



TEST REPORT

Reg. No : 2409100220 UHID : UHID26750 Reg. Date : 10-Sep-2024
 Name : HEMANTKUMAR P TRIPATHI Collected On : 10-Sep-2024 09:14
 Age/Sex : 43 Years / Male Report Date : 10-Sep-2024
 Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	15.0	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	44.7	%	40 - 54
RBC Count (Electrical Impedance)	4.65	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	7950	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	423000	/cmm	150000 - 410000
MCV (Calculated)	96.1	fL	83 - 101
MCH (Calculated)	32.2	Pg	27 - 32
MCHC (Calculated)	33.5	%	31.5 - 34.5
RDW (Calculated)	12.6	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	64	%	38 - 70
Lymphocytes (%)	26	%	20 - 45
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	03	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	5088	/cmm	1800 - 7700
Lymphocytes (Absolute)	2067	/cmm	1000 - 3900
Monocytes (Absolute)	557	/cmm	200 - 800
Eosinophils (Absolute)	239	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.38	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology RBCs are Normochromic Normocytic.
 WBC Morphology Total WBC and differential count is within normal.
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

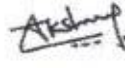
ESR (After 1 hour) 12 mm/hr 0 - 14

----- End Of Report -----

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Approved by:


 Dr. Yesha H. Shah
 (MD.Pathology)


 Mr. Akshay Parmar
 M.Sc(Biochemistry)


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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	1.14	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	22.6	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	10.56	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	7.4 [⚡]	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	140.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.0	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	96.80	mg/dL	

Criteria for the diagnosis of diabetes:


- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glyemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	178	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	140.8	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	28.16	mg/dL	15 - 35
LDL CHOLESTEROL	108.54	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	41.3	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	4.31		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.63		0 - 3.5
Total Lipids <i>Calculated</i>	597.60		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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POST PRANDIAL BLOOD SUGAR
SPECIMEN: FLOURIDE PLASMA/ SERUM

PPBS

Post Prandial Blood Sugar (PPBS) 127.3 mg/dL 110 - 140
Glucose Oxidase-Peroxidase

FASTING BLOOD SUGAR
SPECIMEN: FLOURIDE PLASMA/ SERUM

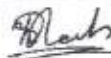
FBS

Fasting Blood Sugar (FBS) 90.0 mg/dL 70 - 110
Glucose Oxidase-Peroxidase

Criteria for the diagnosis of diabetes 1. HbA1c \geq 6.5%
 Or
 2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
 Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
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THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CMIA</small>	1.28	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CMIA</small>	7.46	µg/dL	4.5 - 12.5
TSH	1.390	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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PROSTATE SPECIFIC ANTIGEN (PSA)	0.145	ng/mL	0 - 4
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CHEMILUMINESCENCE


Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = $\frac{\text{free PSA}}{\text{total PSA}} \times 100$

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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Mr. Akshay Parmar
M.Sc(Biochemistry)

Name: HEMANTKUMAR TRIPATHI

HT

Sex: Male

Clinic No.:

Age: 46Y

Bed No.:

SN: 00000948

Section:

Date: 10/09/2024 10:18:57

Case No.:



Frequency:

1000 Hz

PR Interval:

164 ms

Prompt:

Total Beats 16, Normal Beats 16, SVE 0, VE 0.
Normal Heart Rate(HR between 60 and 100 bpm);
Normal cardiac electric axis(QRS axis between 30 degree and 90 degree);

Sample Time:

13 s

QT Interval:

392 ms

HR:

84 bpm

QTc Interval:

462 ms

P Interval:

62 ms

P Axis:

71.56°

QRS Interval:

58 ms

QRS Axis:

62.80°

T Interval:

240 ms

T Axis:

30.50°

Phy Sign:

bpm 84

ms 714

82

728

85

700

85

700

84

706

84

706

84

706

84

720

81

736

80

748

83

756

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

0.24mV

0.77mV

0.94mV

0.12mV

1.44mV

0.02mV

0.05mV

0.07mV

0.77mV

0.02mV

0.05mV

0.39mV

0.80mV

0.02mV

0.05mV

0.05mV

0.28mV

0.01mV

0.04mV

0.80mV

0.05mV

0.19mV

0.05mV

0.05mV

1.14mV

0.00mV

0.14mV

0.73mV

0.00mV

1.17mV

0.05mV

0.05mV

0.00mV

0.05mV

0.32mV

0.07mV

0.12mV

0.06mV

0.39mV

25mm/s 10mm/mV

0.39mV

PATIENT NAME
AGE / SEX
REF. DOCTOR
DATE

MR. HEMANTKUMAR P. TRIPATHI
46 YRS/MALE
DR. DHS DOCTOR TEAM
10/09/2024

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. Concentric LVH.
2. Normal LV size with Normal LV systolic function. LVEF: 60%.
3. No RWMA at rest.
4. Grade I LV diastolic dysfunction.
5. Normal sized LA, RA and RV. Normal RV function.
6. All valves are normal in structure.
7. IAS and IVS are intact.
8. No PAH. RVSP = 30 mmHg.
9. No clot/ vegetation / pericardial effusion.
10. Doppler: Mild MR, Mild TR, No AR, No PR.
11. IVC is normal in size and well collapse on inspiration.

Conclusion:

Concentric LVH.
Normal LV systolic function.
No RWMA.
No PAH.



Measurements :

LVIDD	34.0 mm	AO	22.0mm
LVIDS	22.0 mm	LA	34.0mm
LVEF	60%		
IVSD/LVPWD	12.0mm/12.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.0	6.2			NO AR
Mitral	E:0.4 A: 0.5				Mild MR
Pulmonary	0.8	3.0			No PR
Tricuspid	0.4	1.0			Mild TR

Dr.ARCHIT PARIKH

Patient Name	HEMANTKUMAR P TRIPATHI	Patient ID	UHID26750
Age/Gender	46 Years / M	Study Date	10-Sep-2024
Referred By		Reported Date	10-Sept-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 10-Sept-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes