GUPTA HOSPITAL

Multi Speciality Research & Maternity Centre
Ratna Bandha Road, DHAMTARI (C.G.)
Phone : 07722-237361, Mobile : 96443-06666

NABH ACCREDITED HOSPITAL

Website : www.guptahospitalcg.com
Email : gupta.hospitaldmt@gmail.com, guptahospitaldhamtari@gmail.com

NAME : CHANDRASEKHAR SAHU AGE/SEX:-70Y/M

REF BY: OPD DATE: 23/03/24

ECHOCARDIOGRAPHY

M-MODE

MEASUREMENT	PT'S VALUE	NORMAL VALUE
AO	20mm	15-25 mm
LA	36mm	19-40 mm
IVS (d)	10mm	6-11 mm
LVID (d)	43mm	35-50 mm
LVPW (d)	10mm	6-11 mm
LVID (S)	24mm	23-39 mm
EF	77%	

2 D ECHO & CFI

CHAMBERS - Normal
VALVES - Normal
SEPTAE - IVS / IAS Intact
RWMA - NO RWMA AT REST
EF - 77%
CLOT / VEGETATION /EFFUSION - NIL

VALVE	REGURGITATION
Mitral Valve	NIL
Aortic Valve	NIL
Tricuspid Valve	NIL
Pulmonary Valve	NIL

PULSE WAVE DOPPLER

- Mitral Valve inflow shows E wave <A wave .

IMPRESSION:-

- NORMAL SIZED CARDIAC CHAMBERS
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION (LVEF-77 %), NO RWMA AT REST
- GRADE I DIASTOLIC DYSFUNCTION (E<A)
- NO MR, NO TR
- NO INTRACARDIAC CLOT, VEGETATION

Dr. VIVEK TIGGA
MD (Internal Medicine)
Dr. Vivek Tigga
M.
Reg. No. CGMC 232
Gupta Hospital Dham
493773 (C.G.)

