

# DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Mr Neuty Thakur MRN: 15050000153632 Gender/Age: MALE, 33y (12/07/1989)

Collected On: 27/05/2023 09:30 AM Received On: 27/05/2023 09:46 AM Reported On: 27/05/2023 01:42 PM

Barcode: D62305270075 Specimen: Serum Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9899232954

	BIOCHEMIS	STRY	
Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (GOD/POD)	89	mg/dL	74.0-106.0
Post Prandial Blood Sugar (PPBS) (Enzyme Method (GOD POD))	86 L	mg/dL	100.0-140.0
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	162.2	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	101.3	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	43.8	mg/dL	40.0-60.0
Non-HDL Cholesterol	118.4	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	109.42 H	mg/dL	<100.0
VLDL Cholesterol (Calculated)	20.3	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.8		<4.5
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (ECLIA/ ELFA)	2.26	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	116	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (EGLIA))	6.00 H	uIU/ml	0.465-4.68
LIVER FUNCTION TEST(LET)			
LIVER FUNCTION TEST(LETT) SIGH  Bilirubin Total (Azobilirubin Dyphylline)	0/53 anathic Summer	mg/dL	0.2-1.3

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IA Unit of Dharamshi a Cancer Foundation and Research Centre)

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Hospital Address: Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096 Tel +91 11 6904-5555 | www.narayanahealth.org | info.dnsh@narayanahealth.org

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Patient Name: Mr Neuty Thakur MRN: 15050000:	153632	Gender/Age : MALE , 33y (12/07/	
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.36	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.17	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.32	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.28	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.04	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.41	~	0.9-2.0
SGOT (AST) (P - Phosphate)	34.6	U/L	17.0-59.0
SGPT (ALT) (P - Phosphate)	36.7	U/L	<50.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	88.9	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	26.5	U/L	15.0-73.0

Dr. Gaurav Sharma MBBS, MD Senior Consultant Pathologist, MBBS, MD, DMC - 30687

	HAEMATO	LOGY	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Spectrophotometry)	12.5 L	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.48 L	10^6/mm^3	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.2 L	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Calculated)	87	μm^3	83.0-101.0

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Patient Name: Mr Neuty Thakur MRN: 150500001	53632 Gender/	Age: MALE, 33y (12/07/	1989)
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.8 L	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	16.2 H	%	11.5-14.0
Platelet Count (Electrical Impedance)	116 L	10 <sup>3</sup> /mm <sup>3</sup>	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.1	10 <sup>3</sup> /mm <sup>3</sup>	4.0-11.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (DHSS)	56.3	%	40.0-80.0
Lymphocytes (DHSS)	36.7	%	20.0-40.0
Monocytes (DHSS)	4.2	%	2.0-10.0
Eosinophils (DHSS)	2.7	%	1.0-6.0
Basophils (DHSS)	0.1	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.88	10 <sup>3</sup> /mm <sup>3</sup>	2.0-7.5
Absolute Lympocyte Count (Calculated)	1.88	x10 <sup>3</sup> cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.22	x10 <sup>3</sup> cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.14	x10 <sup>3</sup> cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.01 L	x10 <sup>3</sup> cells/μl	0.02-0.1
As per the recommendation of International Council for reported as absolute numbers.	or Standardization	n in Hematology, the diffe	erential counts are additionally being
Erythrocyte Sedimentation Rate (ESR)	15.0	mm/hr	0.0-15.0

-- End of Report-

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(Modified Westergren Method)

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Patient Name: Mr Neuty Thakur MRN: 15050000153632 Gender/Age: MALE, 33y (12/07/1989)

Dr. Prachi

MBBS, MD Pathology

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

### Note

Abnormal results are highlighted. Results relate to the sample only. Kindly correlate clinically.





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Collected On: 27/05/2023 09:30 AM Received On: 27/05/2023 09:46 AM Reported On: 27/05/2023 03:01 PM

Barcode: D62305270076 Specimen: Whole Blood Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9899232954

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.5	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	111.15	<u>=</u> .	<u>9</u> 1

#### Interpretation:

### Interpretation Notes

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Target goals of < 7.0 % may be beneficial in patients. Please co-relate with Blood Sugar Fasting.

## **RENAL PACKAGE - 2 (RFT FASTING)**

Fasting Blood Sugar (FBS) (GOD/POD)	83.8	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	9.3	mg/dL	9.0-20.0
SERUM CREATININE			
Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.70	mg/dL	0.66-1.25
eGFR (Calculated)	129.9	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable

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for less than 18 years of age.

<sup>1.</sup> HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

<sup>2.</sup> HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

<sup>3.</sup> Any sample with >15% should be suspected of having a haemoglobin variant.



Patient Name: Mr Neuty Thakur MRN: 1505000015	3632 Gender/A	ge : MALE , 33y (12/07/1	989)
Serum Sodium (ISE Direct)	142.6	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.22	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	106.4	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	23.0	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	8.79	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.05	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	4.95	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	3.38	mg/dL	2.5-4.5

Dr. Gaurav Sharma MBBS, MD

Senior Consultant Pathologist, MBBS, MD, DMC - 30687

	BLOOD B	ANK LAB
Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	В	7 <b>4</b>
RH Typing	Positive	12

Dr. Manoj Rawat Consultant & HOD, Blood Bank Center Consultant & HOD Blood Center, DMC - 38026

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> Emergencies 73700-73700



Patient Name: Mr Neuty Thakur MRN: 15050000153632 Gender/Age: MALE, 33y (12/07/1989)

