

<b>Radiology No.</b>	: 2114/OPDPB23DL	<b>Date</b>	: 15-Jul-2023
<b>Patient Name</b>	: <b>Mr. SUNIL MANHAS</b>	<b>Age/Sex</b>	: 59Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2616/UHID23DL
<b>Consultant</b>	: Dr. .	<b>Mobile No.</b>	: <b>9717656533</b>

## ECHO-DOPPLER REPORT

### Final Interpretation

- No RWMA, LVEF-60%
- Trace TR (RVSP- 11 mm Hg)
- Grade 1 DD
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

### M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Trace TR Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

### Measurements (mm):

	Observed Values		Normal Values
<b>Aortic root diameter</b>	29		20-36 (22mm/M <sup>2</sup> )
<b>Aortic Valve Opening</b>			15-26
<b>Left Atrium size</b>	30		19-40
	<b>End Diastole</b>	<b>End Systole</b>	<b>Normal Values</b>
<b>Left Ventricle size</b>	49	33	(ED= 37-56)
<b>Inter ventricular Septum</b>	6	12	(ED= 6-12)
<b>Posterior Wall Thickness</b>	9	12	(ED= 5-10)
<b>LV Ejection Fraction (%)</b>	60%		55%-80%

### Doppler velocities (cm/sec)



BOOK APPOINTMENT



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Pulmonary valve		Aortic valve	
Max velocity	69	Max velocity	94
Mitral valve		Tricuspid valve	
E	53	Max Velocity	169
A	63	Mean Velocity	
DT		Mean PG	11
E/A			

Regurgitation

MR		TR	
Severity	nil	Severity	trace
Max Velocity		PASP	11
AR		PR	
Severity	nil	Severity	nil

*AS*  
**DR ANIL SAHOO**  
(CARDIOLOGY)



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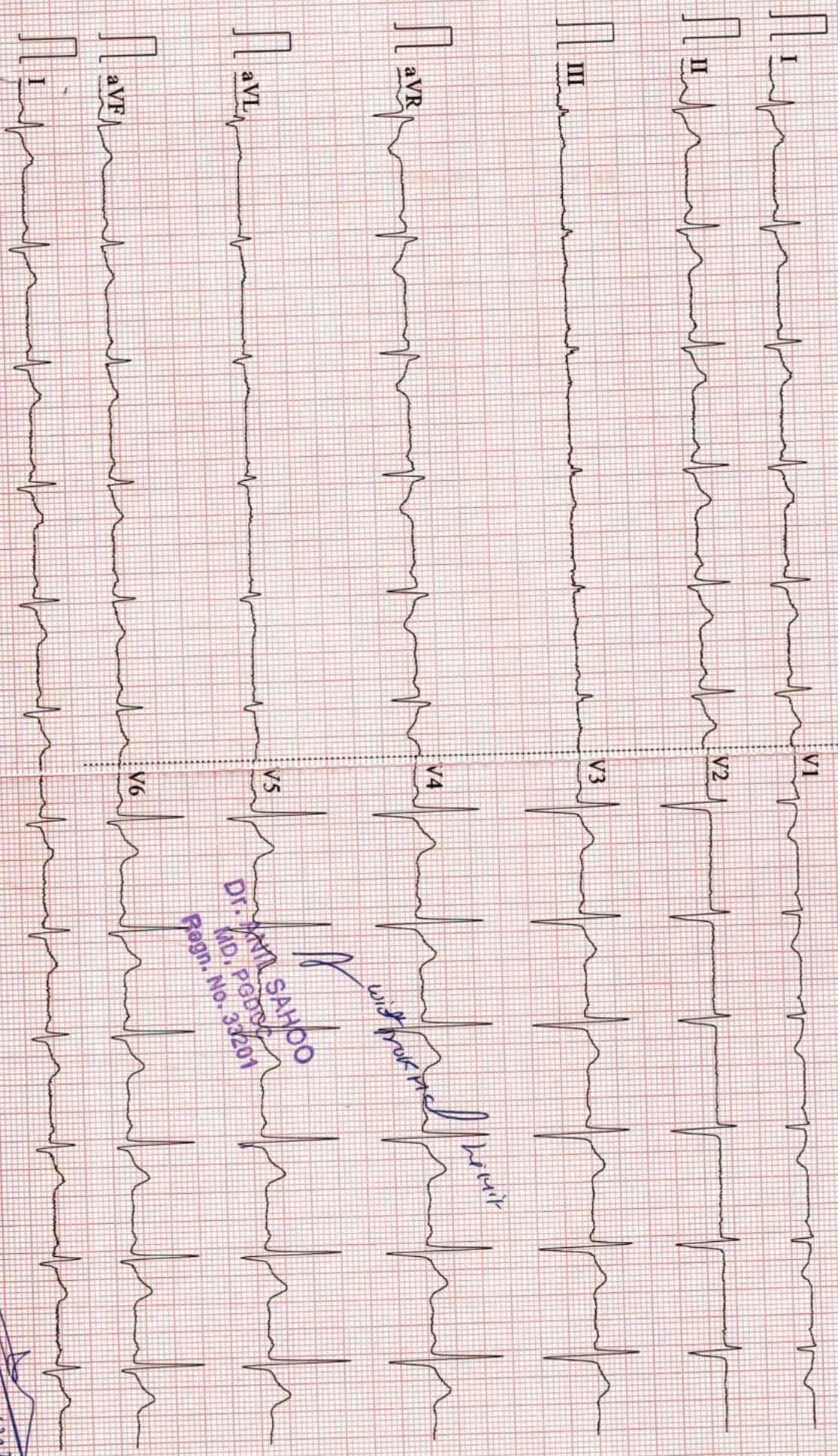
ID. 10  
 sunil manhas  
 Male 59Years  
 Req. No. :

