

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:- Abhay L. Singh Date: 08/03/24
Age / Sex :- 57 M.

Chief Complaints:- PTCA done Weight:- 67.8kg
2020 Height:- 163cm
2021

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- 100/89/min
BP:- 140/100mmHg.
SpO2:- 98%
BMI 25.5

Drug / Food Allergy:-
Past History :- NAD

Family History:-
Systemic Examination:- RJ
eye
PA
CNS / NAD

Provisional Diagnosis:-

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Normal
and

Patient's Name: Abhay Singh

UHID: 361195

Age: 57 yrs / male

Date:08 / 03 / 2024

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, Trivial MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

Left Ventricle: Enlarged LV (52 mm), Thinned out akinetic apex, mid + basal antero septum, mid + basal septum, mid + basal anterior wall other walls contracting normally
Moderate LV systolic dysfunction
with Ejection Fraction 32 %.
Grade I Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- IHD- S/P PTCA
- Moderate LV Systolic dysfunction
- RWMA+
- Grade I LVDD
- EF 32 %
- Enlarged LV, Trivial MR



DR.SUSHIL YADAV
Consultant Clinical cardiologist

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Note: Normal echo study does not rule out underlying Coronary artery disease

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CIN: L85110GJ2004PLC044667

Patient Name: ABHAY SINGH		UHID: 361195	
Age / Sex: 57 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 08/03/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 31 x 42 x 35 mm (Approx. vol- 24 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No any significant abnormality is seen.

Thanks for referral.



DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

ABHAY
24.03.08-09:59:47-STD-1.3.12.2.1107

FF

9:59:52 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

9:59:55 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

9:59:59 AM 08-Mar-24
RA
SIEMENS

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

ABHAY
24.03.08-09:59:47-STD-1.3.12.2.1107

FF

10:00:02 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:07 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:11 AM 08-Mar-24
RA
SIEMENS

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

ABHAY
24.03.08-09:59:47-STD-1.3.12.2.1107

FF

10:00:13 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:18 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:20 AM 08-Mar-24
RA
SIEMENS

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

ABHAY
24.03.08-09:59:47-STD-1.3.12.2.1107

FF

10:00:24 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:30 AM 08-Mar-24 ABHAY
RA 24.03.08-09:59:47-STD-1.3.12.2.1107

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

FF

10:00:45 AM 08-Mar-24
RA
SIEMENS

SIEMENS
AC1
Abdomen
General
M 1.2
18ps
2D-100%
TH
H4.00 MHz
0dB DRG
ASC 1
DTCE M
MagD: STD



18cm

V=24.8 cm/s
D1=3.47 cm
D2=3.24 cm
D3=3.58 cm

Patient ID:	SUR0000361195	Patient Name:	ABHAY L SINGH
Age:	57 Years	Sex:	M
Accession Number:	2648 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	8-Mar-2024		

CHEST X-RAY (PA)

Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 08/03/24

Patient Reg. No. : _____

Patient Name : Abhey Loknath Singh

Age / Sex : 57/M

Address : Suzelt

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : 7651 Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

CT GD 5/4 Class V Fillings : _____
675

Prostheses : _____ Extraction : RS 43/4

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :
 Advised Crown / Bridge :
 Advised X - Ray / O.P.G. :

17/12

2020

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"



Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

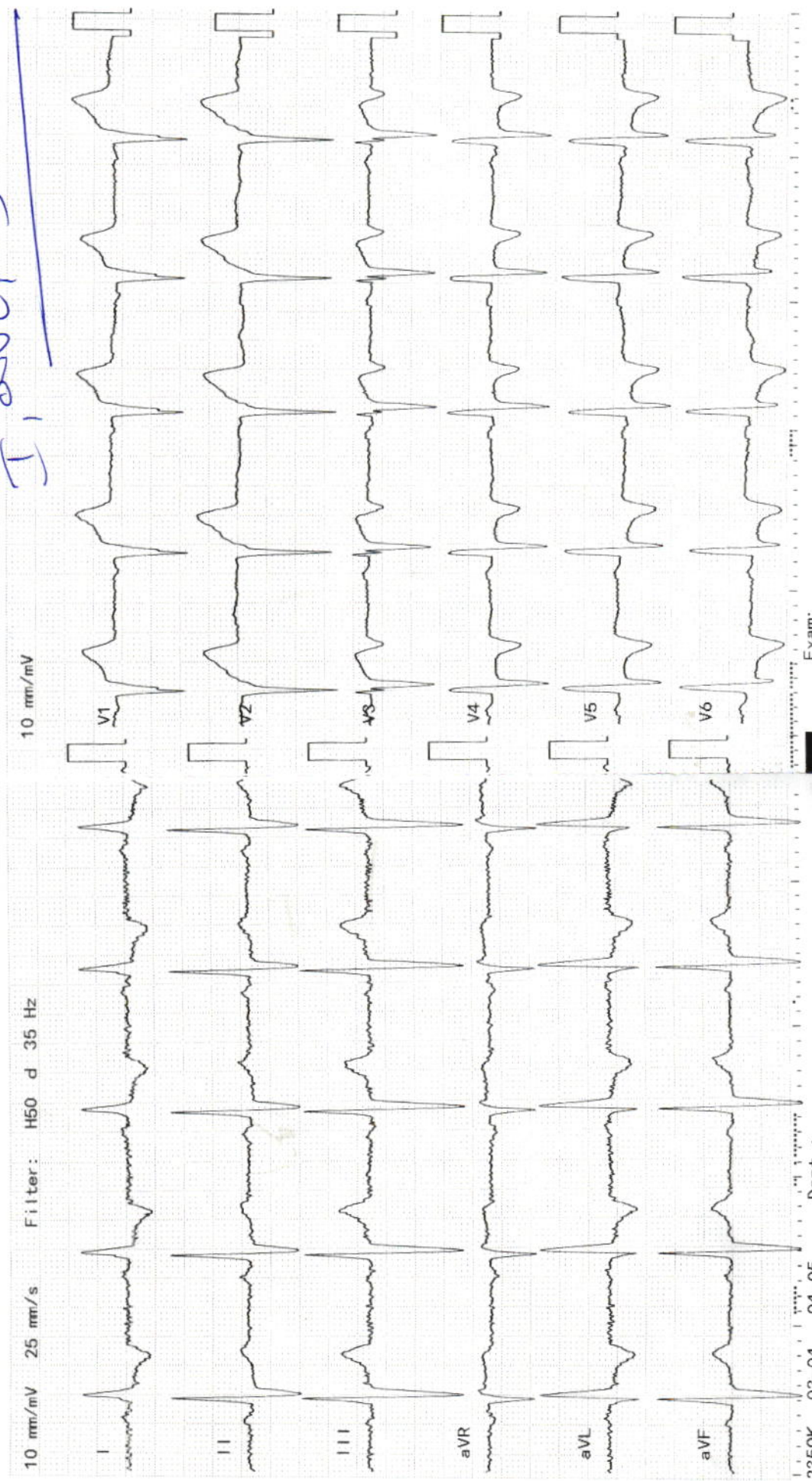
ID: Name: Birth date: / / mmHg kg years

Sex: M Medication: Symptom: History: fent. rate 62 bpm PR int 166 ms QRS dur 112 ms JT/QTc(E) int 412/ 418 ms P/QRS/T axis 40/ 24/ 130 ° IV5/SV1 amp 1.04/ 1.30 mV IV5+SV1 amp 2.34 mV

1100 Sinus rhythm, acute
3411 Cannot rule out septal myocardial infarction, possibly acute
5234 Left ventricular hypertrophy with repolarization abnormality
0102 ARTIFACT PRESENT
9150 ** abnormal ECG **

Abhay Kumar
ST-T change only
I, aVL, V3-V6.

Unconfirmed Report
Reviewed by:



DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

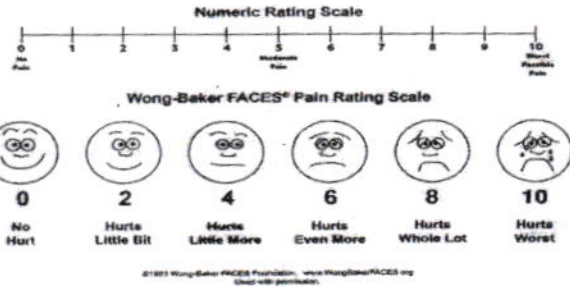
Name :-

Abhey Loknath Singh

Date:- 08/03/24

Chief Complaints:-

Routine Eye check



Pain Assessment:-

Past History:-

Family History:-

Allergy:- no allergies Allergy

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:-

6/7P
6/9

Systemic Examination:-

HT:- WT:-

PH Vision:-

6/6
6/6

NCT

18
18

Sr $\pm 0.00 / +0.75 \times 180$ 6/6
 $\pm 0.00 / +0.75 \times 180$ 6/6 Add +2.00m

