



DEPARTMENT OF LABORATORY SERVICES

Patient	Mr. VIRENDRA KUMAR KOTHARI	Lab No/ManualNo	5493313/
UHIDNo/IPNO	300461956	CollectionDate	16/07/2024 8:59AM
Age/Gender	37 Years/Male	Receiving Date	16/07/2024 11:46AM
Bed No/Ward	OPD	Report Date	16/07/2024 12:15PM
Referred By	PHC Department	Report Status	Final
		Sample Quality	Normal

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
Biochemistry					
ArcoFemi Healthcare Ltd Below 40 Male					
					Serum
Gamma GT	22.80	U/L	10.00 - 71.00	Enzymatic method	Serum
Creatinine	1.04	mg/dL	0.70 - 1.20	Jaffe Kinetic Compensated	Serum
Uric Acid	6.5	mg/dL	3.4 - 7.0	Uricase / Peroxidase (Colorimetric)	Serum
Fasting Glucose	93.5	mg/dL	< 100.0	Hexokinase	Serum
As per ADA Guideline Normal : Less than 100 mg/dL Prediabetes : 100 mg/dL to 125 mg/dL Diabetes : 126 mg/dL or Higher					
Post prandial Glucose	103.0	mg/dL	< 140.0	Hexokinase	
Post prandial Urine Glucose	S.N.G. = Sample Not Given				



Dr. Viyati Chetanbhai Vithlani
MBBS+MD Pathology
Pathologist (Reg. No:- G-37173)



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As per ADA Guideline
 Normal : Less than 140 mg/dL
 Prediabetes : 140 to 199 mg/dL
 Diabetes : 200 mg/dL or higher

***LIVER FUNCTION TEST (LFT) SERUM**

Serum

SGPT(ALT)	28.60	U/L	0.00 - 41.00	IFCC without pyridoxal phosphate
SGOT(AST)	19.30	U/L	0.00 - 40.00	IFCC without pyridoxal phosphate
Alkaline Phosphatase	86.2	U/L	40.0 - 129.0	PNP-Standardize
Bilirubin Total	0.79	mg/dL	0.00 - 1.10	Diazo Method
Bilirubin Direct	H 0.26	mg/dL	0.00 - 0.20	Diazo Method
Bilirubin Indirect	0.53	mg/dL	0.00 - 1.10	Calculate from Total and Direct Billirubin
Protein Total	7.08	g/dL	6.40 - 8.20	Biuret Method
Albumin	4.39	g/dL	3.97 - 4.95	BCG Endpoint
Globulin	2.69	g/dL	2.20 - 3.50	Calculated
A/G Ratio	1.63	Ratio	0.90 - 2.80	Ratio

EDTA Blood

HbA1c (Glyco Hb)	5.50	%	4.8 % - 5.9 % Normal 5.9 % - 7.0 % Good diabetic Control 7.0 % - 10.00 % Fair Diabetic Control >10.0 % Poor diabetic Control	Immunoturbidimetric
Mean Plasma Glucose.	118.0	mg/dL	80.0 - 140.0	Calculated

Serum



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Blood Urea	20.0	mg/dL	16.6 - 48.5	Urease,Kinetic,GLDH
BUN*	9.3	mg/dL	6.0 - 20.0	Ureas with UV

Serum

TOTAL T3*	1.000	ng/mL	0.850 - 2.020	ECLIA.
TOTAL T4*	5.900	ug/dL	5.130 - 14.060	ECLIA.
THYROID STIMULATING HORMONE	1.660	uIU/mL	0.270 - 4.200	ECLIA.

