



LABORATORY REPORT



Name : Mr TRIBHUVAN NARAYAN YADAV Sex/Age : Male / 57 Years Case ID : 40308001092
 Ref. By : Mediwheel Full Body Health Checkup Dis. At : Pt. ID :
 Bill. Loc. : Health packages Pt. Loc. :
 Reg Date and Time : 23-Mar-2024 08:39 Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP Mobile No. :
 Sample Date and Time : 23-Mar-2024 08:39 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 23-Mar-2024 12:56 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin <i>Photometric Method</i>	L 12.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.51	millions/cumm	4.50 - 5.50
PCV(Calc)	L 37.39	%	40.00 - 50.00
MCV (RBC histogram)	L 82.9	fL	83.00 - 101.00
MCH (Calc)	L 26.6	pg	27.00 - 32.00
MCHC (Calc)	32.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	H 11960	/μL	4000.00 - 10000.00
Neutrophil	H 74	%	40.00 - 70.00
Lymphocyte	21	%	20.00 - 40.00
Eosinophil	01	%	1.00 - 6.00
Monocytes	04	%	2.00 - 10.00
Basophil	00	%	0.00 - 2.00
Neutrophil <i>Calculated</i>	H 8850	/μL	2000.00 - 7000.00
Lymphocyte <i>Calculated</i>	2512	/μL	1000.00 - 3000.00
Eosinophil <i>Calculated</i>	120	/μL	20.00 - 500.00
Monocyte <i>Calculated</i>	478	/μL	200.00 - 1000.00
Basophil <i>Calculated</i>	0	/μL	0.00 - 100.00

PLATELET COUNT

Platelet Count	234000	/μL	150000.00 - 410000.00
MPV	11.00	fL	6.5 - 12

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh A-Abnormal)

Shweta Patel

Dr. Shweta Patel

Consultant Pathologist

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PDW H 16.6 9 - 16
ESR H 70 mm after 1hr 3 - 20
Westergren Method

Method:
 TLC-SF cube technology (Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance +/- SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 194.38	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 248.87	mg/dL	70 - 140	PPUS: NIL

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Report Date and Time : 23-Mar-2024 13:04	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)				
ABO Type	A			
Rh Type	POSITIVE			

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	H 8.3		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	191.51	mg/dL		Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Sample Date and Time : 23-Mar-2024 08:39 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 23-Mar-2024 10:43 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	186.59	mg/dL	110 - 200	
HDL Cholesterol	58.8	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	65.75	mg/dL	40 - 200	
VLDL <i>Calculated</i>	13.15	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.17		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 114.64	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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 Sample Date and Time : 23-Mar-2024 08:39 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 23-Mar-2024 10:42 Acc. Remarks : Ref Id2 :

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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	14.67	U/L	0 - 63	
S.G.O.T. <i>IFCC</i>	17.09	U/L	15 - 37	
Alkaline Phosphatase <i>Modified IFCC method</i>	105.77	U/L	40 - 150	
Proteins (Total) <i>Buret</i>	7.58	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.39	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.19	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.32	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.15	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.17	mg/dL	0 - 0.8	

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BIOCHEMICAL INVESTIGATIONS

Renal Function Test

Urea <i>Urease/GLDH</i>	21.58	mg/dL	18 - 55	
Creatinine <i>Jaffe compensated</i>	L 0.67	mg/dL	0.70 - 1.30	
Uric Acid <i>Uricase-Peroxidase method</i>	5.81	mg/dL	3.5 - 7.2	
Sodium <i>ISE</i>	L 134.5	mmol/L	136 - 145	
Potassium <i>ISE</i>	4.90	mmol/L	3.5 - 5.1	
Chloride <i>ISE</i>	99.5	mmol/L	98 - 107	
Calcium <i>Arsenazo III</i>	9.53	mg/dL	8.4 - 10.2	

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 Report Date and Time : 23-Mar-2024 10:36 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) ECLIA	1.40	ng/mL	0.40 - 1.81	
Thyroxine (T4) ECLIA	10.43	µg/dL	4.6 - 10.5	
TSH ECLIA	3.340	µIU/mL	0.50 - 8.9	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.
 The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
 Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.010		1.003 - 1.035	
pH	6.5		4.6 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	1-2	/HPF	Present(+)	
Bacteria	Nil	/μL	Nil	
Yeast	Nil	/μL	Nil	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite (Strip)	-	Negative	-	-	-	-	-
Erythrocytes (Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells (Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Stool Examination

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Prabhakar. N. Jadhav UHID Number: - 024-3631

Consultant Name: - Dr. Nilesh Date: - 23/3/24 Start Time: - 2PM Age: - 52 (Years)

Sex: - M (M/F)

Height: - 156 cms, Weight: - 65.9 kgs, Temp. —, Pulse: - 68 (Per minute), SPO2 98

B.P.: - 110/80 (mm of Hg), RBS: - — First Visit / Follow Up

Visit: First visit

Nursing Staff Name & Signature: - Kavitha. Patel End Time: - 2.5

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-

Patient Name:	TRIBUVAN NARAYN YADAV	Age / Sex:	57YRS/M
Patient ID:	OP-3631	Date :	23/03/2024
Referred By:	HEALTH CHEKUP	Modality:	USG

Suboptimal scan due to obesity.

USG ABDOMEN & PELVIS

Liver is normal in size 126 mm and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

G.B. : well distended & normal. No stone or inflammation seen.

HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

Tail of pancreas : Obscure by bowel gas.

SPLEEN : Normal size, 108 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 99 X 53 mm LK:103 X 55 mm

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : well distended. No e/o calculus or mass lesion.

PROSTATE: Normal in size 33 X 39 X 32 mm =22 gm in volume& echotexture.No mass or calcification seen.

BOWEL LOOPS : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

Fatty changes in liver (Grade II)

Suggest clinical correlation


DR HANSA RATHWA
MD(Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.



Patient Name : Mr. Tribuvan Narayan Yadav
Registration No : 101-024-3631-000
Sex : Male
Patient Arrived At : 23-Mar-2024 09:00:00 AM
Test Name : ECHO STUDY

DOB : 23-Mar-1967
Age : 57 Yrs/
Result Verified At : 23-Mar-2024 11:23

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade II diastolic dysfunction
- MV – Normal, No MS/MR AV – No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 28 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE II LVDD


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Soorya M.
Echo technologist

Dr. Jayvirsinh Atodariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Tribhawan Yadav UHID Number: - 024-3631

Consultant Name: Dr. Shaurya Date: 23/3/24 Start Time: - 8:19 Age: - 57 (Years)

Sex: - M (M/F)

shekh

Height: 156 cms, Weight: - 98.9 kgs. Temp. 97.7, Pulse: - 89 (Per minute), SPO2 97.7

B.P.: 110/70 (mm of Hg), RBS:- First Visit / Follow Up

Visit: First visit

Nursing Staff Name & Signature: - Pooja

End Time: - 10:00 AM

Past History: - (TICK MARK)

Routine check-up.

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

ac \leftarrow $\frac{+0.75}{+0.50} \times 175 = 6/6$
 $\frac{+0.75}{\text{near add}} \times 20 = 6/6$
 Nutritional Screening:- 2.25 - NG.

Immunization Status:-

To be filled by Clinician) Start Time:-

Clinical Findings:-

NCT < 17
12

Diagnosis:-

BE ASOME

F WALK

Investigations and Advice:-

Location:
Order Number:
Ind. Jan:
Medication 1:
Medication 2:
Medication 3:

Room:

82 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QT / QTcBaz :
QRS : 84 ms
PR : 376 / 439 ms
P : 130 ms
RR / PP : 728 / 731 ms
P / QRS / T : 64 / 6 / 58 degrees

Normal sinus rhythm
Normal ECG

