



Mr. Sunil Kumar  
Date: November 15, 2024

Age: 39 Y/ Sex: M

**X-RAY CHEST PA**

Bilateral lung fields are normal.  
Bilateral costophrenic and cardiophrenic angles are clear.  
Heart and mediastinum appear normal.

**Impression:-**

- No significant abnormality is seen

*Please correlate clinically*

*[Signature]*  
**DR. SAURABH, MD**  
**CONSULTANT RADIOLOGIST**

*Note: It is only a professional opinion. Kindly correlate clinically*

**JEEWAN MALA HOSPITAL, PVT. LTD.**

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GSTIN No. 07AABCJ0920A1ZD / CIN No. U74898DL1991PTC043833

Atrial Rate

Ventricular Rate

Rhythm

Axis

P. Wave

P.R. Interval

QRS Duration

Q.T. Duration

Q.T. Interval

Conclusion

ST Segment

T. Wave

-Others

Signature

Doctor /IC



**Patient Name :** MR. SUNIL KUMAR

**Age / Gender :** 39 years / Male

**MR No. / IPD No. :** /

**Patient Type / Bed No. :** /

**Referred By :** ARCOFEMI HEALTH CARE  
 PVT.LIMITED ( MEDIWHEEL )

**Registration Time :** Nov 15, 2024, 10:34 a.m.

**Receiving Time :** Nov 15, 2024, 10:34 a.m.

**Reporting Time :** Nov 15, 2024, 01:04 p.m.


241115058

**Panel :** Dr Arcofemi Health Care PVT.limited ( MediWheel )

**Client Code :** ACROFEMI HEALTH CARE PVT.  
 LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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### HAEMATOLOGY

#### Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	13.6	g/dL	13.0 - 17.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	4.67	x 10 <sup>6</sup> /uL	4.5 - 5.5
HCT Method : Whole Blood, RBC pulse height detection	42.6	%	42 - 52
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	91.2	fL	78 - 100
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	29.1	pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC) Method : Whole Blood, Calculated	<b>31.9</b>	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	<b>14.4</b>	%	11.5 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	5.8	x 10 <sup>3</sup> /uL	4 - 10
<b>DLC (Differential Leucocytes Count)</b>			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	71.4	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	21.7	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	5.3	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	1.4	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.2	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	4.14	x 10 <sup>3</sup> /uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.26	x 10 <sup>3</sup> /uL	1 - 3

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Absolute Monocyte Count Method : Whole Blood, Calculated	0.31	x 10 <sup>3</sup> /uL	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.08	x 10 <sup>3</sup> /uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	<b>0.01</b>	x 10 <sup>3</sup> /uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	276	x 10 <sup>3</sup> /uL	150 - 450
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	10	mm/hr	<10

**Interpretation:**

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

\*\*END OF REPORT\*\*


 Dr. Arti Tripathi  
 MD Pathology  
 Chief Consultant, Pathology  
 DMC No: 43012

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**IMMUNOLOGY**

**T3, T4, TSH ( Thyroid Profile Total),Serum**

<b>(Triiodothyronine) T3-Total</b> Method : ECLIA	0.91	ng/mL	0.80 - 2.00
<b>(Thyroxine) T4-Total</b> Method : ECLIA	9.09	ug/dL	5.10 - 14.10
<b>TSH-Ultrasensitive</b> Method : ECLIA	2.91	uIU/mL	0.27-4.20

**Interpretation**

The Biological reference interval provided is for Adults.  
 For age specific reference interval, please refer to the table given below.

TSH	T3/F13	T4/F14	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal Illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Children	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	0.51	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

\*\*END OF REPORT\*\*

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**HAEMATOLOGY**

**Blood Group (ABO)**

Blood Group	"A"		
Method : Forward and Reverse by Slide method			
RH Factor	Positive		

**Methodology**

This is done by forward and reverse grouping by slide agglutination method.