(*) Not in NABL Scope

End Of Report



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Biochemistry

ArcoFemi Healthcare Ltd Below 40 Male

***LIPID PROFILE (WITH DIRECT LDL)**

Serum

Sample Type	Fasting				
Cholesterol Total	188.80	mg/dL	Less than 160 mg/dL Excellent Less than 200 mg/dL Desirable 200-239 mg/dL Borderline High 240 mg/dl & over high	Enzymatic (CHE/CHO/POD)	
Triglycerides	145.50	mg/dL	Less than 150 mg/dL Normal 150-199 mg/dL Borderline High 200-499 mg/dL High 500 mg/dL or greater very High	GPO-PAP	
HDL Cholesterol	37.70	mg/dL	Less than 40 mg/dL Low 60 mg/dL or Above Excellent	Homogenous Enzymatic	
LDL Cholesterol (Direct)	129.30	mg/dL	Less than 80 mg/dL Excellent Less than 100 mg/dL Optimal 100-129 mg/dL Near or above optimal 130-159 mg/dL Borderline High 160-189 mg/dL High 190 mg/dL & above Very High	Homogenous Enzymatic	
VLDL Cholesterol	29.1	mg/dL	< 30	Calculated	
LDL/HDL RATIO	3.43		< 3.50	Calculated	
Cholesterol Total / HDL Ratio	H 5.01		< 4.50		



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Clinical Pathology

ArcoFemi Healthcare Ltd Below 40 Male

***STOOL ROUTINE**

Stool, Urine

Physical Examination:

Colour	Brownish		
Consistency	Semi Solid		
Mucus	Absent	Absent	
Blood	Absent	Absent	

Chemical Examination:

Stool Occult Blood	Absent	Negative	Non-Benzidine Test /Manual/Strip
Reducing Substances	Absent		Benedicts Method

Microscopic Examination

Pus Cells	2-3	0-5	Microscopy
Red Blood Cell	Nil	/H.P.F.	
Epithelial cell	1-2	/H.P.F.	
Fat Globules	Absent	Absent	
Trophozoites	Absent	Absent	
ova	Absent	Absent	
Cysts	Absent	Absent	
Bacteria	Absent		

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Clinical Pathology

ArcoFemi Healthcare Ltd Below 40 Male

***URINE ROUTINE EXAMINATION**

Urine

Physical Examination:

Quantity	20 ml			Visual method
Colour	Pale Yellow			Visual method
Appearance:	Clear			Visual method
Reaction	6			Reflectance photometer
Sp. Gravity	1.015		1.015 - 1.030	Reflectance photometer/Enzymatic reaction

Chemical Examination:

U.Albumin	Present(+)			Reflectance photometer/Manual
U.Glucose	Absent			
U.Acetone	Absent			
BS/BP	Absent			

Microscopic Examination

				Microscopy
Pus Cell	Occasional		/H.P.F.	
Red Blood Cell	Nil		/H.P.F.	
Epithelial cell	1-2		/H.P.F.	
Cast	Absent			
Crystals	Absent			
Amorphous	Absent			
Monilia	Absent			

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		Sample Quality	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
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Haematology

ArcoFemi Healthcare Ltd Below 40 Male

***CBC WITH ESR**

EDTA Blood

Haemoglobin	14.5	g/dL	13.5 - 18.0	SLS Method	
Hematocrit/PCV	44.6	%	42.0 - 52.0	H.focusing Method	
RBC COUNT	5.62	mill/Cmm	4.70 - 6.00	H.focusing impedance	
MCV	L 79.4	fl	83.0 - 101.0	Calculated	
MCH	L 25.8	pg	27.0 - 31.0	Calculated	
MCHC	32.5	g/dL	32.0 - 36.0	Calculated	
RDW-CV	13.7	%	11.5 - 14.0	Calculated	
Platelet count	317000	/cumm	150000 - 410000	H.focusing impedance	
Total Leucocyte Count (TLC)	10250.00	/cumm	4000.00 - 10500.00	Flow Cytometry	
Differential Leucocyte Count				Flowcytometry/Microscopic	
Neutrophils	65	%	40 - 70		
Lymphocytes	28	%	22 - 45		
Eosinophils	02	%	1 - 4		
Monocytes	05	%	1 - 6		
Basophils	00	%	0 - 1		
Absolute Leucocyte Count					
Absolute Neutrophil Count*	6662.5	/cumm	1800 - 7700		
Absolute Lymphocyte count*	2870	/cumm	1000 - 4800		
Absolute Eosinophil Count (AEC)	205.0	/cumm	0.0 - 450.0		
Absolute Monocyte Count*	512.5	/cumm	0 - 800		
Peripheral Smear Study	RBCs shows Microcytosis(+),Hypochromia(+).Platelets are adequate in number. Malarial Parasites are not seen.No Premature cells are seen.				
Erythrocyte Sedimentation Rate (ESR)	H 21	mm/hr	0 - 10	Photometric capillary stopped flow kinetic	