ID: 41 23-03-2024 12:02:29 PM

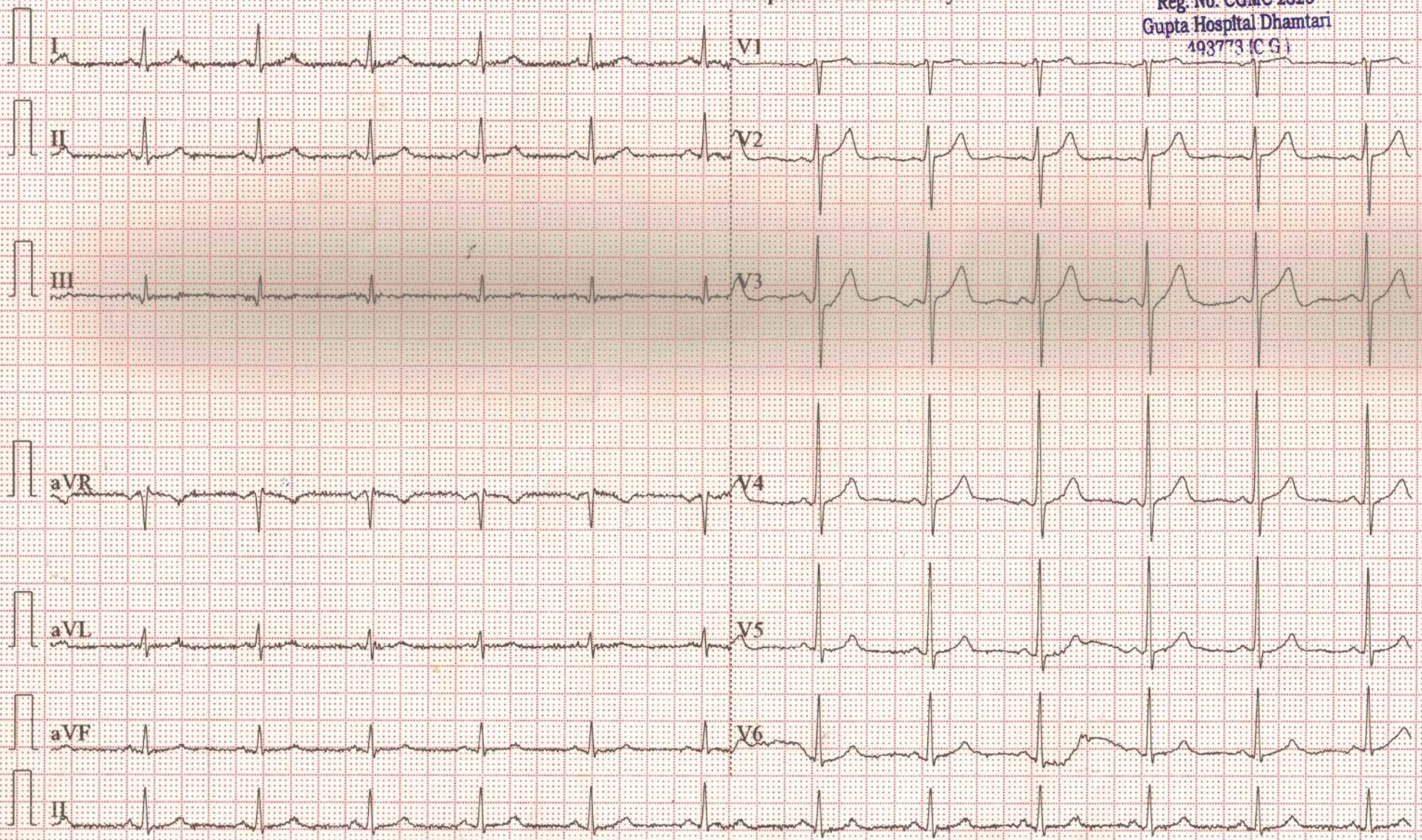
chandra shekhar sahu
Male 55Years

HR	:	73	bpm
P	:	89	ms
PR	:	120	ms
QRS	:	83	ms
QT/QTc	:	369/408	ms
P/QRS/T	:	47/45/41	°
RV5/SV1	:	1.630/0.594	mV

Diagnosis Information:
Sinus Rhythm
Abnormal q Wave(III)

Report Confirmed by:

Dr. Vivek Tigga
M.D.
Reg. No. CGMC 2325
Gupta Hospital Dhamtari
493773 (C.G.)



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+Ir ♥73 V2.11 SEMIP V1.81 Gupta Hosapital Dhamtari C.G

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रत्नाबांधा रोड, धमतरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: WB EDTA-R42821	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 18:17

HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
CBC			
(Method: Cell Counter)			
Hemoglobin	13.1	gm/dL	13.0-17.5
Erythrocyte Count (RBC Count)	5.72	mill/uL	4.5 - 5.5
Hematocrit (HCT)	42.6	%	40.0 - 54.0
Red Cell Indices			
(Method: Cell Counter)			
MCV	74.4	fl	80 - 96
MCH	22.8	pg	27 - 35
MCHC	30.7	g/dL	32 - 36
RDW-SD	38.9	fL	37-54
RDW -CV	12.5	%	11.5-14.5
Total WBC Count	8.01	10^3/uL	4.0-11.0
Differential Leukocyte Count			
(Method: Cell Counter)			
Neutrophils	67.4	%	40 - 75
Lymphocytes	20.3	%	20 - 45
Monocytes	4.3	%	00 - 08
Eosinophils	7.3	%	00 - 06
Basophils	0.7	%	00 - 02
Absolute Neutrophil count	5.4	10^3/uL	2.0-7.5
Absolute Lymphocyte count	1.62	10^3/uL	1.0-3.5
Absolute Eosinophil count	0.59	10^3/uL	
Absolute Monocyte count	0.35	10^3/uL	
Absolute Basophil count	0.05	10^3/uL	0.0-0.1
Platelet	271	10^3/uL	150-400
MPV	8.8	fL.	7.5-11.5

TEST RANGES FROM BIRTH TO 2 YRS AGE ARE DIFFERENT FROM ABOVE.

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

Dr Dilip Rathod
Pathologist Reg.no.CGMC4327/201

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: Serum-512448	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LFT ADVANCE			
Bilirubin (Total)	1.46	mg/dL	0.2 - 1.2
Bilirubin (Direct) *(Method: Diazotised Sulphanilic Acid)*	0.32	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculation)*	1.14	mg/dL	0.2 - 0.9
Aspartate amino transferase (SGOT) *(Method: UV with Pyridoxal-5-phosphate)*	44	U/L	05 - 40
Alanine amino transferage (SGPT) *(Method: UV with pyridoxal - 5 - phosphate)*	27	U/L	07 - 56
Alkaline phosphtase (ALP) *(Method: AMP Buffer)*	263	IU/L	80-306
Total protine	7.5	mg/dl	6.2 - 8.0
Albumin *(Method: Bromocresol Purple)*	4	g/dL	3.4 - 5.5
Globuline *(Method: Calculated)*	3.5	g/dL	2.0 - 3.5
Albumin: globuline (A/G) *(Method: Calculated)*	1.1		0.8 : 1 - 1.2:1.4
LDH *(Method: KINETIC)*	275	IU/LT	225-450
GAMMA GT *(Method: KINETIC)*	43	IU/LT	9-35
HBsAg (Card Method) *(Method: Card Test)*	NONREACTIVE	.	Non Reactive

