

Name:

Birth date:

mm/yy

years

20-AUG-2024 PM5:04:37

Sex: M

cm

kg

Medications:

Symptoms:

History:

Vent. rate

PR int

QRS dur

QT/QTc(ED) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

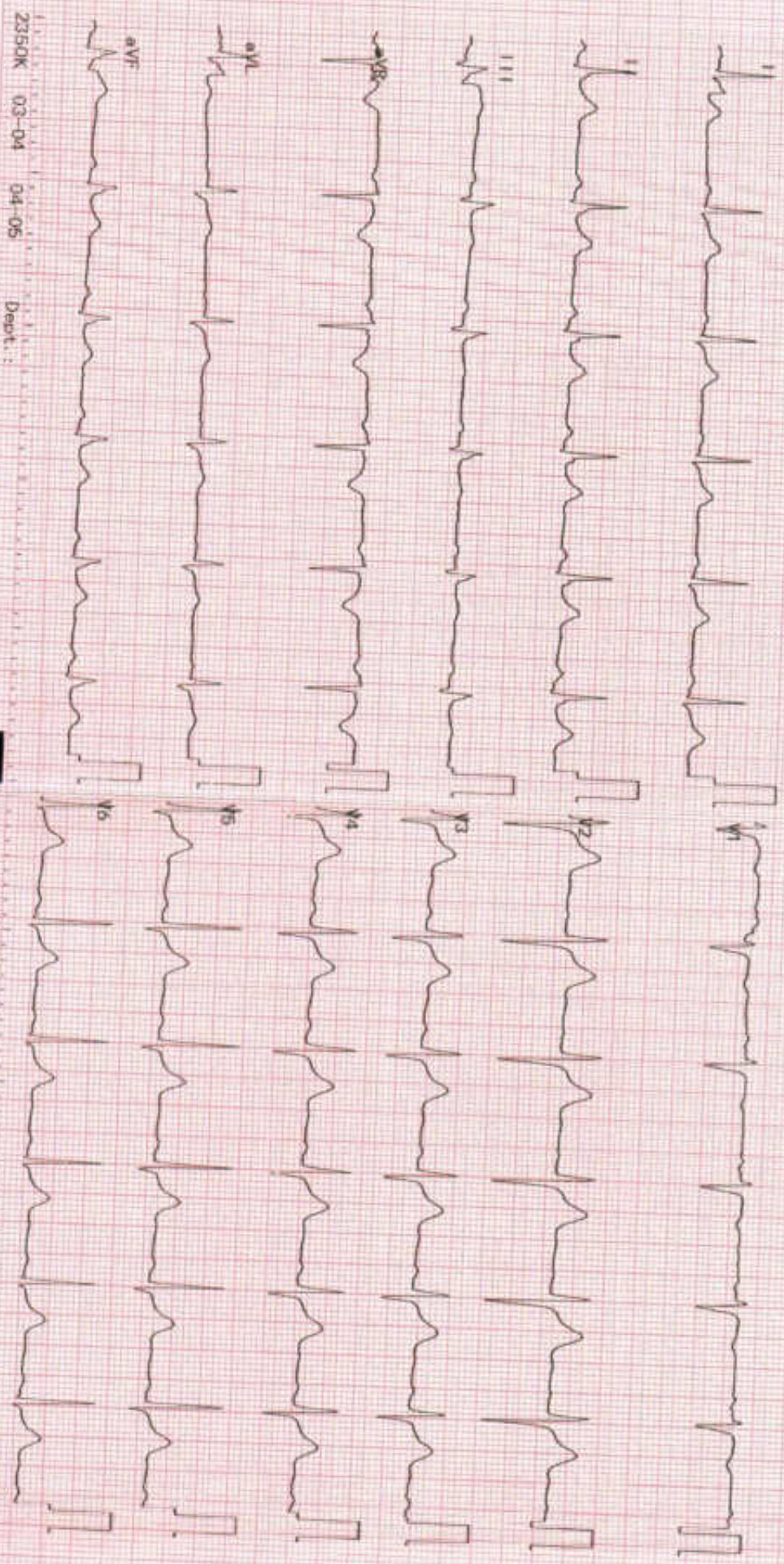
74	bpm
166	ms
96	ms
382/410	ms
58/32/40	ms
1.28/0.83	mV
1.91	mV

10 mm/mV 25 mm/s Filter: HEG d 100 Hz

0 mm/mV

1100 Sinus rhythm
 9110 ** normal ECG **
 Dr. Ankit Rathore
 36.11/10

Unconfirmed Report
Reviewed by:



2350K 03-04 04-05 Dept.:

Exam: NEO MULTISPECIALTY HOSPITAL

CARDIART



D-170, 170-A, 170-B, Sector 50, Noida 201301
 Phones : 0120 - 4880000, 3120000
 email : info@neohospital.com website : www.neohospital.com



Certificate No. H-2014-2018 Certificate No. MC-0302

Barcode No.	: M364449		Age / Sex	: 36.11 YRS / Male
Patient Name	: Mr. ANKIT MATHUR		Registration Date	: 20-Aug-2024 10:58 AM
IPD No.	:		Reporting Date	: 21-Aug-2024 11:20 AM
UHID	: 296584		Approved Date	: 21-Aug-2024 02:45 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology **AML-Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-Normal/Thickening/Calcification/Prolapses/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score: _____

Doppler **Normal**/Abnormal E/A=89/64, **E>A** A>E S>D
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal TRICUSPID VALVE=141 cm/s.
 Tricuspid stenosis Present/**Absent** RR Interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity _____ msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal PULMONARY VALVE= 94cm/s.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation Present/**Absent**
 Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal AORTIC VALVE=141cm/s.
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements

Normal Valves

Measurements

Normal Valves



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DEPARTMENT OF CARDIOLOGY

Aorta	3.3	(2.0-3.7 cm)	LA es	3.5	(1.9-4.0 cm)
LV es	3.0	(2.2-4.0 cm)	LV ed	4.4	(3.7-5.6 cm)
IVSed	1.0/1.5	(0.6-1.1 cm)	PW (LV)	1.0/1.6	(0.6-1.1 cm)
RVed		(0.7-2.6 cm)	RV Anterior Wall		(upto 5 cm)
LVVd (ml)			LVVs (ml)		
EF	60%	(54%-76%)	IVS motion		Normal/Flat/Paradoxical
IVS			Any Other		

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction
LA	Normal/Reduced/Regional wall motion abnormality: Nil
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus
PERICARDIUM	Normal/Enlarged/Clear/Thrombus
	Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal cardiac chamber size
 No MR/TR
 No AR/AS
 MIP-Normal
 Intact IAS/IVS
 No LA/LV clot
 No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