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Immuno-Haematology

ArcoFemi Healthcare Ltd Below 40 Male

***BLOOD GROUPING** EDTA Blood

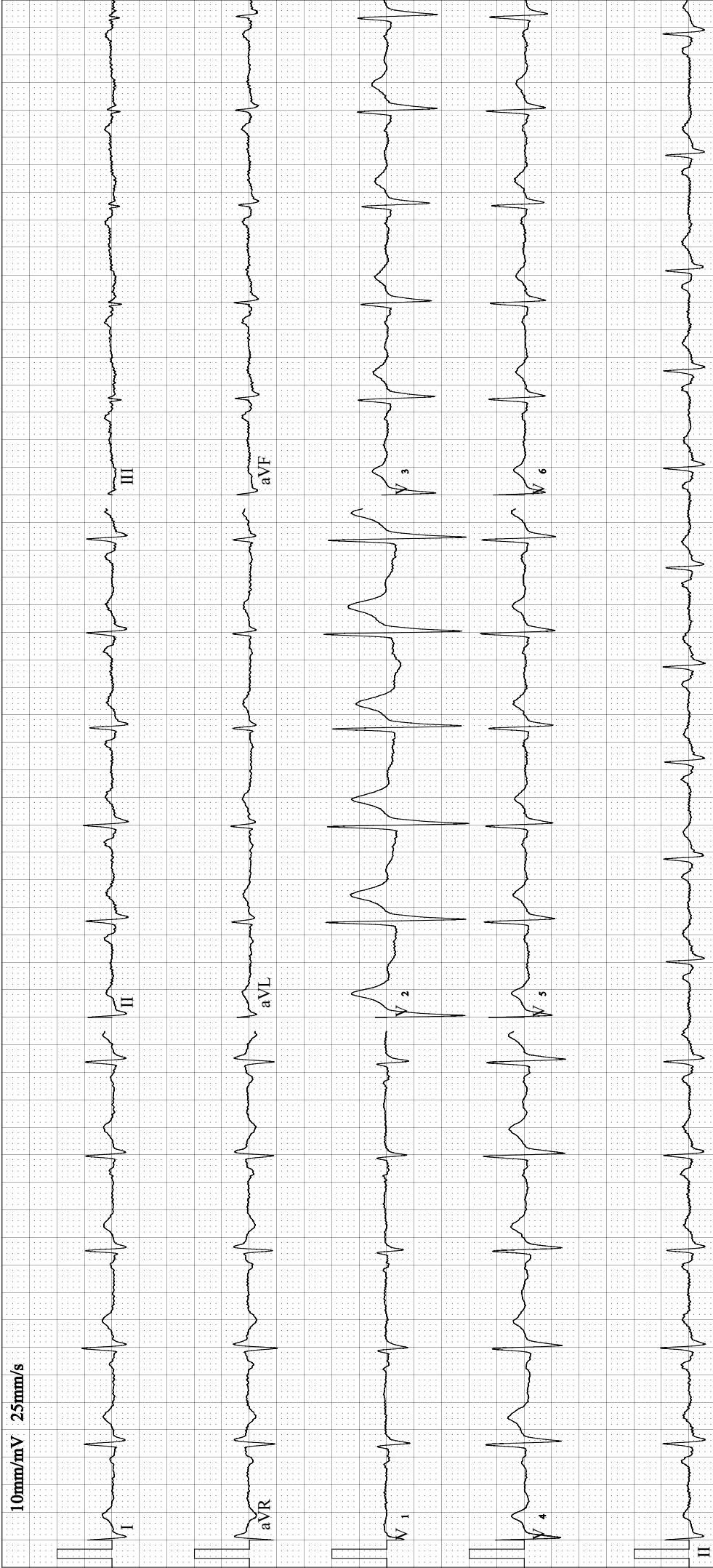
ABO Group	"B"			Tube Agglutination Method	
Rh Type	Positive				

