

Ph.: 0565 - 2422090

SONKH ROAD, KRISHNA NAGAR, MATHURA

NAME: MR. AKASH JAIN	MATHURA
RFF BV . D C c	AGE: 30 Yrs.

REF. BY: BOB $SEX \cdot M$

DATE: 14/06/2021 Test Name LAB NO: 1007 Value Unit Normal Value

HAEMATOLOGY

		HALIMATOLOGY	
HAEMOGLOBIN (HB)	OMPLETE B	LOOD COUNT (HAEMOG	CDARAL
TLC (HB)	14.4	gm%	KAIVI)
	7,900	cmm	13.0 - 17.0
DIFFERENTIAL LEUCOCYTI NEUTROPHILS	COUNT	Cilili	4000 - 11000
INOPHILS	60	07	
LYMPHOCYTES	34	%	40 - 80
MONOCYTES	04	%	20 - 40
EOSINOPHILS	02	%	02 - 10
BASOPHILS	00	%	01 - 06
ESR(WESTERGREN)		%	
RCB (RED BLOOD CORP COUNT	02	mm	01 - 02
' CV/TCI(HAEMATOCDIT)		Millions/cmm	0 - 20
MCV(MEAN CORP VOLUME	41.2	%	4.5 – 5.5
MCH(MEAN CORP Hb)	83.1	fl.	35 - 45
MCHC(MEAN CORP Hb CONC)	29.0	pg.	76 - 96
R D W	35.0	gm%	27 - 32
PLATELET COUNT	14.7	%	32 - 36
THEEL COUNT	2,03,000	lakh	12.2 - 14.6
		OCHEMISTRY	1.5 – 4.0
BLOOD GLUCOSE (FASTING)		TATOMISTRY	
BLOOD GLUGGE (FASTING)	73.2	mg %	
BLOOD GLUCOSE (PP)	110.		70.0 - 110.0
	-10.	7 mg %	70.0 - 140.0
			140.0

****END OF REPORT****

DR. PRADEEP P M.b. (PATH)

NOT VALID FOR MEDICO LEGAL PURPOSE

All test have technical limitations collaborative clinico-athological interpretation is mandatory. in case of disparity may be repeated immediately.

Consultation Time - Morning 9 A.M. to 9 P.M.



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rest Name	Value	Unit	
SERUM CREATININE S. URIC ACID BUN BLOOD UREA S.CALCIUM S. SODIUM S. POTASSIUM	RENAL F 0.7 4.1 13.2 22.4 8.6 139.3	PROFILE mg% mg% mg% mg% mg% mg% mg% mg	Normal Value 0.5 - 1.4 2.0 - 7.2 6 - 21 15.0 - 45.0 8.5 - 11.0 135.0 - 155.0
SERUM BILIRUBIN (TOTAL) CONJUGATED (Direct) UNCONJUGATED (Indirect) SGOT /AST SGPT /ALT Gamma GT TOTAL PROTEIN ALBUMIN GLOBULIN A/G RATIO ALKALINE PHOSPHATE	4.0 LIVER PR 0.5 0.2 0.3 22.1 28.4 18.6 6.6 4.2 2.4 1.75 68.4	mEq/L ROFILE mg%	3.5 - 5.5 0.2 - 1.0 0.0 - 0.2 0.1 - 1.0 4.0 - 35.0 4.0 - 40.0 4.0 - 40.0 6.0 - 8.5 3.5 - 5.0 1.8 - 3.5 1.0 - 2.3 37 - 126

END OF REPORT**

DR. PRADEEP PARASHAR M.D. (PATH) Consultant Pathologist

NOT VALID FOR MEDICO LEGAL PURPOSE



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NAME: MR. AKASH JAIN

AGE: 30 Yrs.

