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Barcode No.	: M259974		Age / Sex	: 31 YRS / Male
Patient NAME	: Mr. SAURABH KUMAR			
Sample Coll. DATE	: 30-Aug-2023 09:59 AM	Sample Receiving DATE	: 30-Aug-2023 10:12 AM	
UHID	: 269519	Reporting DATE	: 30-Aug-2023 11:43 AM	
IPD No. / Ward	: /	Approved DATE	: 30-Aug-2023 06:58 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Status	Result	Reference Range	Unit
<b>Complete Haemogram* (Specimen : EDTA)</b>				
Haemoglobin <i>(whole blood/photometric method)</i>		13.3	13.0-17	g/dl
Total Leucocyte Count (TLC) <i>(whole blood/impedence method)</i>		5500	4000-10000	cells/c.mm
Neutrophil	H	71.4	45-70	%
Lymphocyte		21.3	20-40	%
Eosinophils		1.7	1.0-5.0	%
Monocytes		5.5	2.0-10.0	%
Basophils		0.1	0.0-1.0	%
Packed Cell Volume (PCV) <i>(whole blood,calculation)</i>		42.1	40.0-50.0	%
Red Blood Cell Count <i>(whole blood,impedence method)</i>		5.0	4.5-5.5	million/c.mm
Mean Cell Volume (MCV) <i>(whole blood,calculated)</i>		83.9	83.0-101.0	fl
Mean Cell Haemoglobin (MCH) <i>(whole blood,calculated)</i>	L	26.5	27.0-32.0	pg
MCHC <i>(whole blood,calculated)</i>		31.6	31.0-34.5	g/dl
RDW - CV		13.1	11.0-16.0	%
Platelet Count <i>(whole blood,impedence method)</i>	L	1.10	1.5-4.0	lakh/c.mm
MPV (Mean Platelet Volume)	H	12.7	6.5-12.0	fL
ESR		10	0-10	mm/Hr

**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.

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 Reporting DATE : 30-Aug-2023 02:53 PM  
 Approved DATE : 30-Aug-2023 07:08 PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
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**BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)**

Blood Group (agglutination method)		"AB"	-	
Rh Type (agglutination method)		POSITIVE	-	



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
<b>Blood Sugar Fasting*</b> (Specimen : FLUORIDE)				
Blood Sugar Fasting (serum, plasma(god pod))	H	101.0	<100.0	mg/dl

Prepared By : Mrs. Anita

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Printed By : Mrs. Mala



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Approved DATE : 30-Aug-2023 06:58 PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Status	Result	Reference Range	Unit
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**Urine for Sugar Fasting\*** (Specimen : EDTA)


Urine for Sugar Fasting		NIL		
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IPD No. / Ward	: /		Approved DATE	: 30-Aug-2023 06:58 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Status	Result	Reference Range	Unit
<b>HbA1c</b> (Specimen : EDTA)				
HbA1c		5.2	<5.7	%
AVERAGE BLOOD SUGAR		103.0	<116	MG/DL
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.

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DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
<b>Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)</b>				
FT3		4.43	1.4-5.6	pg/ml
FT4		1.32	0.67-1.71	ng/dL
TSH		2.77	0.25-5.0	µIU/ml

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
Decreased	Decreased	Decreased	.Thyroxine ingestion .Central Hypothyroidism .Non-Thyroidal illness
Decreased	Raised	Raised	.Recent treatment for Hyperthyroidism (TSH remains suppressed) .Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule



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**DEPARTMENT OF IMMUNOLOGY**

Test Name	Status	Result	Reference Range	Unit
Decreased or within Range	Raised	Within Range	.Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum .T3 toxicosis .Non-Thyroidal illness	



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
<b>Lipid Profile* (Specimen : SERUM)</b>				
Total Cholesterol (serum/enzymatic(che,cho/pod))	L	128.0	<200	mg/dl
Triglyceride (serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)	H	206.0	<150.0	mg/dl
HDL Cholesterol (serum/phosphotungstic acid/mgcl2+enzymatic)		32.0	>40.0	mg/dl
LDL (calculation)		54.8	<100	mg/dl
VLDL (calculation)		41.2	<30	mg/dl
LDL/HDL Ratio (calculation)	H	1.71	<3.6	mg/dl
Total Cholesterol : HDL Ratio (calculation)		4	<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:
- 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.
  - 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.