(*) Not in NABL Scope **End Of Report**



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10mm/mV 25mm/s



Frequency :	1000 Hz	PR Interval :	115 ms
Sample Time :	19 s	QT Interval :	361 ms
Heart Rate :	79 bpm	QTc Interval :	414 ms
P Duration :	91 ms	P Axis :	67.1°
QRS Duration :	114 ms	QRS Axis :	18.8°
T Duration :	217 ms	T Axis :	15.3°

Suggestion :

Physician Signature:

Non Invasive Cardiology

UHID / IP NO	300461956 (220324)	RISNo.	5493313
Patient Name :	Mr. VIRENDRA KUMAR KOTHARI	Age/Gender :	37 Y/M
Admitting Doctor:		Treating Doctor:	PHC Department
Cath No:		Date of Procedure:	16/07/2024 10:09AM
Procedure Code:			

Echo Screening For LV Function

2D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER.

Comment:

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%
3. No RWMA
4. Normal LV diastolic function.
5. MV: AMVL long and redundant, other cardiac valves are structurally normal
6. Trivial MR, Trivial TR, Trivial PR, No AR.
7. No PAH.
8. Normal RV systolic function.
9. No clot/vegetation/pericardial effusion.

**DR. SATYA GUPTA
(CARDIOLOGIST)**

UHID	300461956	Accession No	3101364	Encounter No:	220324
Patient Name:	VIRENDRA KUMAR KOTHARI	Age / Gender:	37 Y/M	Referred By:	
Admission Type:	OPD	Study Date:	16/07/2024	Report Date:	16/07/2024

USG OF ABDOMEN & PELVIS

LIVER: Liver is normal in size and echotexture. No evidence of focal SOL or dilatation of IHBR seen. Porta hepatis appear normal.

GALLBLADDER: Gallbladder appeared normal. No calculus or mass lesion seen.

PANCREAS: Visualised pancreas appeared normal in size and echotexture. No focal lesion, mass or pancreatitis.

SPLEEN: Spleen appears normal in size and echotexture.

PARAAORTIC REGION: Aorta grossly appeared normal. No paraaortic lymphnodes seen.

KIDNEYS: Both kidneys appear normal in size, shape and in position.

Cortex and collecting system of both kidneys appeared normal.

No evidence of calculus or obstructive uropathy on either side.

Right kidney: 86x35mm. Left kidney: 97x44mm.

URINARY BLADDER: Bladder appeared normal. No calculus or mass lesion is seen.

PROSTATE: Prostate appears normal in size and echotexture.

Size of prostate: 32x33x35mm. Volume: 19cc.

No evidence of free fluid or collection is seen in peritoneal spaces.

Normal small bowel peristalsis noted.

COMMENTS: Appearance suggests

- **No significant abnormality detected.**



DR. MIHIR SUTHAR
 MBBS, MD
 CONSULTANT RADIOLOGIST

UHID	300461956	Accession No	3101365	Encounter No:	220324
Patient Name:	VIRENDRA KUMAR KOTHARI	Age / Gender:	37 Y/M	Referred By:	
Admission Type:	OPD	Study Date:	16/07/2024	Report Date:	16/07/2024

Plain Skiagram of Chest PA Standing View:

Both lung fields appear normal.

No evidence of pleural effusion or pneumothorax is seen on either side.

Mediastinal shadow appears normal.

Heart size and aorta appear normal.

Domes of diaphragm appear normal.

Bones under view appears normal.

Kindly correlate clinically.



DR. MIHIR SUTHAR
MBBS, MD
CONSULTANT RADIOLOGIST

Approved

DR KIRTAN SHAH | DR DEEPA SHAH | DR NIMISH SHARMA | DR SUNALI DESAI | DR MIHIR SUTHAR | DR ANAND BHANUPRIY | DR PARESH SHAH
CONS. RADIOLOGIST CONS. RADIOLOGIST CONS. RADIOLOGIST CONS. NEURORADIOLOGIST CONS. RADIOLOGIST CONS. RADIOLOGIST CONS. RADIOLOGIST

Note: This is only a radiological impression and not the final diagnosis. All diagnostic modalities have their own limitations. therefore radiological modality report should be interpreted in correlation with clinical and pathological findings. This report is not valid for medico legal purpose.

CIMS Hospital Private Limited

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