

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40007982 (15728)	RISNo./Status :	4016168/
Patient Name :	Mr. MAHENDRA PAL SINGH	Age/Gender :	42 Y/M
Referred By :	Dr. DIWANSHU KHATANA	Ward/Bed No :	OPD
Bill Date/No :	02/12/2023 9:32AM/ OPSCR23-24/8564	Scan Date :	
Report Date :	02/12/2023 12:31PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.0	6-12mm	LVIDS	26.3
LVIDD	40.3	32-57mm	LVPWS	15.9
LVPWD	9.0	6-12mm	AO	30.8
IVSS	15.4	mm	LA	25.4
LVEF	60-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	0.62	-	-	-	NIL	
		0.51	-	-			
TRICUSPID VALVE	NORMAL	0.68	-		-	NIL	
		0.54	-				
AORTIC VALVE	NORMAL	1.02				-	NIL
PULMONARY VALVE	NORMAL	0.62				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. MAHENDRA PAL SINGH	Lab No	578920
UHID	329646	Collection Date	02/12/2023 12:01PM
Age/Gender	42 Yrs/Male	Receiving Date	02/12/2023 12:08PM
IP/OP Location	O-OPD	Report Date	02/12/2023 12:40PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.6	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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UHID	40007982	Collection Date	02/12/2023 9:45AM
Age/Gender	42 Yrs/Male	Receiving Date	02/12/2023 9:52AM
IP/OP Location	O-OPD	Report Date	02/12/2023 2:24PM
Referred By	Dr. DIWANSHU KHATANA	Report Status	Final
Mobile No.	9871279900		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	89.4	mg/dl	74 - 106
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	80.0	mg/dl	Non - Diabetic: - < 140 mg/dl Pre - Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl
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Sample: PLASMA

Method: Hexokinase assay.

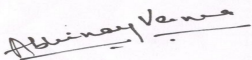
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	2.180 H	ng/mL	0.970 - 1.690
T4	12.60 H	ug/dl	5.53 - 11.00
TSH	1.40	μIU/mL	0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : NEETU SHARMA



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-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.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.31	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.20	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.11	mg/dl	0.00 - 0.40
SGOT	40.0	U/L	0.0 - 40.0
SGPT	43.0 H	U/L	0.0 - 40.0
TOTAL PROTEIN	7.4	g/dl	6.6 - 8.7
ALBUMIN	4.40	g/dl	3.5 - 5.2
GLOBULIN	3.0		1.8 - 3.6
ALKALINE PHOSPHATASE	83.6	U/L	53 - 128
A/G RATIO	1.5	Ratio	1.5 - 2.5
GGTP	40.9	U/L	10.0 - 55.0

RESULT ENTERED BY : NEETU SHARMA

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

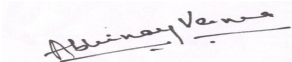
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	264		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	40.3		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	190.6		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	24	mg/dl	10 - 50
TRIGLYCERIDES	120.2		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	6.6	%	

RESULT ENTERED BY : NEETU SHARMA



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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Mobile No.	9871279900		

BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

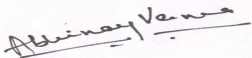
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	18.0	mg/dl	16.60 - 48.50
BUN	8.4	mg/dl	6 - 20
CREATININE	0.79	mg/dl	0.60 - 1.10
SODIUM	137.8	mmol/L	136 - 145
POTASSIUM	4.13	mmol/L	3.50 - 5.50
CHLORIDE	100.5	mmol/L	98 - 107
URIC ACID	5.5	mg/dl	3.5 - 7.2
CALCIUM	9.32	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

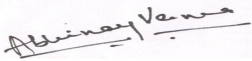
Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : NEETU SHARMA



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

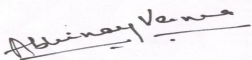
ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. MAHENDRA PAL SINGH	Lab No	4016168
UHID	40007982	Collection Date	02/12/2023 9:45AM
Age/Gender	42 Yrs/Male	Receiving Date	02/12/2023 9:52AM
IP/OP Location	O-OPD	Report Date	02/12/2023 2:24PM
Referred By	Dr. DIWANSHU KHATANA	Report Status	Final
Mobile No.	9871279900		