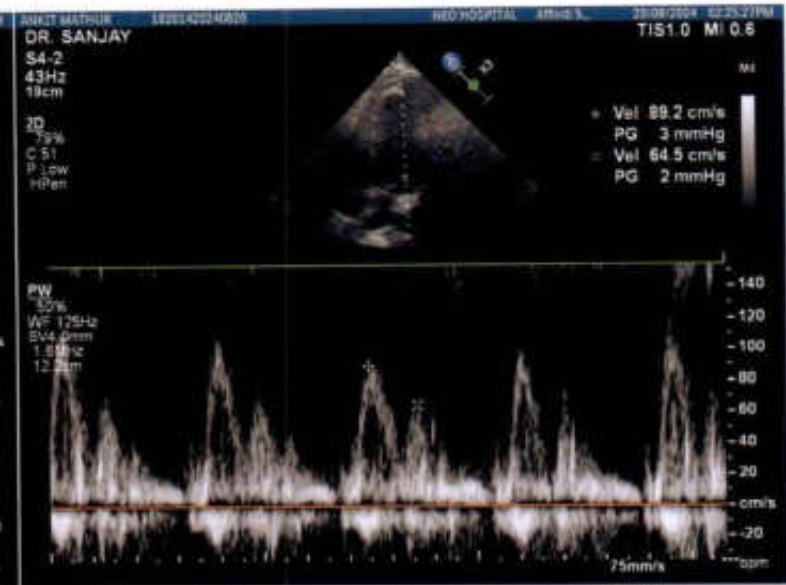
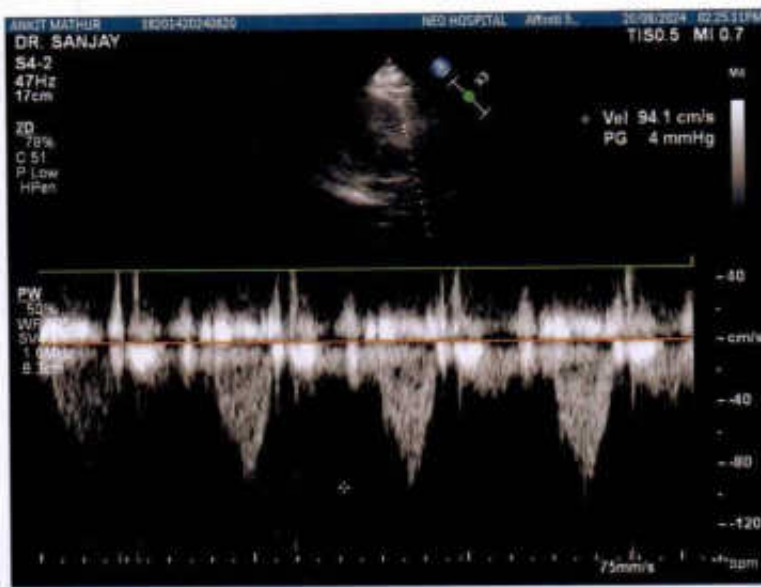
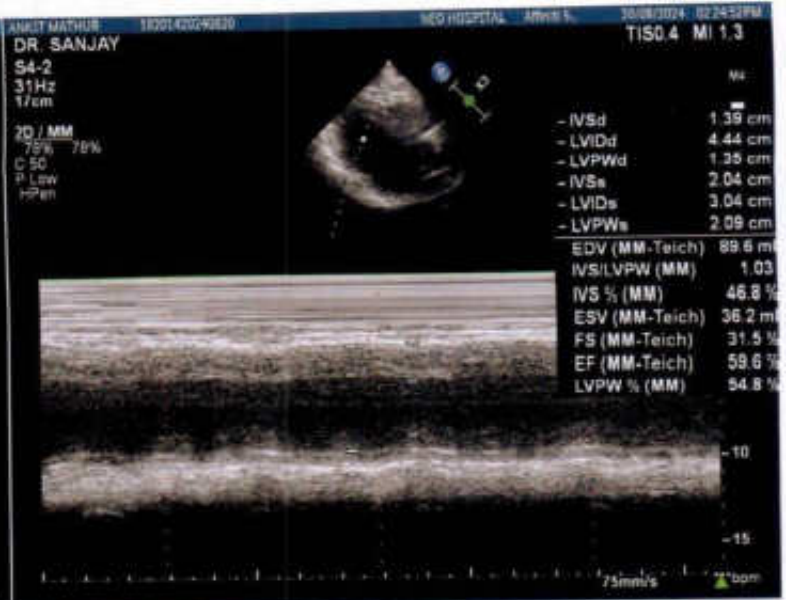
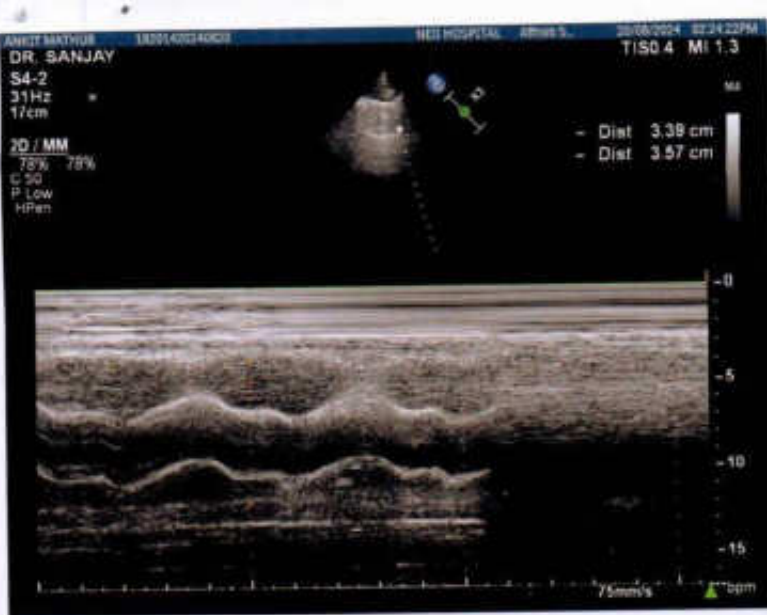
*** End Of Report ***



DR. SANJAY Kr. SHARMA

MD, DM (Cardiology)

FIMSA, FESC, FSCAI (USA)