	CLINICAL PAT	HOLOGY	
Test	Result	Unit	Biological Reference Interval
Urine For Sugar (Fasting)	Negative	1 <del>5</del> 74	-
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Pale Yellow	<b>(</b>	2
Appearance	Clear	9 <del>5</del>	×.
CHEMICAL EXAMINATION			
pH(Reaction) (Double Indicator Method)	6.5	-	4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.005	9	1.002-1.030
Protein (Protein Error Method)	Negative		14
Urine Glucose (GOD/POD)	Negative	ω	Nil
Ketone Bodies	Negative	2	-
Blood Urine (Pseudo Peroxidase Method)	Negative		-
MICROSCOPIC EXAMINATION			
Pus Cells	1-2/hpf	/hpf	1 - 2
RBC	Not Seen	/hpf	0-3
Epithelial Cells	1-2/hpf	/hpf	2-3
Urine For Sugar (Post Prandial)	Negative	7 <del>.</del>	-3
	End of R	eport-	

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Patient Name: Mr Neuty Thakur MRN: 15050000153632 Gender/Age: MALE, 33y (12/07/1989)

grache

Dr. Prachi

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MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

### Note

Abnormal results are highlighted. Results relate to the sample only. Kindly correlate clinically.



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1800-309-0309

Emergencies

**Patient Name** 

**Neuty Thakur** 

Requested By

Dr. Alex Mathew

MRN

15050000153632

**Procedure DateTime** 

2023-05-27 10:50:28

Age/Sex

33Y 10M/Male

Hospital

NH-Dharamshila

# Investigation No. 5824

# **ULTRASONOGRAPHY WHOLE ABDOMEN**

**Liver :** Shows a normal contour & echopattern. Normal sized intrahepatic biliary and vascular channels are seen. No focal lesion. The common bile duct and portal vein are normal.

Gall bladder: Normal in size with normal wall thickness and contents.

The pancreas: The pancreas shows normal contour, echogenicity and size.

The spleen: is normal in size, contour and echopattern.

**The right kidney:** The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures  $9.5 \times 4.1 \text{ cm}$ .

**The left kidney:** The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 9.8 x 4.9 cm.

Urinary bladder is normal in wall & contents.

Prostate is normal in size, shape and parenchymal echopattern.

No ascites seen.

### Impression:

Normal study.

Dr. HARMEET KAUR

MBBS MD (Radiodiagnosis)
CONSULTANT RADIOLOGIST

DMC - 63518

# Transthoracic Echo color Doppler Report

Patient's Name	Mr. Neuty Thakur	Age/Sex	33 Years /Male
Ref By:	Dr. Alex Mathew	Date:	27/05/2023
MRN No.	15050000153632	PVT/MRD/IPD	Health Check Up

# Final Interpretation

- 1. Normal sized cardiac chamber dimensions.
- 2. No Regional wall motion abnormality, LVEF = 55%.
- 3. MIP Normal
- 4. LVEDP Normal
- 5. Normal RV systolic function. TAPSE 2.7cm.
- 6. Trace MR, No AR, No PR, Trace TR (PASP 25mmHg).
- 7. No clot/vegetation/pericardial effusion.
- 8. IVC normal with >50% collapsibility with respiration.
- 9. No coarctation of aorta.

### Morphology:-

- Left Ventricle: It is normal sized.
- Left Atrium: It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized. RV systolic function is normal.
- Aortic Valve: Aortic valve appears tricuspid & cusps are normal.
- Mitral Valve: open normally, Subvalvular apparatus appears normal.
- Tricuspid valve: It appears normal.
- ❖ Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

### DOPPLER/COLOUR FLOW

VALVE	MAX. VELOCITY cm/sec	PG/MG mmHg	REGURGITATION
MITRAL	E- 97cm/sec, A- 48cm/sec		Trace MR
AORTIC	111		No AR
TRICUSPID	223	(PASP – 25mmHg)	Trace TR
PULMONARY	79		No PR

Contd.....

### M MODE & 2D Measurements

	Observed values	Normal values
Aortic root diameter	27	20-34(mm)
Left atrium size	23	19-40(mm)
Left Ventricular Size diastole	44	ED 37-56(mm)
Left Ventricular Size systole	29	ES 22-40 (mm)
Inter ventricular Septum diastole	09	ED 6-10(mm)
Posterior Wall thickness diastole	08	ED 6-10(mm)
End Diastolic Volume	92	
End Systolic Volume	33	
LV Ejection Fraction (%)	55%	55%-75%

# **2D EXAMINATION DESCRIPTION**

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are normal. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

Dimension of left atrium and left ventricle are normal. No regional wall motion abnormality seen. Global LVEF is 55%. No intracardiac mass or thrombus seen.

Dr. Anand Pandey

Dr. Sajal Gupta

Dr. Amrendra Pandey

Sr. Consultant & Head Cardiologist Consultant Cardiologist

Consultant Cardiology

Dr. Rakesh Bachloo

Consultant -

Cardiology

Note:- This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

SN:FN-91014501

02.0700/V28.4.1

mm/s

Au/mm 9.

50 Hz~

2H 02 RD8

.



A Unit of Dharamshila Cancer Foundation and Research Centre

**Patient Name** 

**Neuty Thakur** 

Requested By

Dr. Alex Mathew

MRN

15050000153632

Procedure DateTime

2023-05-27 14:03:34

Age/Sex

33Y 10M/Male

Hospital

NH-Dharamshila

Inv. No.: 16321

## X-RAY CHEST (PA)

- Lung fields are clear.
- Costophrenic angles are clear.
- Both domes of diaphragm are normal.
- Mediastinum and both hila are within normal limits.
- Cardiac size is normal.
- Bones under review are unremarkable.

Impression: Normal Study.

Dr. (Col.)Vikas Rastogi

MBBS,MD

SR. CONSULTANT RADIOLOGIST

DML 89340

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