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DATE: 14/06/2021

LAB NO: 1007

Test Name

Value

Unit

Normal Value

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

HbA1c

EXPECTED VALUES:

HEALTHY PATIENT = 4.8 - 6.0 % HbA1c GOOD CONTROL = 6.0 - 7.0 % HbA1c FAIR CONTROL = 7.0 - 8.0 % HbA1c

POOR CONTROL => 8.0 % HbA1c

	LIPID	PROFILE	
SERUM CHOLESTEROL	162.6	mg%	140.0 - 250.0
SERUM TRIGLYCERIDES	124.4	mg%	25.0 -200.0
HDL CHOLESTEROL (DIRECT)	44.0	mg%	20.0 200.0
LDL CHOLESTEROL (DIRECT)	98.6	mg%	50 - 190
VLDL CHOLESTEROL	29.2	mg%	5.0 – 40.0
TOTAL/HDL CHOLESTEROL RATIO	3.69		0.0 - 4.9
LDL/HDL CHOLESTEROL RATIO	2.24		0.0 - 3.5

****END OF REPORT****

DR. PRADEER PARASHAR M.D. (PATH)

Consultant Pathologist



Ph.: 0565 - 2422090



NAME: MR. AKASH JAIN

AGE: 30 Yrs.

Unit

SEX: M

REF. BY: BOB

DATE: 14/06/2021

LAB NO: 1007

Test Name

Value

Normal Value

ENDOCRINOLOGY

THYROID PROFILE

T3+T4+TSH

THYROID THYRONINE (T3)

94.63

ng/dl

60.0 - 181.0

THYROXINE (T4)

5.72

ng/dl

3.20 - 12.6

THYROID STIMULATING HORMONE (TSH)

3.74

ng/dl

0.25 - 5.5

****END OF REPORT****

DR. PRADEE PARASHAR
M.D. (PATH)

Consultant Pathologist

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SONKH ROAD, KRISHNA NAGAR, MATHURA

NAME I MR. AKASH JAIN

AGE 30 YVs.

259 . 84

REF. BY BOR

DATE: 18/06/2021

LAS NO 1007

Test Name

Value

Link

Normal Value

IMMUNOLOGY - SEROLOGY

BLOOD GROUP

(Rechect ofter Smonths in NR)

ABO

"0"

R h (Anti - D)

POSITIVE

URINE EXAMINATION REPORT

MACROSCOPIC

COLOUR

YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.022

ACIDIC

1.003 - 1.030

BIOCHEMICAL

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC (ON DEPOSIT)

PUS CELLS

1-2

/HPF

EPITHELIAL CELLS RBC'S

1-2

/HPF

CASTS

NIL ABSENT

JT.

CRYSTALS

ABSENT

BACTERIA

ABSENT

****END OF REPORT****

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Date.....

REG...NO: 2021-601405

NAME : MR. AKASH JAIN

REF...BY: B O B

DATE: 14/06/2021

AGE /SEX: 30 Y/M

2D REAL TIME GENERAL SONOLOGICAL STUDY OF WHOLE ABDOMEN

LIVER: Is normal in size with increased parenchymal echogencity. Margins are regular. Intra hepatic bile ducts (IHD) are not dilated. No focal mass seen. Portal Vein & C.B.D. is normal in caliber.

GALL BLADDER: No calculi/mass lesion is seen in its lumen. No pericholicystic collection is

SPLEEN: is normal in size and shape. Echotexture appears normal.

PANCREAS: Shows normal size and echotexture. No focal mass / peripancreatic collection is

RIGHT KIDNEY: Shows normal position, size, shape and contour (50.8x72.1 mm). Cortical echotexture is normal. CMD is maintained. No calculus /hydronephrosis is seen.

LEFT KIDNEY: Shows normal position, size, shape and contour (50.2x70.6 mm). Cortical echotexture is normal. CMD is maintained. No hydronephrosis, Small Echogenic foci with acoustic shadowing is seen (3.9 mm) in Lt. Kidney.

No free fluid/ retroperitoneal adenopathy is seen.

U.BLADDER: is normal in distension and in wall thickness. Lumen is clear. No calculus or mass lesion is seen.

PROSTATE: is normal in size (28.2x33.8x27.5mm), shape and echotexture. Weight 13.6 cm³.

NOTE-Excessive Gas is Present in Abdomen.

IMPRESSION: Fatty Liver with Small Lt. Renal Calculi.

ADVICE: Clinical Correlation.

Best efforts were made during investigation, however in case of any Confusion/ Confirmation review can be done, free of cost. Not valid for medico-legal purpose.



ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

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NOT VALID FOR MEDICO-LEGAL PURPOSE

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D-4-	
Date	
Dutc.	**************************

REG...NO: 2021-601407 NAME: MR. AKASH JAIN

REF...BY: B O B

DATE: 14/06/2021 AGE/SEX: 30Y/M

ECHO CARDIOGRAPHY REPORT

<u> Measurements</u>			THE TOTAL	
Aortic root diameter: Aortic valve diamete LV dimension:			33 mm 19 mm	(20-37mm) (15-26mm)
LVD(systolic): LVD(diastolic): RVD(diastolic): IVST LVPWT LA(diastolic):	ES: ES:	13.2 16.1	30 mm 46 mm 19 mm ED: 10.6 ED: 10.6 26.3 mm	(19-40mm) (22-40mm) (37-56mm) (7-23mm) (6-12mm) (5-10mm) (19-40mm)

INDICES OF LV FUNCTION:

EPSS		(=0,)
Fractional shortening	30%	(< 9mm) (24-42%)
Ejection fraction	60%	(50-70%)

IMAGING:

M mode examination revealed normal movements of both mitral leaflets during diastole(DE-18mm,EF-130mm/sec). No mitral valve prolapse is seen. Aortic cusps are not thickened and closure line is central, tricuspid and pulmonary valves are normal. Aortic root is normal in size.

Dimension of left atrium and left ventricle are normal.

2D imaging in PLAX, SAX and apical view revealed a normal size left ventricle. No regional wall motion abnormality present.

Global LVEF is 60%.

Mitral valve opening is normal. No mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Tricuspid valve leaflets move normally. Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intra cardiac mass or thrombus is seen. No pericardial effusion is seen.



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Data	
Date	

DOPPLER:

 MV
 0.69/0.52m/sec.
 MR : nil

 AV
 0.92 m/sec.
 AR : nil

 TV
 0.53 m/sec.
 TR : nil

 PV
 0.79 m/sec.
 PR : nil

COLOUR FLOW

Normal flow signals are seen across all cardiac valves. No flow signals are seen across IAS and IVS.

FINAL DIAGNOSIS:

Normal cardiac chamber dimension
No regional wall motion abnormality is present.
Systolic left ventricle function is normal with EF 60%.
Diastolic left ventricle function is normal.
Colour flow through all the valves is normal with no structural abnormality.
No intracardiac thrombus or mass is seen.
No pericardial effusion is present.

DR. BHARTT GARG (M.D)

All congenital heart defect can not be detected by transthoracic echocardiography. In case of disparity test should be repeated at higher cardiac centre. Not valid for medico-legal purpose.



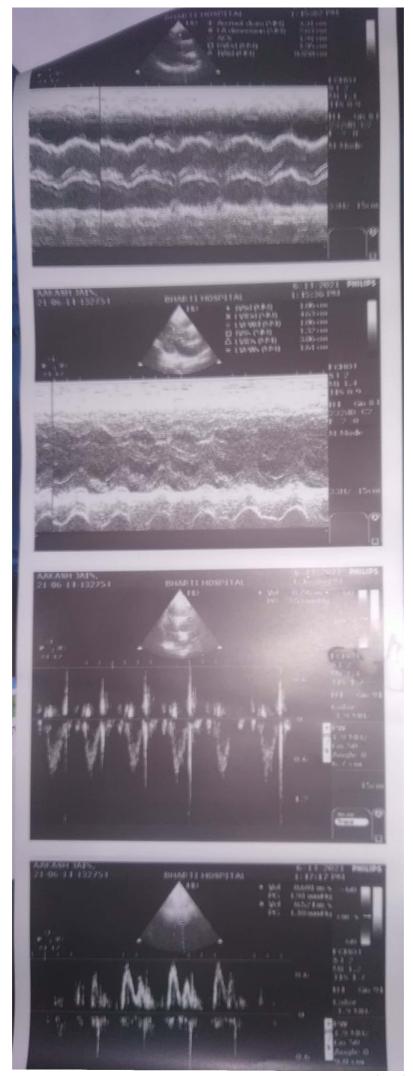
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			Date
Patient Name:	MR.AKASH JAIN	Patient ID:	0000
Age:	Years	Sex:	М
Referring	вов	Study Date:	14-JUNE-2021
Physician:			

DIGITAL RADIOGRAPH CHEST PA VIEW

Report:

Lung fields are clear.

Both domes of diaphragm and CP angles are normal.

Both hila are normal.

No evidence of mediastinal shift is seen.

Cardiac size is normal.

Bony cage are normal.

IMPRESSION:

NORMAL STUDY.

AD:- Kindly Review with clinical findings.

DR. S. K. GUPTA

CONSULTANT RADIOLOGIST

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.



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34 PM

