



LABORATORY REPORT

Name :	Mr. Ananya J Desai	Reg. No :	208100709
Sex/Age :	Male/61 Years	Reg. Date :	12-Aug-2022 08:22 AM
Ref. By :		Collected On :	12-Aug-2022 08:22 AM
Client Name :	Mediwheel	Report Date :	12-Aug-2022 03:47 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 175

Weight (kgs) : 73.5

Blood Pressure : 110/70mmHg

Pulse : 90/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

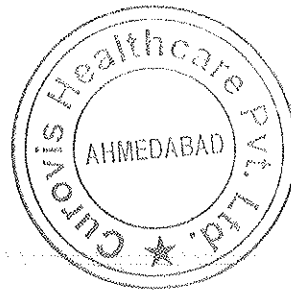
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A




This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

UNION OF INDIA Driving Licence

GUJARAT STATE

MP04 19860457665



Date of First Issue: 05-07-1986

Validity: 27-08-2025

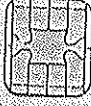
CDOL: 23/08/2020

Date of Birth: 22-09-1960

Blood Group:

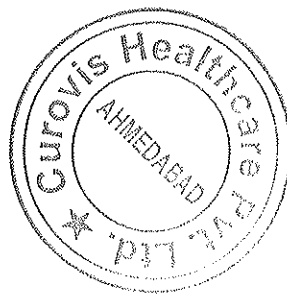
Name: ANANYA DESAI

Sex: Daughter/Avis: of JAYANTILAL



Handwritten signature and scribbles

Dr. Jay Soni
 M.D. (General Medicine)
 Reg. No.: G-23899




TEST REPORT

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Age/Sex : 61 Years / Male	Pass. No. :	Tele No. : 9877234003
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin (Spectrophotometric Measurement)	14.3	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 42.10	%	47 - 52
RBC Count (Volumetric Impedance)	L 4.60	million/cmm	4.7 - 6.0
MCV (Calculated)	91.6	fL	78 - 110
MCH (Calculated)	31.0	Pg	27 - 31
MCHC (Calculated)	33.9	%	31 - 35
RDW (Calculated)	L 10.8	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	6150	/cmm	4000 - 10500
MPV (Calculated)	9.6	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	55	%	42.0 - 75.2	3383 /cmm	2000 - 7000
Lymphocytes (%)	30	%	20 - 45	1845 /cmm	1000 - 3000
Eosinophils (%)	05	%	0 - 6	615 /cmm	200 - 1000
Monocytes (%)	10	%	2 - 10	308 /cmm	20 - 500
Basophils (%)	00	%	0 - 1	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) 264000 /cmm 150000 - 450000
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.

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Approved By : Dr. Dhvani Bhatt
 MD (Pathology)

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Approved On : 12-Aug-2022 05:20 PM


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HEMATOLOGY
BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR (After 1 hour) <i>Infra red measurement</i>	02	mm/hr	ESR AT 1 hour : 1-7 ESR AT 2 hour : 8-15
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	125.70	mg/dL	70 - 110
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GOD-POD for glucose.

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
- Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma


Post Prandial Blood Sugar (PPBS)	123.8	mg/dL	70 - 140
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GOD-POD for glucose.

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	141.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	185.70	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	40.80	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	63.06	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	37.14	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.55		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.46		0 - 5.0
<i>Calculated</i>			

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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.98	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	5.15	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	1.83	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.81		0.8 - 2.0
SGOT <i>UV without P5P</i>	25.10	U/L	0 - 40
SGPT <i>UV without P5P</i>	20.10	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	115.5	U/L	25 - 270
Total Bilirubin <i>Vanadate Oxidation</i>	0.48	mg/dL	0 - 1.2
Conjugated Bilirubin	0.16	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Sulph acid dp/caff-benz</i>	0.32	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	17.20	mg/dL	15 - 73

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Location	: CHPL			Sample Type	: Serum

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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.60	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	1.39	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN <i>UV Method</i>	12.30	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.7	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	116.89	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	15 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	Nil /hpf
Crystals	Absent
Casts	Absent
Amorphous Material	Absent
Bacteria	Absent

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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.00	ng/mL	0.6 - 1.81
---	------	-------	------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	7.40	ng/mL	3.2 - 12.6
--	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Location : CHPL		Sample Type : Serum

***TSH** 2.055 μ IU/ml 0.55 - 4.78
 CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL


Third trimester : 0.3 to 3.0 μ IU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.91	ng/mL	0 - 4
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100


Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

----- End Of Report -----

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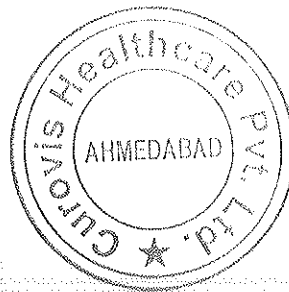
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Electrocardiogram

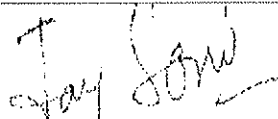
Findings

Normal Sinus Rhythm.

