


The Signature
ADVANCED SUPER SPECIALITY
H O S P I T A L



Patient Name : Mr. SANDEEP AHLAWAT UHID : 18184
Age / Gender : 40 Years 5 Months 15Days / Male IPNO :
Referred By : Dr. CMO Registered : 12/02/2022/ 11.07 AM
Req.No : 22172522 Sample Collection Dt & Tm : 12/02/2022/ 12.55 PM
Sample ID : 2204453 Sample Receiving Dt & Tm : 12/02/2022/ 12:55 PM
Patient Type : OPD Reported on : 12/02/2022 / 3.29 PM
Bed No :

HAEMATOLOGY

Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
Hemoglobin (Hb) (Colorimetry)	15.7	gm/dl	13.5 - 18.0	WHOLE BLOOD
TLC (Electrical Impedence)	7760	cell/cumm	4500 - 11000	EDTA WHOLE
DIFFERENTIAL COUNT				
Neutrophils (Flow Cytometry)	55	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	42	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	02	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	01	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	

**** End of Report ****
This is Perversional Report

Lab Technician

Dr.NishaTiwari
(MD.Microbiology)

Dr. Neha Gupta
MBBS,MD(Pathology)
(Consultant Pathologist)

Dr. Neha Kaushal
MBBS,MD(Microbiology)
(Consultant Microbiologist)

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PARK GROUP OF HOSPITAL : ★ West Delhi ★ South Delhi ★ Gurugram ★ Faridabad ★ Panipat ★ Karnal



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HAEMATOLOGY

RBC (Electrical Impedence)	4.9	millions/cumm	3.5 - 5.5	EDTA WHOLE
PCV (Electrical Impedence Calculation)	45.3	%	40 - 50	EDTA WHOLE
MCV (Electrical Impedence Calculation)	92.1	fl	76 - 96	EDTA WHOLE
MCH (Electrical Impedence Calculation)	32.3	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedence Calculation)	35.0	gm/dl	30 - 36	EDTA WHOLE
RDW	12.2	%	11 - 16	
PLATELETE COUNT (Electrical Impedence)	220	1000/microLit	150 - 450	EDTA WHOLE

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BIOCHEMISTRY

Blood Sugar Fasting

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
BLOOD SUGAR FASTING (God- Trinders)	87	mg/dl	75 - 115	Flouride Plasma

Increased In:
 Diabetes Mellitus
 Stress (e.g, emotion, burns, shock, anesthesia)
 Acute Pancreatitis
 Chronic Pancreatitis
 Wernicke encephalopathy (Vitamin B1 deficiency)
 Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :
 Pancreatitis disorders
 Extrapancreatic tumors
 Endocrine disorders
 Malnutrition
 Hypothalamic lesions
 Alcoholism
 Endocrine Disorders

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BIOCHEMISTRY

Lipid Profile

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
<u>LIPID PROFILE</u>				
CHOLESTROL (CHOD-TRINDER)	205	mg/dl	00 - 200	SERUM
TRIGLYCERIDES (GPO-Trinders)	184	mg/dl	35 - 170	SERUM
HDL- CHOL (Direct Method/ Enzymatic Colorometric)	34	mg/dl	40 - 60	SERUM
VLDL-CHOL CALCULATED	36.8	mg/dl	10 - 40	
LDL-CHOLESTROL	134.2	mg/dl	0 - 130	
LDL/HDL RATIO	3.95		0-3	
CHOLESTROL/HDL RATIO	6.03			

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BIOCHEMISTRY

PROTEINS

TOTAL PROTEIN (Biuret)	6.8	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.0	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	2.8	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	1.43		0.9 - 2.0	

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Patient Type : OPD	Reported on : 12/02/2022/ 3.31 PM
Bed No :	

BIOCHEMISTRY

Liver Function Test Profile

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
<u>BILIRUBIN</u>				
BILIRUBIN TOTAL (Diazonium Salt)	1.2	mg/dl	0.1 - 1.2	SERUM
BILIRUBIN DIRECT (Diazonium Salt)	0.3	mg/dl	00 - 0.3	SERUM
BILIRUBIN INDIRECT (CALCULATED)	0.9	md/dl	0 - 0.9	
SGOT/AST (UV-KINETIC)	73	U/l	0 - 45	SERUM
SGPT/ALT (UV-KINETIC)	104	U/l	0 - 45	SERUM
ALKALINE PHOSPHATASE (ALP) (Kinetic)	94	U/l	41 - 137	SERUM

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Patient Type : OPD	Reported on : 12/02/2022/ 3.31 PM
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BIOCHEMISTRY

PROTEINS

TOTAL PROTEIN (Biuret)	6.8	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.0	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	2.8	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	1.43		0.9 - 2.0	

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Patient Type : OPD	Reported on : 14/02/2022/ 5.22 PM
Bed No :	

OUTSOURCE

PSA, FREE AND TOTAL

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
PSA (PROSTATE SPRVIFIC ANTIGEN) FREE	0.12	ng/mL	0 - 0.42	
PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL	1.64	ng/ml	0.0 - 2.5	

Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

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Patient Type : OPD	Reported on : 13/02/2022/ 1.01 PM
Bed No :	

BIOCHEMISTRY

Glycosylated Haemoglobin

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
HbA1C (GLYCOSYLATED HEMOGLOBIN)	4.9	%	4.6 - 6.2	

