV
NK	:	9

Interpretation:

Normal ECG



Unconfirmed report.