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.005		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	0-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

RESULT ENTERED BY : NEETU SHARMA



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MBBS|MD|INCHARGE PATHOLOGY

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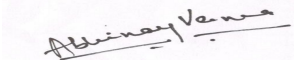
CLINICAL PATHOLOGY

BACTERIA	NIL	NIL
OHTERS	NIL	NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

RESULT ENTERED BY : NEETU SHARMA



Dr. ABHINAV VERMA

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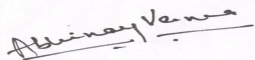
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	13.1	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	41.7	%	40.0 - 50.0
MCV	89.5	fl	82 - 92
MCH	28.1	pg	27 - 32
MCHC	31.4 L	g/dl	32 - 36
RBC COUNT	4.66	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	6.11	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	63.6	%	40 - 80
LYMPHOCYTE	22.9	%	20 - 40
EOSINOPHILS	3.8	%	1 - 6
MONOCYTES	9.0	%	2 - 10
BASOPHIL	0.7 L	%	1 - 2
PLATELET COUNT	2.83	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) **40 H** mm/1st hr 0 - 15

RESULT ENTERED BY : NEETU SHARMA



Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Referred By	Dr. DIWANSHU KHATANA	Report Status	Final
Mobile No.	9871279900		

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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Mobile No.	9871279900		

X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY - CHEST PA VIEW

OBSERVATION:

Rotation noted.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Hyperinflated lung fields.

Otherwise, the lung fields are clear.

Bones of the thoracic cage are normal.

****End Of Report****

RESULT ENTERED BY : NEETU SHARMA



Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

TEST REPORT

Lab Serial No. : 0462312000136	SIN No., Date : 46114820 02-Dec-23 03:36 PM
Patient Name : Mr. MAHENDRA PAL SINGH	Sample collection date : 02-Dec-2023 03:36PM
Referred by : DR. EHCC	SRA Date : 02-Dec-2023 03:42PM
Age/Gender : 42 YRS / M	Report Date : 02-Dec-2023 04:23PM
Source By : EHCC Malviya Nagar, Jaipur	Report printed on : 02-Dec-2023 04:25PM
Collected at : Courier-46	Document No. : -329646

CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. interval
PSA Prostate Specific Antigen, Serum by CMIA	0.91	ng/ml	0.0-4.0


Remarks:-

Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hypertrophy. PSA levels increase in men with cancer of the prostate and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and in the monitoring of the effectiveness of therapy. #(Test Performed on collected Sample)

*** End of report ***

Dr. B. Lal Gupta
MD Microbiology
RMC.9236/11112

Dr. Garima Sharma
M.D. Pathology
RMC No.28705/15524


Dr Neelam Goyal
MD Pathology
RMC No.- 45151

Mr. Vivek Kumar
Technologist



Page 1 of 1

Condition of Reporting:

The reported results are for information and for interpretation of the referring doctor only and should not be treated as conclusive proof of the disease. Results specifically relate to the sample received in the lab and are presumed to have been generated and transported as per instructions given by physician/laboratory. Report delivery may be delayed due to unforeseen circumstances which may be beyond the control of Dr. B. Lal Lab. If the result(s) of the test(s) is alarming or unexpected the patient is advised to contact the laboratory immediately for possible remedial advice/reconfirm. This report is not valid for medico legal purposes.

**For any result related query, Please Call
Customer care No +91-9166125555.**

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40007982 (15728)	RISNo./Status :	4016168/
Patient Name :	Mr. MAHENDRA PAL SINGH	Age/Gender :	42 Y/M
Referred By :	Dr. DIWANSHU KHATANA	Ward/Bed No :	OPD
Bill Date/No :	02/12/2023 9:32AM/ OPSCR23-24/8564	Scan Date :	
Report Date :	02/12/2023 10:48AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size and shows diffuse increased echogenicity of parenchyma.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Is normal in size, measuring approx. 21-22 cc in volume.

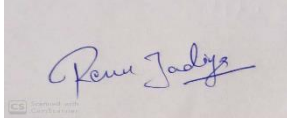
No focal fluid collections seen.

IMPRESSION:

Diffuse grade 1 fatty liver.

DEPARTMENT OF RADIO DIAGNOSIS

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