

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mr. DINESH KUMAR MEENA	<b>Lab No</b>	4001733
<b>UHID</b>	40001358	<b>Collection Date</b>	08/04/2023 9:09AM
<b>Age/Gender</b>	36 Yrs/Male	<b>Receiving Date</b>	08/04/2023 9:25AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	08/04/2023 3:12PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9714439966		

### BIOCHEMISTRY

**Test Name** **Result** **Unit** **Biological Ref. Range** **Sample: Fl. Plasma**

**BLOOD GLUCOSE (FASTING)**

BLOOD GLUCOSE (FASTING) **121.1 H** mg/dl 74 - 106

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 ) **124.9** mg/dl  
Non – Diabetic: - < 140 mg/dl  
Pre – Diabetic: - 140-199 mg/dl  
Diabetic: - >=200 mg/dl

**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 **1.160** ng/mL 0.970 - 1.690  
T4 **7.20** ug/dl 5.53 - 11.00  
TSH **1.24** µIU/mL 0.40 - 4.05

**Sample: Serum**

RESULT ENTERED BY : SUNIL EHS



Dr. MUDITA SHARMA

MBBS|MD| 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	0.91	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.70	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.21	mg/dl	0.00 - 0.40
SGOT	<b>61.4 H</b>	U/L	0.0 - 40.0
SGPT	<b>120.6 H</b>	U/L	0.0 - 40.0
TOTAL PROTEIN	<b>6.22 L</b>	g/dl	6.6 - 8.7
ALBUMIN	4.94	g/dl	3.5 - 5.2
GLOBULIN	<b>1.3 L</b>		1.8 - 3.6
ALKALINE PHOSPHATASE	<b>31.7 L</b>	U/L	53 - 128
A/G RATIO	<b>3.9 H</b>	Ratio	1.5 - 2.5
GGTP	<b>87.0 H</b>	U/L	10.0 - 55.0

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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:- $\gamma$ -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	300		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	51.2		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	233.9		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	31	mg/dl	10 - 50
TRIGLYCERIDES	154.3		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	5.9	%	

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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 enzymatic 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

### RENAL PROFILE TEST

Sample: Serum

UREA	11.9 L	mg/dl	16.60 - 48.50
BUN	5.6 L	mg/dl	6 - 20
CREATININE	0.81	mg/dl	0.60 - 1.10
SODIUM	140.6	mmol/L	136 - 145
POTASSIUM	3.99	mmol/L	3.50 - 5.50
CHLORIDE	102.5	mmol/L	98 - 107
URIC ACID	6.26	mg/dl	3.5 - 7.2
CALCIUM	10.00	mg/dl	8.60 - 10.30

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### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid 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, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

**POTASSIUM** :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis.  
Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

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

Sample: WHOLE BLOOD EDTA

HbA1C	5.2	%		
				< 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

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.

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### BLOOD BANK INVESTIGATION

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

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

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### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<b><u>URINE SUGAR (POST PRANDIAL)</u></b>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE			Sample: Urine
 <b><u>URINE SUGAR (RANDOM)</u></b>				
URINE SUGAR (RANDOM)	Negative			Sample: Urine
 <b><u>ROUTINE EXAMINATION - URINE</u></b>				
<b>PHYSICAL EXAMINATION</b>				
VOLUME	35	ml		
COLOUR	Pale Yellow		P YELLOW	
APPEARANCE	Clear		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.020		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	
<b>MICROSCOPIC EXAMINATION</b>				
WBCS/HPF	0-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	0-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

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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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### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<b><u>CBC (COMPLETE BLOOD COUNT)</u></b>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	13.8	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	43.5	%	40.0 - 50.0
MCV	89.3	fl	82 - 92
MCH	28.3	pg	27 - 32
MCHC	<b>31.7 L</b>	g/dl	32 - 36
RBC COUNT	4.87	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	6.14	10 <sup>3</sup> / uL	4 - 10
<b><u>DIFFERENTIAL LEUCOCYTE COUNT</u></b>			
NEUTROPHILS	46.3	%	40 - 80
LYMPHOCYTE	<b>44.1 H</b>	%	20 - 40
EOSINOPHILS	1.6	%	1 - 6
MONOCYTES	7.3	%	2 - 10
BASOPHIL	<b>0.7 L</b>	%	1 - 2
PLATELET COUNT	2.01	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)	15	mm/1st hr	0 - 15
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Method:-Modified Westergrens.

