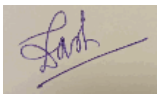
DIAGNOSTICS REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	Order Date	: 30/03/2023 10:10
Age/Sex	: 50 Year(s)/Male	Report Date	: 30/03/2023 11:31
UHID	: SHHM.61768	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.
Estimated LVEF = 60%
No LV regional wall motion abnormality at rest .
AII valves are structurally and functionally normal.
Normal sized cardiac chambers.
No LV Diastolic dysfunction .
No pulmonary arterial hypertension.
No regurgitation across any other valves.
Normal forward flow velocities across all the cardiac valves.
Aorta and pulmonary artery dimensions: normal.
IAS / IVS: Intact.
No evidence of clot, vegetation, calcification, pericardial effusion.
COLOUR DOPPLER: NO MR/AR.



Dr.Jayashree Dash ,

(Junior Consultant NIC)

RegNo: 3393/09/2003

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
UHID	: SHHM.61768	**Order Date**	: 30/03/2023 10:10
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8095007078
		DOB	: 31/12/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

Sample No : O0264864A Collection Date : 30/03/23 10:15 Ack Date : 30/03/2023 12:03 Report Date : 30/03/23 13:26

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)	' AB '
Rh Type	POSITIVE

Method - Column Agglutination

REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- *Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.*
- *Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.*
- *Determine the blood group of potential blood donors at a collection facility.*
- *Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.*

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
UHID	: SHHM.61768	**Order Date**	: 30/03/2023 10:10
Episode	: OP		
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		DOB	: 31/12/1972
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HAEMATOLOGY

Sample No : O0264864A | Collection Date : 30/03/23 10:15 | Ack Date : 30/03/2023 10:38 | Report Date : 30/03/23 11:58

COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Ref. Range
Total WBC Count	6.47	x10^3/ul	4.00 - 10.00
Neutrophils	55.9	%	40.00 - 80.00
Lymphocytes	34.0	%	20.00 - 40.00
Eosinophils	3.2	%	1.00 - 6.00
Monocytes	6.9	%	2.00 - 10.00
Basophils	**0.0 ▼**	%	1.00 - 2.00
Absolute Neutrophils Count	3.62	x10^3/ul	2.00 - 7.00
Absolute Lymphocytes Count	2.20	x10^3/ul	0.80 - 4.00
Absolute Eosinophils Count	0.20	x10^3/ul	0.02 - 0.50
Absolute Monocytes Count	0.45	x10^3/ul	0.12 - 1.20
Absolute Basophils Count	0.00	x10^3/ul	0.00 - 0.10
RBCs	5.44	x10^6/ul	4.50 - 5.50
Hemoglobin	16.9	gm/dl	13.00 - 17.00
Hematocrit	49.7	%	40.00 - 50.00
MCV	91.4	fl	83.00 - 101.00
MCH	31.1	pg	27.00 - 32.00
MCHC	34.1	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	40.3	fl	35.00 - 56.00
Platelet	193	x10^3/ul	150.00 - 410.00
MPV	11.0	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.4	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.213	%	0.11 - 0.28

LABORATORY INVESTIGATION REPORT

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		DOB	: 31/12/1972
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Method:-
HB Colorimetric Method.
RBC/PLT Electrical Impedance Method.
WBC Flow Cytometry by Laser Method.
MCV,MCH,MCHC,RDW - Calculated.
Differential Count - Manual.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-
The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	5	mm/hr	0 - 20

Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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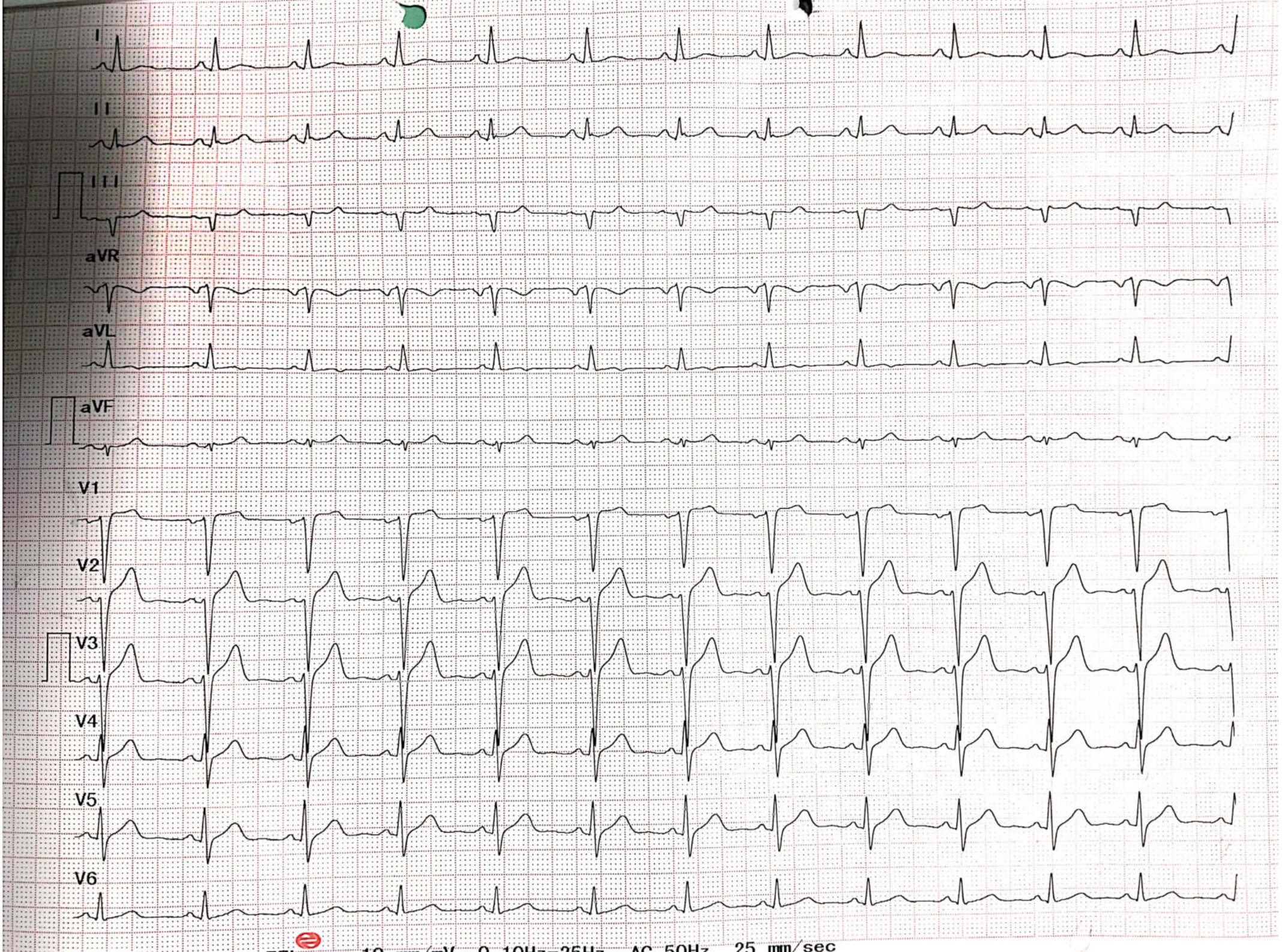
ID	: 2303300023	DataTime:	2023-03-30 11:05
Name	: mukul kumar pandey	Height :	cm
Sex	: Male	Weight :	kg
Age	: 50	BP :	/ mmHg
Divisions:		Bed No. :	
Hospital No. :			
Hospital: seven hills hospital			

HR	77 bpm	RV5/SV1 amp	0.747/1.275mV
P Dur/PR int	101/136ms	RV5+SV1 amp	2.022mV
QRS Dur	96 ms	RV6/SV2 amp	0.572/1.549mV
QT/QTC int	379/428 ms		
P/QRS/T axis	43/0/66 °		