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Barcode No. :	M364449		Age / Sex :	36.11 YRS / Male
Patient NAME :	Mr. ANKIT MATHUR			Certificate No. : MC-2382
Sample Coll. DATE :	20-Aug-2024 03:22 PM	Sample Receiving DATE :	20-Aug-2024 04:03 PM	
UHID :	296584	Reporting DATE :	20-Aug-2024 05:38 PM	
IPD No. / Ward :	/	Approved DATE :	20-Aug-2024 05:43 PM	
Referring Doctor :	Dr. Rakesh Malhotra (H)			
Passport No. :				

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
Blood Sugar Fasting		96.0	mg/dl	70-100

Blood Sugar Post Prandial* (Specimen : FLUORIDE)

Date	Status	20/Aug/24 05:43PM	Unit	Bio Ref Interval
Blood Sugar Post Prandial	H	151.0	mg/dl	70.0-140.0

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory of diagnosis. Kindly refer to the physician.




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Barcode No. : M364449  Age / Sex : 36.11 YRS / Male
Patient NAME : Mr. ANKIT MATHUR
Sample Coll. DATE : 20-Aug-2024 11:11 AM Sample Receiving DATE : 20-Aug-2024 11:27 AM
UHID : 296584 Reporting DATE : 20-Aug-2024 12:24 PM
IPD No. / Ward : / Approved DATE : 20-Aug-2024 01:31 PM
Referring Doctor : Dr. Rakesh Malhotra (H)
Passport No. :

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen : EDTA)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
Haemoglobin (whole blood/photometric method)		15.2	g/dl	13.0-17
Total Leucocyte Count (TLC) (whole blood/impedence method)		5660	cells/c.mm	4000-10000
Neutrophil	L	44.4	%	45-70
Lymphocyte	H	44.6	%	20-40
Eosinophils		3.1	%	1.0-5.0
Monocytes		7.9	%	2.0-10.0
Basophils		0.0	%	0.0-1.0
Packed Cell Volume (PCV) (whole blood, calculation)		44.5	%	40.0-50.0
Red Blood Cell Count (whole blood, impedance method)		4.99	million/c.mm	4.5-5.5
Mean Cell Volume (MCV) (whole blood, calculated)		89.2	fL	83.0-101.0
Mean Cell Haemoglobin (MCH) (whole blood, calculated)		30.5	pg	27.0-32.0
MCHC (whole blood, calculated)		34.2	g/dl	31.0-34.5
RDW - CV		13.5	%	11.0-16.0
RDW - SD		40.1	fL	35.0-56.0
Platelet Count (whole blood, impedance method)		2.48	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		8.2	fL	6.5-12.0
ESR		10	mm/Hr	0-10

Interpretation :

Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedance method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.



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Certificate No. : MC-3382

Barcode No. : M364449		Age / Sex : 36.YR / Male
Patient NAME : Mr. ANKIT MATHUR		
Sample Coll. DATE : 20-Aug-2024 11:11 AM		Sample Receiving DATE : 20-Aug-2024 11:27 AM
UHID : 296584		Reporting DATE : 20-Aug-2024 12:23 PM
IPD No. / Ward : /		Approved DATE : 20-Aug-2024 12:40 PM
Referring Doctor : Dr. Rakesh Malhotra (H)		
Passport No. :		

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* (Specimen : SERUM)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
Blood Urea <i>(urease with indicator dye)</i>		22.0	mg/dl	19.0-43.0
Serum Creatinine <i>(enzymatic/creatinine amidohydrolase)</i>		0.7	mg/dl	0.66-1.25
Uric Acid <i>(uricase/oxidase)</i>		5.8	mg/dl	3.5-8.5
Sodium (Na+) <i>(direct ion selective mode)</i>	L	136.0	mmol/L	137.0-145.0
Potassium (K+) <i>(direct ion selective mode)</i>		4.1	mmol/L	3.5-5.1
Chloride (Cl-) <i>(direct ion selective mode)</i>		104.0	mmol/L	98.0-107.0
Serum Calcium <i>(arsenazo dye)</i>		9.1	mg/dl	8.4-10.2
Phosphorus Serum <i>(phosphomolybdate reduction)</i>		4.3	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) <i>(4-nitrophenyl phosphate(pnpp)/amp)</i>		94.0	U/L	38.0-126.0
Total protein <i>(biuret/alkaline cupric sulphate)</i>		7.7	gm/dl	6.3-8.2
Albumin <i>(bromocresol green dye binding)</i>		4.2	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	H	1.2		0.8-1.1
eGFR <i>(calculated)</i>		127.5	mL/min	-

Lipid Profile* (Specimen : SERUM)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
Total Cholesterol <i>(serum/enzymatic(che,cho/pod))</i>	H	255.0	mg/dl	<200
Triglyceride <i>(serum/enzymatic(ipase/gk/gpo/pod)without correction for free glycerol)</i>	H	176.0	mg/dl	<150.0
HDL Cholesterol <i>(serum/phosphotungstic acid/mgo(2+enzymatic)</i>		42.0	mg/dl	>40.0

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmation of disease. Kindly refer to doctor for further treatment.



