SARDAR PATEL HOSPITAL
& HEART INSTITUTE

Patient Name :	Mr. Chetankumar Thakorbhai Parmar		
Registration No :	101-023-3630-000	**DOB :**	15-Mar-1986
Sex :	Male	**Age :**	37 Yrs/
Patient Arrived At :		**Result Verified At :**	12-Jun-2023 16:43
Test Name :	**ECHO STUDY**		

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- **Normal LV Systolic function at Rest, LVEF =60 %**
- **No RWMA at Rest.**
- **No diastolic dysfunction (E>A, Lat MV E'> 0.12 m/s)**
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH

Dr.Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

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Patient Name : MR. CHETANKUMAR THAKORBHAI PARMAR
Age / Gender : 37 years / Male
Patient ID : 20746
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full Body Health Checkup
Collection Time : 15/03/2023, 02:45 PM
Reporting Time : 15/03/2023, 02:46 PM
Sample ID : 004807423

Test Description	Value(s)	Unit(s)	Reference Range
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.59	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	8.98	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	6.19	uIU/mL	0.3 - 4.5 uIU/mL
Interpretation			

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	**203.0**	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	94.7	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	43.8	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol Method : Calculated	**140.26**	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	**159.20**	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : calculated	18.94	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	4.63	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	3.20	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.31	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs(such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing(On Doctors Advice). Intraindividual variations, seasonal as well as positional variations(levels lower when sitting compared to standing etc.)have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

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Test Description	Value(s)	Unit(s)	Reference Range
RENAL PROFILE			
Urea * Method : Serum, Urease	17.7	mg/dL	17- 55 mg/dL
Creatinine* Method : Serum, Enzymatic	0.83	mg/dL	0.6 - 1.4 mg/dl
Uric Acid* Method : Serum, Uricase/POD	5.9	mg/dL	3.5 - 7.2
Blood Urea Nitrogen-BUN* Method : Calculated	8.27	mg/dL	7 - 25 mg/dL
Calcium* Method : Arsenazo III	9.95	mg/dL	8.8 - 10.6
Sodium* Method : Serum, Indirect ISE	140.2	mmol/L	136 - 146
Potassium* Method : Serum, Indirect ISE	5.15	mmol/L	3.5 - 5.1
Chloride* Method : Serum, Indirect ISE	100.0	mmol/L	97.0 - 108.0

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Test Description	Value(s)	Unit(s)	Reference Range
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	**5.9**	%	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	122.63		mg/dL

Interpretations

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 glycemic control.

Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %
Poor Control – More than 10 %

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Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)*	15.8	gm/dL	13.5 - 18.0
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	7.81	mil/cu.mm	4.7 - 6.0
Method : Electrical Impedance			
Packed Cell Volume(Hematocrit)	53.3	%	42 - 52
Method : Calculated			
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	68.25	fL	78 - 100
MCH	20.23	pg	27 - 31
MCHC	29.64	gm/dL	32 - 36
RDW - CV	16.8	%	11.5 - 14.0
Total and Differential count			
Method – Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	5520	cell/cu.mm	4000-10000
Neutrophils	55	%	40 - 80
Lymphocytes	34	%	20 - 40
Monocytes	09	%	2 - 10
Eosinophils*	02	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count	187	10^3/ul	150 - 450
Method : Electrical Impedance			
Sample Type : EDTA Whole Blood.			

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Test Description	Value(s)	Unit(s)	Reference Range
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westerngren	04	mm/hr	<15

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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Test Description	Value(s)	Unit(s)	Reference Range
VITAMIN D3			
Vitamin D3 Method : Serum, CLIA	86.6	ng/mL	Deficiency : < 10 ng/ml ; Insufficiency : 10-29 ng/ml; Sufficiency : 30-100 ng/ml; Toxicity : > 100 ng/ml

Interpretations

1. Cholicalciferol (VitaminD3) is synthesized in the skin from 7 dehydrocholestrol in response to sunlight, some part also comes from Diet and supplements. Ergocalciferol(Vitamin D2) comes essentially from diet and supplements.
2. Both Cholicalciferol and Ergocalciferol are converted in the liver to 25 OH Vitamin D. 25 OH Vitamin D is further hydroxylated in the kidneys toproduce 1, 25 Dihydroxy Vitamin D.
3. The measurement of 1,25 Dihyroxy Vitamin D is indicated in several disorders affecting calcium metabolism such as sarcoidosis,renal failure, hyper or hypo -parathyroidism,rickets ,tumour associated hypercalcemia, vitamin resistant dysfunction and treatment with anti-convulsive medication.

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group			
Method : Forward and Reverse By Tube Method	"B"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	121.0	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	127.0	mg/dL	70 - 140
Urine Post Prandial	Absent		

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Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	20	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)*	6.0		4.5 - 8
Specific Gravity*	**1.005**		1.010 - 1.030
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent		Absent
Urine Protein (Albumin)*	Absent		Absent
Urine Ketones (Acetone)*	Absent		Absent
Blood*	Absent		Absent
Bile pigments*	Absent		Absent
Nitrite*	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs)*	Absent	/hpf	0 - 5
Epithelial Cells*	Occasional	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent
Bacteria*	Absent		Absent

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Test Description	Value(s)	Unit(s)	Reference Range
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Diazotization	0.66	mg/dL	0.3 - 1.2
Bilirubin - Direct Method : Serum, Diazotization	0.25	mg/dL	Adults and Children: 0.0 - 0.4
Bilirubin - Indirect Method : Calculated	0.41		
SGOT Method : Serum, UV without P5P	36.9	U/L	< 50
SGPT Method : Serum, UV without P5P	41.1	U/L	< 50
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	101.0	U/L	30-120
Total Protein Method : Serum, Biuret, reagent blank end point	7.17	g/dL	6.6 - 8.3
Albumin Method : Serum, Bromocresol green	4.35	g/dL	Adults: 3.5 - 5.2
Globulin Method : Calculated	2.82	g/dL	1.8 - 3.6
A/G Ratio Method : Calculated	1.54	ratio	1.2 - 2.2

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Test Description	Value(s)	Unit(s)	Reference Range
SERUM VITAMIN B12 (CYANOCOBALAMIN)			
Vitamin B12-Cyanocobalamin*	290	pg/ml	200 - 1100
Method : Serum, CLIA			

Interpretation:

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groupsat risk for vitamin B12 deficiency include those

(1) older than 65 years of age (2) with malabsorption(3) who are vegetarians (4) with autoimmune disorders(5) taking prescribedmedication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors(6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people.

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