ON Examination

Ant. Segmenet

Both Eye

NO

WDR (miotic pupil)

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CIN: L85110GJ2004PLC044667

NAME
MAR 09 2023 09:3

VD=10		
<R>		
SPH	CYL	AX
+ 1.50	-1.50	88
+ 1.50	-1.25	87
+ 1.50	-1.50	90

+ 1.50	-1.50	90

Anterior Chamber

Rt. EYE

Lt. EYE

<L>		
SPH	CYL	AX
+ 0.25	+0.75	174
+ 0.25	+1.00	176
+ 0.25	+0.75	173

+ 0.25	+0.75	173

PD= 68
GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:- *pt will come later on*

Macula:-

Diagnosis:-

Refractive Error

Treatment:-
Class

Nutritional Assessment:-
Preventive Care & Counsellings:-

Follow Up ON:-
2 months / sos

Signature of the Consultant
Rpv



Certificate No. : MC-6200

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000361195 OP-001

REPORT STATUS : Interim



Patient Name : Mr Abhay Loknath Singh	/	Registered On : 08-Mar-2024 08:29 AM
Lab ID : 403900581		Collected On : 08-Mar-2024 08:30 AM
Gender/Age : Male / 57 Years	DOB : 19-Aug-1966	Received On : 08-Mar-2024 09:34 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	104	mg/dL	74 - 106
---------------------------	-----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	111	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	-----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

----- End of Report -----

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Generated On : 08-Mar-2024 01:00 PM

Approved On : 08-Mar-2024 12:58 PM

Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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Lab ID : 403900581		Collected On : 08-Mar-2024 08:30 AM
Gender/Age : Male / 57 Years	DOB : 19-Aug-1966	Received On : 08-Mar-2024 09:35 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.36	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	38.4	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	88.0	fL	83 - 101
MCH <i>Calculated</i>	29.8	pg	27 - 32
MCHC <i>Calculated</i>	33.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	11.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	5960	cells/cmm	4000 - 10000
---	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	52	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	38	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	8	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	260000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	7.5	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Generated On : 08-Mar-2024 12:44 PM

Approved On : 08-Mar-2024 12:42 PM

Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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Gender/Age : Male / 57 Years	DOB : 19-Aug-1966	Received On : 08-Mar-2024 09:35 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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*Dr Pankaj Agrawal***Dr Pankaj Agrawal**M.B., D.C.P
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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 Lab ID : 403900581 Collected On : 08-Mar-2024 08:30 AM
 Gender/Age : Male / 57 Years DOB : 19-Aug-1966 Received On : 08-Mar-2024 09:34 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Citrated Whole Blood, EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	4	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) * 123 mg/dL
Calculated

This is an Electronically Authenticated Report.

Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistGenerated On : 08-Mar-2024 12:44 PM
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Gender/Age : Male / 57 Years	DOB : 19-Aug-1966
Ref. By : Dr. Health Check Up . Shalby	Received On : 08-Mar-2024 09:34 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	26	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	31	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	59	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	22	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.7	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.6	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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PID : SUR0000361195 OP-001

REPORT STATUS : Interim



Patient Name : Mr Abhay Loknath Singh	/	Registered On : 08-Mar-2024 08:29 AM
Lab ID : 403900581		Collected On : 08-Mar-2024 08:30 AM
Gender/Age : Male / 57 Years	DOB : 19-Aug-1966	Received On : 08-Mar-2024 09:34 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	120	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	58	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	45	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	75	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	63	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	12	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.4		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	2.7	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
UREA <i>Calculated</i>	15	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.52	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.6	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	7.9	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.6	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	130	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.99	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	95	mmol/L	98 - 107

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	142	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4 *	11.80	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH *	4.486	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * 0.4 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> NIL		Negative
pH	<i>Double Indicator principle</i> 6.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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