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Barcode No.	: M364449		Age / Sex	: 36.YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			
Sample Coll. DATE	: 20-Aug-2024 11:11 AM	Sample Receiving DATE	: 20-Aug-2024 11:27 AM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 12:23 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 12:40 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

LDL (calculation)	H	177.8	mg/dl	<100
VLDL (calculation)	H	35.2	mg/dl	<30
LDL/HDL Ratio (calculation)	H	4.23		<3.6
Total Cholesterol : HDL Ratio (calculation)	H	6.07		<5.0

Interpretation :
Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.




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Barcode No.	: M364449		Age / Sex	: 36.11 YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			Certificate No. : NC-2302
Sample Coll. DATE	: 20-Aug-2024 03:22 PM	Sample Receiving DATE	: 20-Aug-2024 04:03 PM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 08:53 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 10:05 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Specimen - URINE)

Date	Status	Unit	Bio Ref Interval
20/Aug/24	10:05PM		
Urine for Sugar Fasting	NIL		

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory of diagnosis. Kindly correlate with clinical picture.




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Phones : 0120 - 4880000, 3120000

email : info@neohospital.com website : www.neohospital.com



Barcode No.	: M364449		Age / Sex	: 36.YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			Certificate No. : BC-2382
Sample Coll. DATE	: 20-Aug-2024 03:22 PM	Sample Receiving DATE	: 20-Aug-2024 04:03 PM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 08:53 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 10:05 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP* (Specimen : URINE)

Date	Status	Unit	Bio Ref Interval
20/Aug/24 10:05PM	NIL		

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory of the exact kind, direction or amount.




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Barcode No.	: M364449		Age / Sex	: 36.YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			Certificate No. : MC-2382
Sample Coll. DATE	: 20-Aug-2024 11:11 AM	Sample Receiving DATE	: 20-Aug-2024 11:27 AM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 12:23 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 12:40 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) (Specimen : SERUM)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
Bilirubin Total		0.7	mg/dl	0.2-1.3
Bilirubin Direct		0.2	mg/dl	0.0-0.3
Bilirubin Indirect		0.5	mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		26.0	U/l	17.0-59.0
SGPT, ALT (Alanine Transaminase)		33.0	U/L	<50.0
Alkaline Phosphatase (ALP)		94.0	U/L	38.0-126.0
Total protein		7.7	gm/dl	6.3-8.2
Albumin		4.2	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	H	1.2		0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)	H	101.0	U/L	15.0-73.0

*** End Of Report ***

Dr. Ruchika Butola
M.B.B.S., M.D.
(Consultant Microbiologist)

Dr. Iqbal Ahmad
M.B.B.S., M.D.
(Consultant Pathologist)

Dr. Manju Bhamu
M.B.B.S., D.N.B.
(Consultant Pathologist)

Dr. Ankita Singhal
M.B.B.S., MD
(Consultant Microbiology)

Prepared By : Mrs. Anita

Printed By : Mr. VINOD KUMAR

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Barcode No.	: M364449		Age / Sex	: 36.11 YRS / Male
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Sample Coll. DATE	: 20-Aug-2024 11:11 AM	Sample Receiving DATE	: 20-Aug-2024 11:27 AM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 01:06 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 03:22 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Date	Status	Unit	Bio Ref Interval
	20/Aug/24 05:38PM		
Blood Group <i>(agglutination method)</i>	"B"		-
Rh Type <i>(agglutination method)</i>	POSITIVE		-




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 Patient NAME : Mr. ANKIT MATHUR
 Sample Coll. DATE : 20-Aug-2024 11:11 AM Sample Receiving DATE : 20-Aug-2024 11:27 AM
 UHID : 296584 Reporting DATE : 20-Aug-2024 12:31 PM
 IPD No. / Ward : / Approved DATE : 20-Aug-2024 01:12 PM
 Referring Doctor : Dr. Rakesh Mulhotra (H)
 Passport No. :

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen - SERUM)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
FT3		3.26	pg/ml	1.4-5.6
FT4		0.80	ng/dL	0.67-1.71
TSH		1.66	µIU/ml	0.25-5.0

Interpretation :

Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radiiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule .Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum

Prepared By : Miss. Sosamma

Printed By : Mr. VINOD KUMAR

These values are only indicative not confirmatory. The new health care destination.