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

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Test Name	Result	Unit	Biological Ref. Range
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### USG REPORT - ABDOMEN AND PELVIS

#### LIVER:

Is enlarged in size (~161mm) and shows diffuse increased echogenicity.

No obvious focal lesion seen. No intrahepatic 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. It measures **99 mm** in long axis.

#### RIGHT KIDNEY:

Right kidney measures **111 x 56 mm**.

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

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

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### USG

#### LEFT KIDNEY:

Left kidney measures **112 x 56 mm**.

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

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

#### URINARY BLADDER:

**Is partially distended with diffuse apparent wall thickening.** No intraluminal echoes are seen. No calculus or diverticulum is seen.

#### PROSTATE:

Measures **27 x 30 x 39 mm** with, **17 cc** in volume. Normal

#### RIGHT ILIAC FOSSA:

No focal fluid collections seen.

#### IMPRESSION:

**Borderline hepatomegaly with diffuse grade I fatty liver.**

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Dr. RENU JADIYA  
MBBS, DNB  
RADIOLOGIST

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### X Ray

Test Name	Result	Unit	Biological Ref. Range
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### X-RAY - CHEST PA VIEW

#### OBSERVATION:

The trachea is central.  
The mediastinal and cardiac silhouette are normal.  
Cardiothoracic ratio is normal.  
Cardiophrenic and costophrenic angles are normal.  
Both hila are normal.  
The lung fields are clear.  
Bones of the thoracic cage are normal.  
Soft tissues of the chest wall are normal.

#### IMPRESSION:

No significant abnormality seen.

\*\*End Of Report\*\*

RESULT ENTERED BY : SUNIL EHS



Dr. RENU JADIYA  
MBBS, DNB  
RADIOLOGIST

## DEPARTMENT OF CARDIOLOGY

<b>UHID / IP NO</b>	40001358 (1484)	<b>RISNo./Status :</b>	4001733/
<b>Patient Name :</b>	Mr. DINESH KUMAR MEENA	<b>Age/Gender :</b>	36 Y/M
<b>Referred By :</b>	Dr. DIWANSHU KHATANA	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	08/04/2023 8:52AM/ OPSCR23-24/1	<b>Scan Date :</b>	
<b>Report Date :</b>	08/04/2023 10:38AM	<b>Company Name:</b>	Provisional

**REFERRAL REASON: - MEDI WHEEL HEALTH CHECK UP**

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

**M MODE DIMENSIONS: -**

		Normal		Normal
<b>IVSD</b>	<b>11.3</b>	<b>6-12mm</b>	<b>LVIDS</b>	<b>27.2</b>
<b>LVIDD</b>	<b>40.8</b>	<b>32-57mm</b>	<b>LVPWS</b>	<b>16.8</b>
<b>LVPWD</b>	<b>11.8</b>	<b>6-12mm</b>	<b>AO</b>	<b>26.7</b>
<b>IVSS</b>	<b>17.7</b>	<b>mm</b>	<b>LA</b>	<b>38.5</b>
<b>LVEF</b>	<b>60-62</b>	<b>&gt;55%</b>	<b>RA</b>	<b>-</b>

### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
<b>MITRAL VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.88</b>	<b>e'</b>	<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.65</b>	<b>E/e'</b>			
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.80</b>		<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.50</b>				
<b>AORTIC VALVE</b>	<b>NORMAL</b>	<b>1.03</b>				<b>-</b>	<b>NIL</b>
<b>PULMONARY VALVE</b>	<b>NORMAL</b>	<b>0.72</b>				<b>-</b>	<b>NIL</b>

**COMMENTS & CONCLUSION: -**

- NO RWMA, LVEF 60-62%
- NORMAL LV DIASTOLIC FUNCTIONS
- ALL CARDIAC VALVES ARE NORMAL
- ALL CARDIAC CHAMBERS ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

**IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS**

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