Prepared By : Mrs. Anita

Printed By : Mrs. Mala





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
<p>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.</p> <p>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 &amp; Non HDL.</p>				

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

Blood Urea (urease with indicator dye)		21.0	19.0-43.0	mg/dl
Serum Creatinine (enzymatic(creatinine amidohydrolase))		0.9	0.66-1.25	mg/dl
Uric Acid (uricase/peroxidase)		8.1	3.5-8.5	mg/dl
Sodium (Na+) (direct ion selective mode)		140.0	137.0-145.0	mmol/L
Potassium (K+) (direct ion selective mode)		4.2	3.5-5.1	mmol/L
Chloride (Cl-) (direct ion selective mode)		104.0	98.0-107.0	mmol/L
Serum Calcium (arsenazo dye)		9.3	8.4-10.2	mg/dl
Phosphorus Serum (phosphomolybdate reduction)		4.3	2.5-4.5	mg/dl
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnpp)/amp)		80.0	38.0-126.0	U/L
Total protein (biuret(alkaline cupric sulphate))		8.0	6.3-8.2	gm/dl
Albumin (bromocresol green dye binding)		4.6	3.5-5.0	gm/dl
Globulin (Calculated) (calculated)		3.4	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) (calculated)	H	1.4	0.8-1.1	mL/min
eGFR (calculated)		98.4	-	

**LFT (Liver Function Test) -Spectrophotometry\* (Specimen : SERUM)**

Bilirubin Total (serum/azobilirubin/dyphylline)	H	1.4	0.0 - <1.0	mg/dl
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Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
Bilirubin Direct (serum/dual wavelength)	H	1.1	0.0-0.3	mg/dl
Bilirubin Indirect (calculated)		0.3	0.0-1.1	mg/dl
Aspartate Transaminase (SGOT, AST) (serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)		49.0	17.0-59.0	U/l
SGPT, ALT (Alanine Transaminase) (serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)	H	77.0	<50.0	U/L
Alkaline Phosphatase (ALP) (serum/4-nitrophenyl phosphate(pnpp)/amp)		80.0	38.0-126.0	U/L
Total Protein (serum/biuret(alkaline cupric sulphate))		8.0	6.3-8.2	gm/dl
Albumin (serum/bromocresol green dye binding)		4.6	3.5-5.0	gm/dl
Globulin (Calculated) (calculated)		3.4	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) (calculated)	H	1.4	0.8-1.1	gm/dl
GGT (Gamma Glutamyl Transpeptidase) (serum/L-gamma-glutamyl-4-nitroanalide)		28.0	15.0-73.0	U/L

**Interpretation :**  
**LFT (Liver Function Test) -Spectrophotometry\* : Note:**  
 1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.  
 2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio >1 is highly suggestive of advanced liver fibrosis.  
 3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.  
 4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.



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Referring Doctor	: <b>Dr. Rakesh Malhotra (H)</b>			
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**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**.

Doppler **Normal**/Abnormal  
 Mitral Stenosis E/A=82/53, E>A Score: \_\_\_\_\_  
 Present/**Absent** A>E S>D  
 EDG \_\_\_\_\_ mmHg RR Interval \_\_\_\_\_ msec  
 Mitral Regurgitation MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
**Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis TRICUSPID VALVE=141 cm/s.  
 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 stenosis PULMONARY VALVE= 89cm/s.  
 Present/**Absent** Level  
 Pulmonary regurgitation PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 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 stenosis AORTIC VALVE=134cm/s.  
 Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Prepared By : Mrs. Anita

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**DEPARTMENT OF CARDIOLOGY**

**Measurements**

Aorta 2.9  
 LV es 2.4  
 IVSed 1.0/1.5  
 RVed  
 LVVd (ml)  
 EF 60%  
 IVS

**Normal Valves**

(2.0-3.7 cm)  
 (2.2-4.0 cm)  
 (0.6-1.1 cm)  
 (0.7-2.6 cm)  
 (54%-76%)

**Measurements**

LA es 3.8  
 LV ed 3.6  
 PW (LV) 1.0/1.6  
 RV Anterior Wall  
 LVVs (ml)  
 IVS motion  
 Any Other

**Normal Valves**

(1.9-4.0 cm)  
 (3.7-5.6 cm)  
 (0.6-1.1 cm)  
 (upto 5 cm)

Normal/Flat/Paradoxical

**CHAMBERS**

LV  
 LA  
 RA  
 RV  
 PERICARDIUM

Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction  
 Normal/Reduced/Regional wall motion abnormality: Nil  
 Normal/Enlarged/Clear/Thrombus  
 Normal/Enlarged/Clear/Thrombus  
 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.



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DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Both lung fields are clear.  
Hilar shadows are normal.  
Both costophrenic angles are clear.  
Cardiac silhouette is normal.  
Bony thorax is normal.

**Please correlate clinically**

Prepared By : Mrs. Anita



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## DEPARTMENT OF RADIOLOGY

### ULTRASOUND WHOLE ABDOMEN

**Liver** is normal in size and shows 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 mildly enlarged in size, measures 12.3 cm and normal in echotexture.

**Pancreas** is normal in size, shape & echotexture.

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

Right Kidney- 10.8 x 5.1 cm

Left Kidney -10.9 x 5.6 cm

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

**Prostate** is normal in size and echotexture, measures 8.3 cc.

No free fluid seen in the peritoneal cavity.

#### IMPRESSION:

- Grade I fatty liver.
- Mild splenomegaly.

Please correlate clinically

\*\*\* End Of Report \*\*\*

Dr. Vijay Singh Rawat  
DMRD, MD Radiodiagnosis  
Consultant Radiologist

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MD Radiodiagnosis, Fellow MSK MRI  
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