BPL-93-07-2023 11:35:17 AM

HR : 72 bpm  
 P : 122 ms  
 PR : 158 ms  
 QRS : 98 ms  
 QT/QTcBz : 390/427 ms  
 P/QRS/T : 56/62/46 °  
 RV5/SV1 : 1.375/0.333 mV

Diagnosis Information:  
 Sinus rhythm  
 Normal ECG

Report Confirmed by:




0.67~45Hz ACS0 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 910

V1.44 Glasgow V28.6.7

CARDIART

*(Signature)*  
 15/07/2023

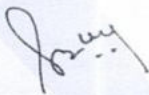
<b>Patient Name</b> : Mr. SUNIL MANHAS	<b>Reg No.</b> : 2616/UHID23DL	<b>Lab ID.</b> : 2107/OPDPB23DL
<b>Age / Gender</b> : 59Y / Male	<b>Date</b> : 15-Jul-2023	
<b>Mobile No.</b> : 9717656533	<b>Manual No.</b>	<b>Collected</b> : 15-Jul-2023 12.20
<b>Refd. By</b> : Dr. .		<b>Received</b> : 15-Jul-2023 12.21
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 231976	<b>Report</b> : 15-Jul-2023 15.27

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	14.8	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.5	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	65	%	40-75	Electrical impedance
Lymphocyte	31	%	20-45	Electrical impedance
Eosinophil	02	%	01-06	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.65	mili/cmm	3.8-5.5	Electrical impedance
PCV	43	%	35-45	Calculated
MCV	92.10	Fl	80-100	Calculated
MCH	31.9	Picogram	27.5-33.2	Calculated
MCHC	34.70	gm/dl	32-36	Calculated
PLATELET COUNT	167	10 <sup>3</sup> /uL	150-450	Electrical impedance

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




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DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand



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**HEAMOTOLOGY**

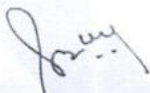
HBA1C (GLYCOSYLATED HB)	5.4	%	4-6	PEIT
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Good control :

Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %  
Fair control : 6.6 - 7.0 %  
Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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




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Age / Gender : 59Y / Male	Date : 15-Jul-2023	
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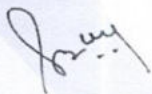
### HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh  
 FACTOR  
 BLOOD GROUP ABO  
 RH TYPING