Note :- Test done by HEPA CARD (J MITRA)

This test are screening test and there is always possibilities of false negative and false positive results . They are always need to be confirmed by confirmatory test like.....

1) Elisa.
2) HBV DNA RT PCR

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Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: Serum-512448	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
KIDNEY FUNCTION TESTS RFT 2			
Blood Urea	13	mg/dL	15 - 45
(Method: UV-Kinetic)			
Blood Urea Nitrogen (BUN)	6.1	mg/dL	5 - 21
(Method: Calculation)			
Serum Creatinine	0.53	mg/dl	0.55 - 1.40
(Method: JAFFE-Kinetic)			
Uric Acid*	2.6	mg/dL	2.5 - 7.5
(Method: Uricase)			
Total Protein			
(Method: BIURET)			
TOTAL PROTEIN	7.5	mg / dl	6.5 - 8.0
SERUM ALBUMIN	4.0	mg / dl	3.5 - 5.5
GLOBUMIN	3.5	mg / dl	2.0 - 3.5
Albumin/Globulins ratio	1.1	mg / dl	0.7:1 - 2.5:1
Calcium	8.0	mg/dL	8.6 - 10.3
(Method: Spectrophotometry(Cresol Complex))			
SERUM ELECTROLYTES			
(Method: KIT)			
SERUM SODIUM	133	meq/lt	135-155
SERUM POTASSIUM	4.2	meq/lt	3.5-5.5
SERUM CHLORIDE	103	mmol/lt	96-106
IONIC CALCIUM	--	mg/dl	4.65-5.25

** End of Report **

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: Serum-512448	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LIPID PROFILE NEW			
Total Cholesterol *(Method: CHOD/PAP)*	176	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Triglycerides *(Method: Lipase / Glycerol Kinase)*	109	ng/ml	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
Cholesterol - HDL *(Method: Direct)*	37	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol VLDL *(Method: Calculation)*	21.8	ng/ml	7-40
Cholesterol - LDL *(Method: Calculated)*	87	ng/ml	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
Total cholesterol/HDL ratio *(Method: Calculation)*	4.8	Ratio	0 - 5.0

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: Serum-512448	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Non HDL Cholesterol *(Method: Calculation)*	139		Desirable:<130, Above desirable 130-150, Borderline high:160-180, High:190-219, Very High:>220

Lipid profile or lipid panel is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

This test is used to identify dyslipedemia (various disturbances of cholesterol and triglyceride levels), many forms of which are recognized risk factors for cardiovascular disease and rarely pancreatitis.

A total cholesterol reading can be used to assess an individual's risk for heart disease, however, it should not be relied upon as the only indicator. The individual components that make up total cholesterol reading—LDL, HDL, and VLDL—are also important in measuring risk.[citation needed]

For instance, someone's total cholesterol may be high, but this may be due to very high HDL ("good cholesterol") cholesterol levels,—which can actually help prevent heart disease (the test is mainly concerned with high LDL, or "bad cholesterol" levels). So, while a high total cholesterol level may help give an indication that there is a problem with cholesterol levels, the components that make up total cholesterol should also be measured.

Recently, non-HDL cholesterol (non-HDL-C) has become a commonly used marker for a blood lipid pattern associated with increased risk of heart disease.
Non-HDL cholesterol is total cholesterol minus HDL (good) cholesterol. So if total cholesterol is 190 and HDL cholesterol is 40, non-HDL cholesterol is 150.
Measuring total cholesterol provides limited information about risk because the number includes both HDL-C and LDL-C.
If we, however, subtract HDL-C from the total cholesterol we will have a measure of the amount of cholesterol carried by all lipoproteins except HDL. Doing this simple math will give us the amount of cholesterol carried within all lipoproteins that are atherogenic. In other words; a measure of cholesterol carried within all the "bad" lipoproteins but not the "good" ones (which is only HDL). This measure is termed non-HDL cholesterol (non-HDL-C).Non-HDL-C has been shown to be a better marker of risk in both primary and secondary prevention studies.

