

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Mr Deepak Mahour MRN: 15050000155801 Gender/Age: MALE, 32y (21/07/1990)

Collected On: 24/06/2023 10:52 AM Received On: 24/06/2023 11:03 AM Reported On: 24/06/2023 03:10 PM

HAEMATOLOGY

Barcode: D72306240091 Specimen: Whole Blood Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9717725170

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Spectrophotometry)	12.1 L	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	3.18 L	10^6/mm^3	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.9 L	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Calculated)	116 H	μm^3	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	37.9 H	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.7	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	13.8	%	11.5-14.0
Platelet Count (Electrical Impedance)	127 L	10 ³ /mm ³	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.1	10 ³ /mm ³	4.0-11.0
DIFFERENTIAL COUNT (DC)	Î.		
Neutrophils (DHSS)	52.9	%	40.0-80.0
Lymphocytes (DHSS)	38.7	%	20.0-40.0
Monocytes (DHSS)	5.8	%	2.0-10.0

2.5

0.1

2.17

10³/mm³

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Absolute Neutrophil Count (Calculated)

Eosinophils (DHSS)

Basophils (DHSS)

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Emergencies 73700-73700

1800-309-0309

1.0-6.0

0.0 - 2.0

2.0-7.5

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Patient Name: Mr Deepak Mahour	MRN: 15050000155801	Gender/Age: MALE, 32y	(21/07/1990)
Absolute Lympocyte Count (Calcu	lated) 1.59	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calcul	ated) 0.24	x10 ³ cells/µl	0.2-1.0
Absolute Eosinophil Count (Calcul	ated) 0.11	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculat	ed) 0.01 L	x10 ³ cells/µl	0.02-0.1

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

grache

Dr. Prachi

MBBS, MD Pathology

MBBS, MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr	0.0-15.0
(Modified Westergren Method)			

6/

Dr. Gaurav Sharma

MBBS, MD

Senior Consultant Pathologist, MBBS, MD, DMC - 30687

BIOCHEMISTRY

DIOCHEMISTA						
Test	Result	Unit	Biological Reference Interval			
Fasting Blood Sugar (FBS) (GOD/POD)	95.3	mg/dL	74.0-106.0			
Post Prandial Blood Sugar (PPBS) (Enzyme	111	mg/dL	100.0-140.0			
Method (GOD POD))						

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Patient Name :	Mr Doonak Mahour	MRN - 15050000155801	Gender/Age: MALE, 32v (21/07/1990)
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	(a)		
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	183.7	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	413.3 H	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	65.3 H	mg/dL	40.0-60.0
Non-HDL Cholesterol	118.4	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	95.08	mg/dL	<100.0
VLDL Cholesterol (Calculated)	82.7 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	2.9	9	<4.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	1,91	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	129	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	4.82 H	uIU/mI	0.465-4.68
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Azobilirubin Dyphylline)	0.85	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.32	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.53	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.86	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.50	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.36	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	<u>u</u>	0.9-2.0
SGOT (AST) (P - Phosphate)	85.7 H	U/L	17.0-59.0

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Patient Name: Mr Deepak Mahour MRN: 15050000155801 Gender/Age: MALE, 32y (21/07/1990)

SGPT (ALT) (P - Phosphate)

73.8 H

U/L

<50.0

Alkaline Phosphatase (ALP) (PNPP With Amp

130.5 H

U/L

38.0-126.0

Buffer)

Gamma Glutamyl Transferase (GGT) (GCNA)

408.3 H

U/L

15.0-73.0

-- End of Report-

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Dr. Jyoti Bala

Associate Consultant Biochemistry Reg No.: DMC 83337

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Mr Deepak Mahour MRN: 15050000155801 Gender/Age: MALE, 32y (21/07/1990)

Collected On: 24/06/2023 10:52 AM Received On: 24/06/2023 11:05 AM Reported On: 24/06/2023 04:00 PM

Barcode: D62306240141 Specimen: Serum Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9717725170

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.2	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	102.54	(<u>**</u>)	_

Interpretation:

Interpretation Notes

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Target goals of < 7.0 % may be beneficial in patients. Please co-relate with Blood Sugar Fasting.

RENAL PACKAGE - 2 (RFT FASTING)

Fasting Blood Sugar (FBS) (GOD/POD)	95.2	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	9.6	mg/dL	9.0-20.0
SERUM CREATININE			
Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.71	mg/dL	0.66-1.25
eGFR (Calculated)	128.6	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.

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^{1.} HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

^{2.} HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

^{3.} Any sample with >15% should be suspected of having a haemoglobin variant.



Patient Name: Mr Deepak Mahour MRN: 150	50000155801	Gender/Age : MALE , 32y (2	1/07/1990)
Serum Sodium (ISE Direct)	140.2	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.42	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	102.8	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruva Carboxylase /Mdh Enzymatic End Piont Assay)	ate 22.3	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Metho	od) 9.19	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.04	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase, Peroxic	dase) 7.95	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduc	ction) 3.41	mg/dL	2.5-4.5

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Dr. Jyoti Bala

Associate Consultant Biochemistry Reg No. : DMC 83337

BLOOD BANK LAB

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	"AB"	12 8
RH Typing	Positive	

Dr. Manoj Rawat

Consultant & HOD, Blood Bank Center

Consultant & HOD Blood Center, DMC - 38026

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Patient Name: Mr Deepak Mahour MRN: 15050000155801 Gender/Age: MALE, 32y (21/07/1990)