Minnesota Code	Diagnosis Info
1-2-8(V2, V3)	800 Sinus Rhythm
5-3-0(aVL)	701 Poor R Progression(V2, V3)

Poor Progression of R wave - Clinically correlate



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
UHID	: SHHM.61768	**Order Date**	: 30/03/2023 10:10
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8095007078
		DOB	: 31/12/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Test Name	Result	Unit	Ref. Range

Sample No : O0264864C Collection Date : 30/03/23 10:15 Ack Date : 30/03/2023 10:49 Report Date : 30/03/23 11:58

PSA -TOTAL-SERUM

PSA- Prostate Specific Antigen - SERUM	0.81	ng/ml	0.00 - 4.00

Biological Reference Interval :-
Conventional for all ages: <=4
60 - 69 yrs: 0 - 4.5
Note : Change in method and Reference range

INTERPRETATION :
Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

NOTE:
Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.
Ref: Arch Pathol Lab Med—Vol 141, November 2017

T3 - SERUM	92.1	ng/dl	70.00 - 204.00
Method - CLIA			
T4 - SERUM	8.23	ug/dL	4.60 - 10.50
Method - CLIA			
TSH - SERUM	**4.78 ▲**	uIU/ml	0.40 - 4.50
Method - CLIA			

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
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Reference Ranges (T3) Pregnancy:
First Trimester 81 - 190
Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:
1st Trimester : 0.1 – 2.5
2nd Trimester : 0.2 – 3.0
3rd Trimester : 0.3 – 3.0

Reference:
1.Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocronology Guideliens

Interpretation :-
It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report

Dr.Ritesh Kharche
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LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
UHID	: SHHM.61768	**Order Date**	: 30/03/2023 10:10
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Ref. Range
Sample No : O0264864D	Collection Date : 30/03/23 10:15	Ack Date : 30/03/2023 10:37	Report Date : 30/03/23 12:50
Physical Examination			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Absent
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	Normal		Absent
NITRATE	Absent		
LEUKOCYTES	Absent		
Microscopic Examination			
Puscells	1-2	/HPF	
Epithelial Cells	1-2	/HPF	
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent
URINE SUGAR AND KETONE (FASTING)			
Sugar	Absent		
ketones	Absent		
Sample No : O0264925D	Collection Date : 30/03/23 14:51	Ack Date : 30/03/2023 16:13	Report Date : 30/03/23 16:21
URINE SUGAR AND KETONE (PP)			
Sugar	Absent		

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	**Age/Sex**	: 50 Year(s) / Male
UHID	: SHHM.61768	**Order Date**	: 30/03/2023 10:10
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8095007078
		DOB	: 31/12/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

ketones	Absent

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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DIAGNOSTICS REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	Order Date	: 30/03/2023 10:10
Age/Sex	: 50 Year(s)/Male	Report Date	: 30/03/2023 12:53
UHID	: SHHM.61768	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

USG ABDOMEN

Liver is normal in size (12.1 cm) and shows bright echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (8.8 cm) and echotexture. No focal lesion is seen in the spleen.

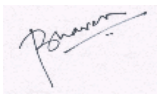
Right kidney measures 9.0 x 4.2 cm.
Left kidney measures 8.5 x 4.4 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

There is no free fluid in abdomen and pelvis.

IMPRESSION:

- **Grade I fatty liver.**



Dr.Bhavesh Rajesh Dubey , MBBS,MD

RegNo: 2017/03/0656

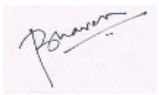
DIAGNOSTICS REPORT

Patient Name	: Mr. MUKUL KUMAR PANDEY	Order Date	: 30/03/2023 10:10
Age/Sex	: 50 Year(s)/Male	Report Date	: 30/03/2023 16:07
UHID	: SHHM.61768	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

X-RAY CHEST PA VIEW

Both lungs are clear.
The frontal cardiac dimensions are normal.
The pleural spaces are clear.
Both hilar shadows are normal in position and density.
No diaphragmatic abnormality is seen.
The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr.Bhavesh Rajesh Dubey , MBBS,MD

RegNo: 2017/03/0656