"A"  
 "POSITIVE"

Manual  
 Manual

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




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<b>Refd. By</b> : Dr. .		<b>Received</b> : 15-Jul-2023 12.21
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 231976	<b>Report</b> : 15-Jul-2023 15.27

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	100.0	mg/dl	74-100	GOD-POD
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**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

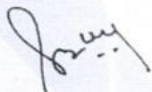
2-hr PG > 200 mg/dl during OGTT(75-G)\*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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



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Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mr. SUNIL MANHAS  
 Age / Gender : 59Y / Male  
 Mobile No. : 9717656533  
 Refd. By : Dr. .  
 Sample Type : Plasma(Sodium fluoride)

Reg No. : 2616/UHID23DL  
 Date : 15-Jul-2023  
 Manual No.  
 Sample ID : 231976

Lab ID. : 2107/OPDPB23DL  
  
 Collected : 15-Jul-2023 12.20  
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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Blood Sugar PP	140.0	mg/dl	70-150	GOD-POD
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**BIOCHEMISTRY**

**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

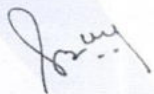
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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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




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BOOK APPOINTMENT





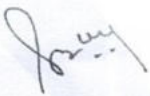
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Mobile No. : 9717656533	Manual No.	Collected : 15-Jul-2023 12.20
Refd. By : Dr. .	Sample ID : 231976	Received : 15-Jul-2023 12.21
Sample Type : Serum		Report : 15-Jul-2023 15.27

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	<b>NEGATIVE</b>	Serology		Immunochromatography

**Interpretation:-**

**Clinical Significance:-**Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.  
HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1<sup>st</sup> week .

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




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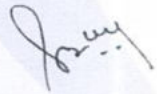
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	<b>NEGATIVE</b>			Immunochromatography
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Serology

**Clinical Significance :** HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(921 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

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




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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>KIDNEY FUNCTION TEST</b>				
Blood Urea	26.3	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	8.20	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.0	g/dl	3.4-4.8	Bcg
GLOBULIN	3.00	g/dl	2.3-3.5	
A/G RATIO	1.33	g/dl		
Calcium	9.9	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.4	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.8	mmol/L	98.0-109.0	ISE Indirect
-----End of Report-----				




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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	99.00	mg/dl	123-199	CHOD-PAP
Triglycerides	84.5	mg/dl	40-160	Gpo
HDL Cholesterol Direct	33.2	mg/dl	35.3-79.5	Direct
Vldl	17	mg/dl	4.7-22.1	
LDL Cholesterol Direct	48.9	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.0		0.0-4.97	
LDL/HDL Ratio	1.5		0.0-3.55	

#### INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

#### COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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


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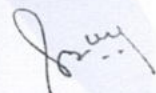
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

<b>Serum Bilirubin</b>				
Total Bilirubin	1.05	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.44	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.61	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.0	g/dl	3.4-4.8	Beg
GLOBULIN	3.00	g/dl	2.3-3.5	
A/G RATIO	1.33	g/dl		
SGOT	36	U/L	0-35	IFCC
SGPT	37	U/L	0.0-45	IFCC
Gamma GT	50.0	U/L	0-55	Glupa-e
Alkaline Phosphatase	121	U/L	53-128	Amp

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




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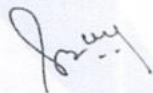


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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HORMONES</b>				
<b>TSH</b>	2.81	μIU/ml		CLIA
<b>Adults</b>				
21-100 yrs	0.42 - 5.45			
<b>Pediatric</b>				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
<b>Pregnancy</b>				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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




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<b>Refd. By</b> : Dr. .		<b>Received</b> : 15-Jul-2023 12.21
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 231976	<b>Report</b> : 15-Jul-2023 15.27

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

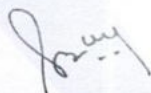
BACTERIA

NIL

OTHERS

NIL

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



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT