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Barcode No.	: M364449		Age / Sex	: 36.11 YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			
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IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 01:12 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness
---------------------------	--------	--------------	---

Prepared By : Miss. Sosamma

Printed By : Mr. VINOD KUMAR




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Phones : 0120 - 4880000, 3120000

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Certificate No. N-2018-0549

Barcode No.	: M364449		Age / Sex	: 36.11 YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			
Sample Coll. DATE	: 20-Aug-2024 11:11 AM	Sample Receiving DATE	: 20-Aug-2024 11:27 AM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 01:15 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 01:22 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	20/Aug/24 05:38PM	Unit	Bio Ref Interval
HbA1c		5.6	%	<5.7
AVERAGE BLOOD SUGAR		114.0	MG/DL	<116

Interpretation :

HbA1c :

Hba1c :

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well asB12 or folate deficiency anemia may cause A1c to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

*** End Of Report ***

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Prepared By : Miss. Sosamma

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Barcode NO.	: M364449		Age / Sex	: 36.YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			
Sample Coll. DATE	: 20-Aug-2024 12:50 PM	Sample Receiving DATE	: 20-Aug-2024 12:51 PM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 08:44 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 10:03 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
PHYSICAL EXAMINATION			
VOLUME(visual observation)	30	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.020		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.5		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN)(automated multistrips)protein error of pH,sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method.	NIL		NIL
KETONE BODIES(automated multistrips,rothas method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlichs aldehyde method)	NORMAL		NORMAL (1mg/dL.)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
MICROSCOPIC EXAMINATION			
PUS CELLS(light microscopy)	2-3	/hpf	0-5
RED BLOOD CELLS(light microscopy)	NIL	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	1-2	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT




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Barcode No.	: M364449		Age / Sex	: 36.YRS / Male
Patient NAME	: Mr. ANKIT MATHUR			Certificate No. : NC-1202
Sample Coll. DATE	: 20-Aug-2024 12:50 PM	Sample Receiving DATE	: 20-Aug-2024 12:51 PM	
UHID	: 296584	Reporting DATE	: 20-Aug-2024 08:44 PM	
IPD No. / Ward	: /	Approved DATE	: 20-Aug-2024 10:03 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

CRYSTALS(light microscopy)	ABSENT	ABSENT
OTHERS(light microscopy)		

Note: 1.Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle),Glucose (GOD-POD),Ketone(Legals Test), Bilirubin(Azo-Diazo reaction),Urobilinogen (Diazonium ion Reaction).All abnormal results of chemical examination are confirmed by manual methods.

2.Pre-test conditions to be observed while submitting the sample-First void,mid-stream urine,collect in a clean,dry,sterile container is recommended for routine urine analysis.,avoid contamination with any discharge from vaginal ,urethra,perineum,as applicable ,avoid prolonged transit time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,exercercise,high protein diet.False positive reactions for bile pigments,proteins,glucose can be caused by peroxidase like activity by disinfectants,therapeutic dyes,ascorbic acid and certain drugs.

4.All urine samples are checked for adequacy and suitability before examination.

*** End Of Report ***

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Prepared By : Mr. Sanjeet Kumar Kanth

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These values are only indicative not confirmatory of diagnosis. Kindly correlate with the

NAME:	ANKIT MATHUR	AGE/SEX:	36.11 YRS / Male
UHID:	296584	DATE	20-Aug-24
REF. BY:	DR.RAKESH MALHOTRA (H)		

USG WHOLE ABDOMEN

Liver is normal in size **and shows generalized increased echogenicity**. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture.

Pancreas is normal in size, shape & echotexture.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Right kidney - 11.3 x 5.1 cm

Left kidney - 11.1 x 6.0 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Prostate is normal in size, shape and echogenicity, volume 18.1 cc. No focal lesion noted. No free fluid seen in the peritoneal cavity.

IMPRESSION:

- **Grade I fatty liver.**

Please correlate clinically

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 CONSULTANT RADIOLOGIST

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This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