Metabolically Healthy Patients 4.5 6.0
 Good Control 6.1 6.5
 Fair Control 6.6 7.0
 Poor Control > 7.0

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BIOCHEMISTRY

Glycosylated Haemoglobin

TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
HbA1C (GLYCOSYLATED HEMOGLOBIN)	4.9	%	4.6 - 6.2

Metabolically Healthy Patients 4.5 6.0
 Good Control 6.1 6.5
 Fair Control 6.6 7.0
 Poor Control > 7.0

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TRANSTHORACIC ECHO- DOPPLER REPORT

NAME - MR SANDEEP AHLAWAT	AGE/ SEX - 40 Y/M
MR. NO. - 18184	DATE - 12/02/2022

M-MODE / 2-D DESCRIPTION

- ❖ **Left Ventricle:** No regional wall motion abnormality. LVEF ~ 55%
- ❖ **Left Atrium:** Normal.
- ❖ **Right atrium:** It is Normal Sized.
- ❖ **Right ventricle:** It is Normal Sized. RV Systolic Function is Normal.
- ❖ **Aortic valve:** Aortic Cusps are Normal.
- ❖ **Mitral valve:** It Appears Normal.
- ❖ **Tricuspid valve:** It Appears Normal.
- ❖ **Pulmonic valve:** It Appears Normal.
- ❖ **Main pulmonary artery & its branches:** Appear Normal.
- ❖ **Pericardium:** No Pericardial Effusion Seen
- ❖ **Inter atrial septum:** It is Intact.
- ❖ **Inter ventricular septum:** It is Intact.
- ❖ **IVC:** It is Normal in Size, collapsing & Respiratory Variability.
- ❖ **Clot / Vegetation:** No Intracardiac Clot, Vegetation.

Measurements (mm):

LEFT HEART			RIGHT HEART		
	Observed values (mm)	Normal values		Observed values (mm)	Normal values
Aortic root	30	20-36 (22mm/M ²)	IVC size	-	17-21mm
Aortic valve opening		15-26 (mm/M ²)	IVC respiratory variability		>50%
LA size	35	19-40 (mm/M ²)	RA size	-	<18cm ²
LA volume index (ml/M ²)		<34 ml/M ²		-	
LVID(D)	46	(ED=37-56)	RV basal		24-42mm
LVID(S)	36		RV mid cavity	-	20-35mm
IVS(D)	8	(ED=6-12)	RV longitudinal	-	56-86mm
			RVOT proximal	-	18-33mm
PW(D)	8	(ED=5-10)	TAPSE	-	>15mm
			RV free wall thickness	-	<5mm
LVEF(%)	55%	55%-70%	RVEF		>44%

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Doppler velocities (cm/sec)

Aortic valve		Pulmonary valve	
Max/ Vel	93	Max velocity	97
Max/ PG		Max PG	
Mitral valve		Tricuspid valve	
E	68	Max Velocity	
A	50	PASP	-
DT	-	E/E' (>6)	-
E/A	-	S' Velocity (>10cm2/sec)	-

Regurgitation

MR		TR	
Severity	Nil	Severity	Nil
AR		PR	
Severity	Nil	Severity	Nil

Final Interpretation:

- No regional wall motion abnormality. LVEF ~ 55%
- Normal Cardiac Chamber
- No MR, No AR, No TR.
- Grade I diastolic dysfunction.
- No Intracardiac Clot, Vegetation, Pericardial Effusion

Dr. AJAY DUA

DNB (Medicine), DNB (Cardiology)
Sr. Consultant Interventional Cardiology

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DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY, THE SIGNATURE HOSPITAL

NAME: MONIKA	DATE: 12/02/2022
AGE: 40 Y/F	MR NO.: 18183

USG WHOLE ABDOMEN

LIVER: is normal in size and raised in echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

SPLEEN: is normal in size and echotexture. No focal lesion is seen.

PANCREAS: is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

RIGHT KIDNEY: is normal in size and position and outline corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is well distended. Wall thickness is normal. No evidence of any focal lesion.

UTERUS: is normal in size, shape and position. Myometrial echotexture is normal. Well defined heterogeneously echogenic lesions of posterior myometrium largest measuring approx 2 x 1cm.

OVARIES: Both ovaries are normal.

Cul de Sac is clear.

IMPRESSION:

- Grade II fatty liver.
- Well defined heterogeneously echogenic lesions of posterior myometrium - ? Uterine fibroid.

Please correlate clinically.



Dr. Guruvarun Atla
Senior Consultant
Diagnostic & Interventional Radiology

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Prescription

UHID : 18184	Date&Time : 12/02/2022 11.07 AM
Name : Mr. SANDEEP AHLAWAT	Sex : Male
Doctor Name : Dr. CMO (CMO)	Age : 40Years 5Months 15Days
Address : FLAT NO-E405 SUNCITY HEIGHTS SEC-36 A ROHTAK,Gurgaon,Gurgaon,Haryana	Mobile No : 9896213531
	Organisation : MEDIWHEEL

B.P	H.R	P.R	SPO2	Temp.	Height	Weight
119/81	72b/m	22b/m	97%	98.2F	170-	95kg

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Printed By EKTA1761	Print Date & Time 12/02/2022 11.08 AM	 18184

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