Within Normal Limit.



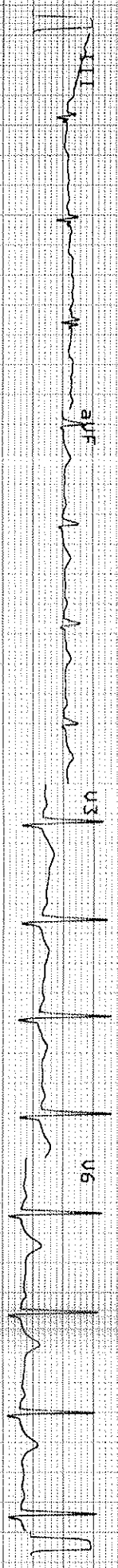
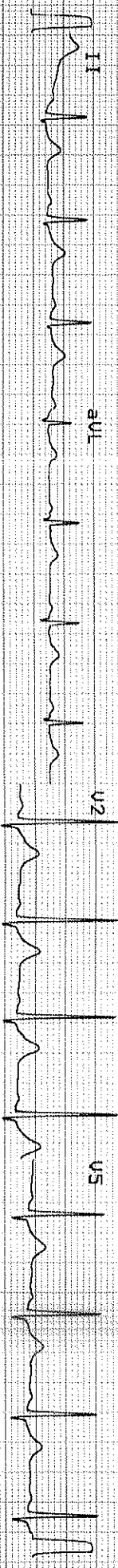
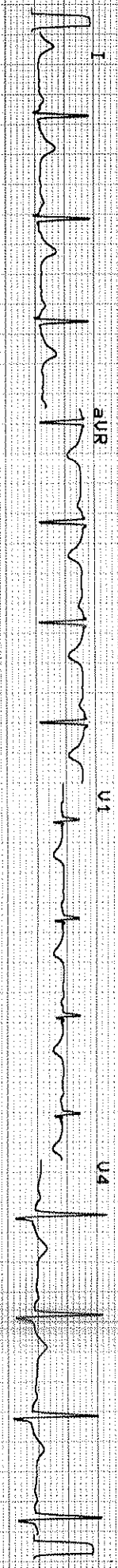
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Dr. Jay Soni
M.D, GENERAL MEDICINE

Ananya
 Desai
 2
 Male
 61 years / 75 kg
 175 cm

HR 90/min
 Axis: P 25°
 QRS 12°
 T 22°
 Intervals:
 RR 665 ms
 P 110 ms
 PR 140 ms
 QR5 74 ms
 QT 338 ms
 QTc 417 ms
 (Bazett)
 P (II) 0.06 mV
 S (V1) -0.31 mV
 R (V5) 1.67 mV
 Sokol. 2.19 mV
 10 mm/mV





LABORATORY REPORT

Name :	Mr. Ananya J Desai	Reg. No :	208100709
Sex/Age :	Male/61 Years	Reg. Date :	12-Aug-2022 08:22 AM
Ref. By :		Collected On :	12-Aug-2022 08:22 AM
Client Name :	Mediwheel	Report Date :	12-Aug-2022 03:47 PM

2D Echo Colour Doppler

OBSERVATION:

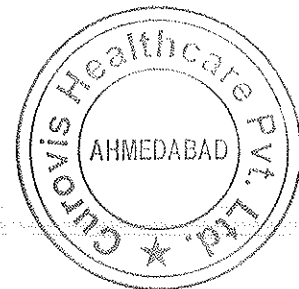
2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 46 mmHG.
8. Intact IAS and IVS.
9. No Clot. No Vegetation.
10. No pericardial effusion.

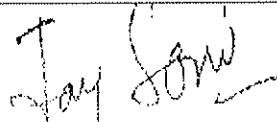
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name : Mr. Ananya J Desai	Reg. No : 208100709
Sex/Age : Male/61 Years	Reg. Date : 12-Aug-2022 08:22 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 12-Aug-2022 04:58 PM

X RAY CHEST PA

Prominent Broncho-vascular margins Noted in right hilar region.