LDL / HDL Ratio *(Method: Calculation)*	2.3	Ratio	2.0 - 3.5

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: Serum-512448	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Glucose- Random *(Method: Hexokinase)*	95	mg/dL	70 - 160

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फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: SERUM IMMUNO-511550	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 14:11

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
THYROID PROFILE FREE			
TriIodothyronine Free (FT3) *(Method: Chemiluminescence)*	3.26	pg/mL	2.6 - 5.4
Thyroxine - Free (FT4) *(Method: Chemiluminescence)*	0.90	ng/dL	0.89 - 1.76
TSH *(Method: Chemiluminescence)*	1.78	mIU/L	0.35-5.50

Interpretation(s)

TSH levels in Pregnancy (µIU/mL)	FT4 in Preganacy (ng/dL)
1st Trimester - 0.6 - 3.40	1st Trimester - 0.70 - 2.00
2nd Trimester - 0.37 – 3.60	2nd Trimester - 0.50 – 1.60
3rd Trimester - 0.38 – 4.04	3rd Trimester - 0.50 – 1.60

Note:

1. TSH levels are subject to circadian variation,reaching peak levels between 2-4 A.M. and at a minimum between 6 - 10 P . M . The variation is of the order of 50 % , hence time of day has influence on the measured serum TSH concentrations.
2. Recommended test for T 3 and T 4 is unbound fraction or free levels (fT 3 and fT 4) , as it is metabolically active.
3. T3T4 NORMAL AND TSH IS HIGH
   POSSIBILITIES ARE----
   A.UNDERDOSAGE IF KNOWN HYPOTHYROID
   B.INTERMITTENT T4 THERAPY
   C.SUBCLINICAL HYPOTHYROIDISM
   D.RECOVERY PHASE AFTER NONTHYROIDAL ILLNESS.
   ****Advice -----> ANTITPO AB IF NEEDED OR SERIAL ESTIMATION OF TSH .
4. Decreased TSH , raised or wnl T3/T4 , raised or wnl FT3/FT4
   INFERENCE :
   A. ISOLATED LOW TSH -- ESPECIALLY IN THE RANGE OF 0.1 TO 0.4 OFTEN SEEN IN ELDERLY & ASSOCIATED WITH NON THYROIDAL ILLNESS.
   B.SUBCLINICAL HYPERTHYROIDISM.
   C.THYROXINE INGESTION.

** End of Report **

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: WB EDTA-R42821	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 19:40

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
GLYCOSYLATED HEMOGLOBIN (HbA1c) *(Method: ion-exchange high-performance liquid chromatography(HPLC))*			
HBA1c	5.4	%	4-6% : Non Diabetic 6-7 %: Excellent Control 7-8 % : Fair and Control 8-10%: Unsatisfactory Control Above 10% Poor Control
estimated Average Glucose (eAG)	145	mg/dL	70-160

Interpretation(s)

NOTE:

1. Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
2. A three monthly monitoring is recommended in clinical management of diabetes.
3. It is not affected by daily glucose fluctuations, exercise and recent food intake.
4. The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
5. The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
6. High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
7. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
8. HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long -term glycemic control.
9. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cell.

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PATHOLOGY

Patient Name	: **Mr CHANDRASEKHAR SAHU**		
Age / Gender	: 55 Year(s) / Male	Patient Id	1438247
Sample Type	: urine s-S12279	Sample Drawn Date	2024-03-23 14:07
Client Code	: RPL 2	Registration Date	2024-03-23 14:07
Refferred By	: DR.VIVEK TIGGA MD	Reported Date	2024-03-23 20:10

CLINICAL PATHOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
URINE R/M (ROUTINE & MICROSCOPIC)			
(Method: Strip/Microscopy)			
PHYSICAL EXAMINATION			
(Method: Strip/Microscopy)			
Quantity	15 ML	ml	0-30
Colour	STRAW	/HPF	Pale yellow
Appearance	CLEAR	/HPF	Clear
CHEMICAL EXAMINATION			
(Method: Strip/Microscopy)			
Proteins*	NIL		NIL
Glucose*	NIL	/	NIL
MICROSCOPIC EXAMINATION			
(Method: Strip/Microscopy)			
PUS(WBC) Cells	0-2	/HPF	0-5
RBC	NIL	/HPF	NIL
Epithelial Cells	NIL	/HPF	2-5
Casts & Crystals	NIL	/	Absent
Others	NIL		

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