

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. HEMENDRA SINGH	Lab No	619099
UHID	337791	Collection Date	03/02/2024 11:32AM
Age/Gender	39 Yrs/Male	Receiving Date	03/02/2024 11:33AM
IP/OP Location	O-OPD	Report Date	03/02/2024 1:08PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.6	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Age/Gender	39 Yrs/Male	Receiving Date	03/02/2024 11:33AM
IP/OP Location	O-OPD	Report Date	03/02/2024 2:45PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		

BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Negative		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

****End Of Report****

RESULT ENTERED BY : Mr. ARVIND KUMAR DIXIT

Dr. NEHA GUPTA
MBBS|DIHBT|
INCHARGE BLOOD CENTRE

Mr. ARVIND KUMAR DIXIT
DMLT2008
TECHNICAL SUPERVISOR

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40001634 (2884)	RISNo./Status :	4022338/
Patient Name :	Mr. HEMENDRA SINGH	Age/Gender :	39 Y/M
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	03/02/2024 8:54AM/ OPSCR23-24/12275	Scan Date :	
Report Date :	03/02/2024 10:54AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size **shows diffuse increased echogenicity.**

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. **Mild fullness is seen in right pelvicalyceal system.**

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

One microlith is seen at lowerpolar calyx.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Is normal in size.

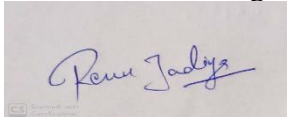
No focal fluid collections seen.

IMPRESSION:

Diffuse grade I fatty liver

Left renal microlith.

Mild fullness in right pelvicalyceal system -? right partial PUJ obstruction.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

DEPARTMENT OF RADIO DIAGNOSIS

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Report Date :	03/02/2024 10:54AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40001634 (2884)	RISNo./Status :	4022338/
Patient Name :	Mr. HEMENDRA SINGH	Age/Gender :	39 Y/M
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	03/02/2024 8:54AM/ OPSCR23-24/12275	Scan Date :	
Report Date :	03/02/2024 12:47PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	10.6	6-12mm	LVIDS	28.9
LVIDD	44.8	32-57mm	LVPWS	17.3
LVPWD	11.6	6-12mm	AO	34.7
IVSS	17.8	mm	LA	29.4
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.66	e'	-		
MITRAL VALVE	NORMAL	A	0.55	E/e'	-	-	NIL
		E	0.61				
TRICUSPID VALVE	NORMAL	A	0.58			-	NIL
		E	1.01				
AORTIC VALVE	NORMAL					-	NIL
PULMONARY VALVE	NORMAL					0.81	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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IP/OP Location	O-OPD	Report Date	03/02/2024 4:50PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9166757777		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	98.1	mg/dl	74 - 106
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	109.7	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl
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Sample: PLASMA

Method: Hexokinase assay.

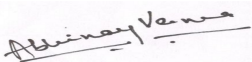
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	1.400	ng/mL	0.970 - 1.690
T4	7.13	ug/dl	5.53 - 11.00
TSH	2.56	μIU/mL	0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.94	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.66	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.28	mg/dl	0.00 - 0.40
SGOT	55.6 H	U/L	0.0 - 40.0
SGPT	85.1 H	U/L	0.0 - 40.0
TOTAL PROTEIN	6.94	g/dl	6.6 - 8.7
ALBUMIN	5.3 H	g/dl	3.5 - 5.2
GLOBULIN	1.6 L		1.8 - 3.6
ALKALINE PHOSPHATASE	97.0	U/L	53 - 128
A/G RATIO	3.2 H	Ratio	1.5 - 2.5
GGTP	155.3 H	U/L	10.0 - 55.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

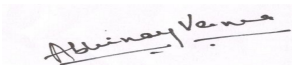
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	174		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	41.2		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	106.4		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	21	mg/dl	10 - 50
TRIGLYCERIDES	106.4		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.2	%	

RESULT ENTERED BY : SUNIL EHS



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MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

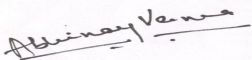
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	21.70	mg/dl	16.60 - 48.50
BUN	10.1	mg/dl	6 - 20
CREATININE	0.84	mg/dl	0.60 - 1.10
SODIUM	136.6	mmol/L	136 - 145
POTASSIUM	4.06	mmol/L	3.50 - 5.50
CHLORIDE	100.7	mmol/L	98 - 107
URIC ACID	5.9	mg/dl	3.5 - 7.2
CALCIUM	9.78	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS



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MBBS|MD|INCHARGE PATHOLOGY

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

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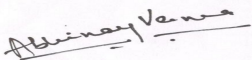
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	30	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.5		5.5 - 7.0	
SPECIFIC GRAVITY	1.010		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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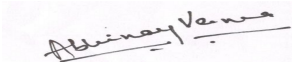
CLINICAL PATHOLOGY

BACTERIA NIL NIL
OHTERS NIL NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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Dr. ABHINAY VERMA

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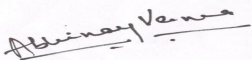
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	14.8	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	45.7	%	40.0 - 50.0
MCV	86.2	fl	82 - 92
MCH	27.9	pg	27 - 32
MCHC	32.4	g/dl	32 - 36
RBC COUNT	5.30	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	4.29	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	64.8	%	40 - 80
LYMPHOCYTE	24.0	%	20 - 40
EOSINOPHILS	3.0	%	1 - 6
MONOCYTES	7.7	%	2 - 10
BASOPHIL	0.5 L	%	1 - 2
PLATELET COUNT	1.55	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
 NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	10	mm/1st hr	0 - 15
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RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY

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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST