



Patient Name : Mr. SHANTANU PRAKASH PANDEY Type : OPD
 Gender / Age : Male / 33 Years 11 Months 10 Days Request No. : 155972
 MR No / Bill No. : 23214063 / 242016871 Request Date : 09/09/2023 09:20 AM
 Consultant : Dr. Manish Mittal Collection Date : 09/09/2023 10:00 AM
 Location : OPD Approval Date : 09/09/2023 04:02 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	17.3	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.85	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	51.4	%	40 - 50
Mean Corpuscular Volume (MCV)	87.9	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.6	pg	27 - 32
MCH Concentration (MCHC)	33.7	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.4	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.4	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.12	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	53	%	40 - 80
Lymphocytes	37	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.20	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.27	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.23	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.34	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.08	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	227	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		

ESR 1 mm/1 hr 0 - 10



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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
 Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Ameet Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	99	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	111	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	6.3	%	
estimated Average Glucose (e AG) *	134.11	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	84	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	231	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	54	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	177	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	181	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.35		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.28		3.5 - 5

---- End of Report ----

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	18	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	<u>0.84</u>	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	5.2	mg/dL	3.4 - 7.2

— End of Report —

Dr. Ameet Soni
MD (Path)

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.78	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect	0.61	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	56	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	104	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	81	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	72	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.22	gm/dL	6.4 - 8.2
Albumin	4.42	gm/dL	3.4 - 5
Globulin	3.8	gm/dL	3 - 3.2
A : G Ratio	1.16		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Dr. Ameer Soni
MD (Path)



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 Approval Date : 09/09/2023 03:56 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.03	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	5.32	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	10.01 (R/C)	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Approval Date : 09/09/2023 02:50 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		



--- End of Report ---

Dr. Ameet Soni
MD (Path)



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23214063 Report Date : 09/09/2023
Request No. : 190079718 09/09/2023 9.20 AM
Patient Name : **Mr. SHANTANU PRAKASH PANDEY**
Gender / Age : Male / 33 Years 11 Months 10 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRASONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23214063 Report Date : 09/09/2023
Request No. : 190079715 09/09/2023 9.20 AM
Patient Name : **Mr. SHANTANU PRAKASH PANDEY**
Gender / Age : Male / 33 Years 11 Months 10 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 12 cc.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

• Fatty liver.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Priyanka
Dr. Priyanka Patel, MD.
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

Patient No. : 23214063 Report Date : 09/09/2023
Request No. : 190079719 09/09/2023 9.20 AM
Patient Name : Mr. SHANTANU PRAKASH PANDEY
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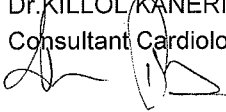
Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER : NO LV diastolic dysfunction,
FLOW MAPPING : NO AR, MR, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist



Name: Shantannu p. pandey -
 Patient ID: Ecu_23214063

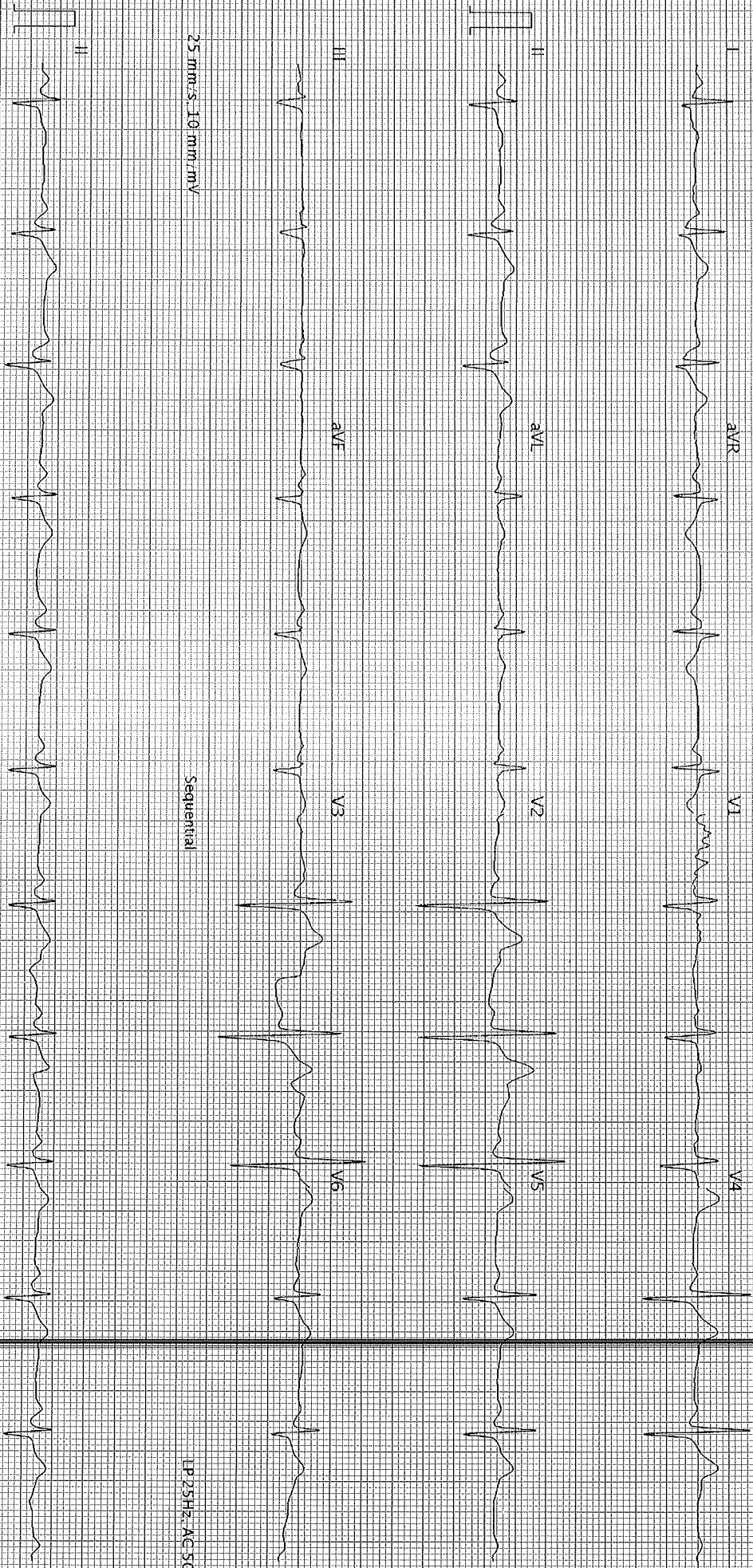
09:09:2023 15:10:26
 Standard 12-Lead

Age: Male
 Gender: Male
 Height: Undefined
 Weight: Unknown
 Ethnicity: Unknown
 Pacemaker: Unknown

Visit ID: HR 67 bpm
 Room: P
 Medication: RR
 Order ID: PR
 Ord. prov: QRS
 Ord. prot: QT
 T axis: QTcB
 37°
 34°
 31°

Unconfirmed report

Indication:
 Remark:



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT 102 G2 1.2 0 (1080, 011030)

Printed on 09:09:2023 15:10:42

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