**Interpretation**

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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**BIOCHEMISTRY**

**LFT (Liver Function Test,Serum)**

<b>Total Protein</b> Method : Biuret Method	7.6	g/dL	6.4-8.3
<b>Albumin</b> Method : Bromocresol Green	4.6	g/dL	3.5 - 5.2
<b>Globulin</b> Method : Calculated	3	g/dL	1.8 - 3.6
<b>A/G Ratio</b> Method : Calculated	1.53	ratio	1.2 - 2.2
<b>SGOT</b> Method : IFCC without Pyridoxal Phosphate	36	U/L	0 to 40
<b>SGPT</b> Method : IFCC without Pyridoxal Phosphate	44	U/L	0 to 41
<b>Alkaline Phosphatase-ALP</b> Method : PNP AMP Kinetic	125	U/L	40-129
<b>GGT-Gamma Glutamyl Transferase</b> Method : IFCC	38	U/L	0 to 60
<b>Bilirubin Total</b> Method : Colorimetric Diazo Method	0.40	mg/dL	0.0-1.20
<b>Bilirubin - Direct</b> Method : Colorimetric Diazo Method	0.20	mg/dL	Adults and Children: < 0.30
<b>Bilirubin - Indirect</b> Method : Calculated	0.20	mg/dL	0.1 - 1.0

**Interpretation :**

**SGOT/ SGPT:** Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

**Alkaline Phosphatase:** Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

**GGT:** Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

**Protein:** Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

**Albumin:** Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

**Bilirubin:** A substance produced during the normal breakdown of red blood cells.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.



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**BIOCHEMISTRY**

**KFT (Renal Function Test,Serum)**

<b>Urea</b> Method : kinetic (urease-GLDH)	14.2	mg/dL	16.6-48.5
<b>BUN</b> Method : Calculated	6.64	mg/dL	6-20
<b>Creatinine</b> Method : Kinetic Colorimetric (Jaffe Method)	1.00	mg/dL	0.70-1.30
<b>Uric Acid</b> Method : Enzymatic Colorimetric: Uricase-POD	5.9	mg/dL	3.4-7.0

**Interpretation :**

**Urea:-** Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

**Creatinine :-** Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

**Uric acid:-** Increased in Gout, Arthritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

**Sodium:-**Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

**Potassium:-** Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

**Chloride:-** Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

\*\*END OF REPORT\*\*



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**BIOCHEMISTRY**

**Glucose ( Fasting)**

<b>Glucose Fasting</b> Method : Plasma,Enzymatic Hexokinase	96	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: $\geq 126$ (on more than one occassion) (American diabetes association guidelines 2018)
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**Interpretation**

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

\*\*END OF REPORT\*\*



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**BIOCHEMISTRY**

**Glycated Hb (HbA1c)**

<b>HbA1c (Glycated Hemoglobin)</b>	<b>6.0</b>	<b>%</b>	Non-Diabetic : <5.7
Method : EDTA Whole blood, HPLC, NGSP certified			Pre Diabetes : 5.7 - 6.4
			Diabetes : ≥ 6.5

**Estimated Average Glucose :** 125.50 mg/dL

**Interpretations**

- HbA1c has been used as one of the key biomarkers in identifying patients with Diabetes . American Diabetes Association (ADA) and several clinical groups have endorsed utility of HbA1c testing using a cut off value of 6.5%. The average concentration of blood glucose(eBG) is reflected in this test over a period of the past three months.
- Therapeutic goals for monitoring Diabetes.
  - Goal of therapy < 7% HbA1c.
  - Action suggested > 8 % HbA1c
- Patients with shortened red cell survival( hemolytic disease), recent significant blood loss have lower HbA1c values .
- High HbA1c is associated with Iron deficiency ,patients with polycythemia or post splenectomy.

**Note :** The presence of hemoglobin variants can interfere with measurement of HbA1c.

\*\*END OF REPORT\*\*



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### CLINICAL PATHOLOGY

#### Urine (RE/ME)

##### Physical Examination :

Volume	20		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.020		1.010 - 1.030
Method : Ionic Concentration			

##### Chemical Examination (Dipstick Method) Urine

Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			

##### Microscopic Examination Urine

Pus Cells (WBCs)	1 - 2	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	1 - 2	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			

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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit( A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

\*\*END OF REPORT\*\*



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