Rest of Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

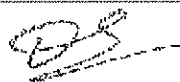
Cardiac sized appears normal in size.

Both costo-phrenic angles appear free of fluid.

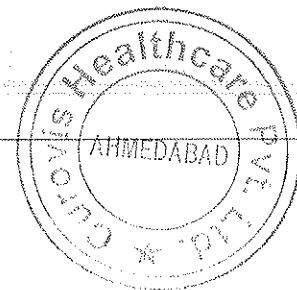
Both domes of diaphragm appear normal.

----- End Of Report -----

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494





LABORATORY REPORT

Name :	Mr. Ananya J Desai	Reg. No :	208100709
Sex/Age :	Male/61 Years	Reg. Date :	12-Aug-2022 08:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	12-Aug-2022 04:56 PM

USG ABDOMEN

Liver appears normal (14.5 cm) in size, show **increased parenchymal echoes**. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended and **shows few tiny hyperechoic foci without posterior acoustic shadowing seen within largest measuring 5 mm. P/O ? GB polyp**. No evidence of calculus seen. Gall bladder wall thickness appears normal.

Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained.

Evidence of app. 26 x 23 mm sized anechoic cortical cyst with internal thin septa noted in mid pole of right kidney. Suggest Right Renal Cortical Cyst.

No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder contour is normal, No evidence of calculus or mass.

Prostate is normal in size, show homogenous echo, outline is smooth.

No paraaortic lymphadenopathy seen.

No evidence of dilated small bowel loops.

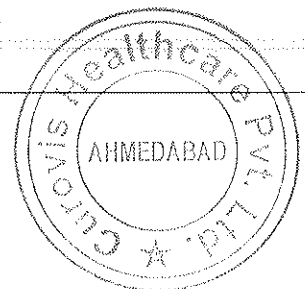
COMMENTS :

GRADE I FATTY LIVER.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494





LABORATORY REPORT

Name : Mr. Ananya J Desai

Sex/Age : Male/61 Years

Ref. By :

Client Name : Mediwheel

Reg. No : 208100709

Reg. Date : 12-Aug-2022 08:22 AM

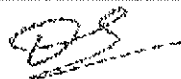
Collected On :

Report Date : 12-Aug-2022 04:56 PM

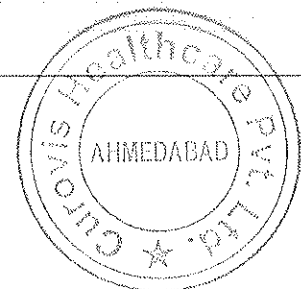
RIGHT RENAL CORTICAL CYST.

P/O ? GB POLYP as described above.

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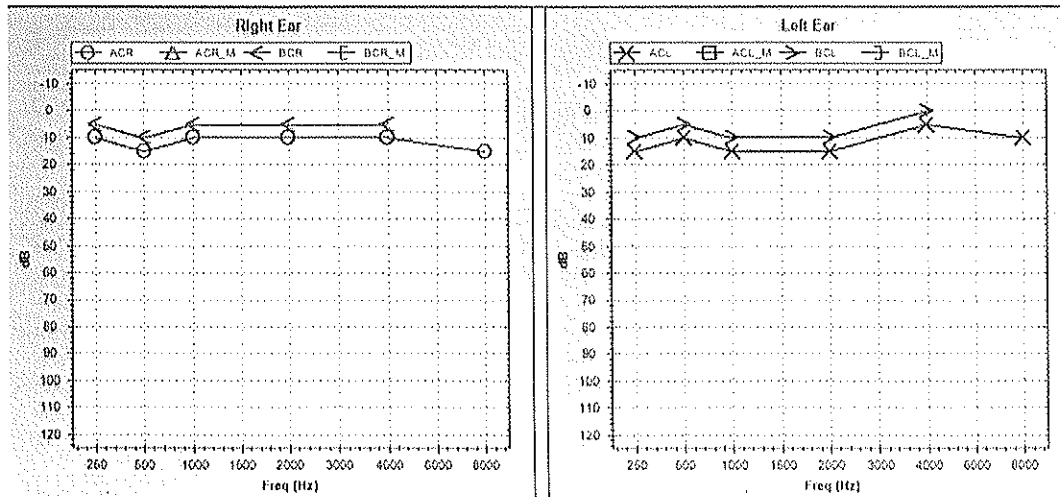


CLIENT NAME: ANANYA DESAI.

AGE: 61Y/ M

Date: 10/08/2022.

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	□	>	Blue
RIGHT		△	○	◻	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