CI	IN	ICA	I D	ATL	10	In	GV
LL	.HV	ILA	LF	~ 11	ıv	ᆫ	u

Test	Result	Unit	Biological Reference Interval
Urine For Sugar (Fasting)	Negative	9	-
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Pale Yellow	e:	-
Appearance	Clear	•	2
CHEMICAL EXAMINATION			
pH(Reaction) (Double Indicator Method)	7.5		4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.005	-	1.002-1.030
Protein (Protein Error Method)	Negative	8 5 8	=
Urine Glucose (GOD/POD)	Negative	ie.	Nil
Ketone Bodies	Negative	=	
Blood Urine (Pseudo Peroxidase Method)	Negative		8
MICROSCOPIC EXAMINATION	"w		
Pus Cells	1-2/hpf	/hpf	1 - 2
RBC	Not Seen	/hpf	0-3
Epithelial Cells	1-2/hpf	/hpf	2-3
Urine For Sugar (Post Prandial)	Negative	*	₩X
	End of Re	nort-	

-- End of Report-

Prachi

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Dr. Prachi

MBBS, MD Pathology

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Note

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Patient Name

Deepak Mahour

Requested By

Dr. Alex Mathew

MRN

15050000155801

Procedure DateTime

2023-06-24 12:12:59

Age/Sex

32Y 11M/Male

Hospital

NH-Dharamshila

Investigation No. 6813

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is borderline enlarged in size (15.8 cm) with grade I fatty change. Normal sized intrahepatic biliary and vascular channels are seen. No focal lesion. The common bile duct and portal vein are normal.

Gall bladder: Normal in size with normal wall thickness and contents.

The pancreas: The pancreas shows normal contour, echogenicity and size.

The spleen: is normal in size, contour and echopattern.

The right kidney: The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system.

The left kidney: The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system.

Urinary bladder is normal in wall & contents.

Prostate is normal in size, shape and parenchymal echopattern.

No ascites seen.

Impression:

· Borderline hepatomegaly with grade I fatty change.

Dr. HARMEET KAUR

MBBS MD (Radiodiagnosis) CONSULTANT RADIOLOGIST

DMC - 63518

Patient Name

Deepak Mahour

Requested By

Dr. Alex Mathew

MRN

15050000155801

Procedure DateTime

2023-06-24 13:09:18

Age/Sex

32Y 11M/Male

Hospital

NH-Dharamshila

Inv. No.: 19062

X-RAY CHEST (PA)

- Lung fields are clear.
- Costophrenic angles are clear.
- Both domes of diaphragm are normal.
- Mediastinum and both hila are within normal limits.
- Cardiac size is normal.
- Bones under review are unremarkable.

Impression: Normal Study.

Dr. SHAILENDRA KR. BHARDWAJ

MBBS, DNB (Radiodiagnosis) CONSULTANT RADIOLOGIST

DMC - 46531

Transthoracic Echo color Doppler Report

Patient's Name	Mr. Deepak Mahour	Age/Sex	32 Years/ Male	
Ref By:	Dr. Alex Mathew	Date:	24/06/2023	
MRN No.	15050000155801	PVT/MRD/IPD	Health Check Up	

Final Interpretation

- Normal sized cardiac chamber dimensions.
- No Regional wall motion abnormality, LVEF = 60-65%. 2.
- MIP Normal 3.
- 4. LVEDP - Normal
- Normal RV systolic function. TAPSE 3.3cm. 5.
- Trace MR, Trace AR, Trace PR, Mild TR (PASP 25mmHg). 6.
- No clot/vegetation/pericardial effusion. 7.
- IVC normal with >50% collapsibility with respiration. 8.
- No coarctation of aorta.

Morphology:-

- Left Ventricle: It is normal sized.
- Left Atrium: It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized. RV systolic function is normal.
- Aortic Valve: Aortic valve appears tricuspid & cusps are normal.
- Mitral Valve: open normally, Subvalvular apparatus appears normal. *
- Tricuspid valve: It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

DOPPLER/COLOUR FLOW

VALVE	MAX. VELOCITY cm/sec	PG/MG mmHg	REGURGITATION
MITRAL	E- 114cm/sec, A- 86cm/sec		Trace MR
AORTIC	103		Trace AR
TRICUSPID	224	(PASP – 25mmHg)	Mild TR
PULMONARY	98		Trace PR
I OLIVIOIVIIII	le fi		Contd

10 8 H 15-

M MODE & 2D Measurements

	Observed values	Normal values
Aortic root diameter	30	20-34(mm)
Left atrium size	20	19-40(mm) ED 37-56(mm) ES 22-40 (mm)
Left Ventricular Size diastole	48	
Left Ventricular Size systole	32	
Inter ventricular Septum diastole	09	ED 6-10(mm)
Posterior Wall thickness diastole	09	ED 6-10(mm)
End Diastolic Volume	108	
End Systolic Volume	41	
LV Ejection Fraction (%)	60-65%	55%-75%

2D EXAMINATION DESCRIPTION

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are normal. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

Dimension of left atrium and left ventricle are normal. No regional wall motion abnormality seen. Global LVEF is 60-65%. No intracardiac mass or thrombus seen.

Dr. Anand Pandey

Dr. Sajal Gupta

Sr. Consultant & Head Cardiologist Consultant Cardiologist

Dr. Amrendra Pandey

Consultant Cardiology

Dr. Rakesh Bachloo

Consultant -

Cardiology

Note:- This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.