



Lab No.	012409280474	Age/Gender	41.9 YRS/MALE	Coll. ON	28/Sep/2024 12:33PM
NAME	Mr. MOHAN PAL			Reg. ON	28/Sep/2024
Ref. Dr.	MEDIWEEL	BarcodeNo	01280474	Approved ON	28/Sep/2024 03:01PM
Rpt. Centre	Self			Printed ON	28/Sep/2024 04:02PM

Test Name	Value	Unit	Biological Reference Interval
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Complete Haemogram, EDTA whole blood

Haemoglobin (Hb) <i>Method : Colorimetry</i>	15.10	gm/dl	13.0 - 17.0
RBC count <i>Method : Electrical impedance</i>	5.35	Millions/cmm	4.5 - 5.5
PCV / Haematocrit <i>Method : Calculated</i>	44.70	%	40.0 - 50.0
MCV <i>Method : Calculated</i>	83.50	fl	83.0 - 101.0
MCH <i>Method : Calculated</i>	28.20	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	33.70	%	31.5 - 34.5
RDW - CV <i>Method : Calculated</i>	15.70	%	11.6 - 14.0
Mentzer Index <i>Method : Calculated</i>	15.61		>= 13.0

The Mentzer index (MCV/ RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) <i>Method : Flowcytometry</i>	4,790	/cmm	4000 - 10000
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DLC (Flowcytometry)

Neutrophils	68.00	%	35.0 - 75.0
Lymphocytes	23.20	%	25.0 - 45.0
Eosinophils	2.40	%	1.0 - 5.0
Monocytes	6.00	%	1.0 - 6.0
Basophils	0.40	%	0 - 1

Absolute Leucocyte Count (Calculated)

Absolute Neutrophil Count	3,257.20	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,111.28	/cmm	1000 - 3000
Absolute Eosinophil count	114.96	/cmm	20 - 500
Absolute Monocyte count	287.40	/cmm	200 - 1000
Absolute Basophil count	19.16	/cmm	0 - 100

Platelet count <i>Method : Electrical impedance</i>	2.15	Lakh/cmm	1.5 - 4.1
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ESR (Erythrocyte Sedimentation Rate) <i>Method : Westergren method</i>	5	mm/1st hr	0 - 22
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Peripheral Smear

RBCs are normocytic and normochromic.
Leucocytic series is numerically and morphologically within normal limits.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites are seen.
Impression: Normal peripheral smear.

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Glucose Fasting, plasma Method : GOD POD	94.50	mg/dL	60 - 100
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.

Glucose PP, plasma Method : GOD POD	86.93	mg/dL	90 - 140
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Interpretation (In accordance with the American diabetes association guidelines):

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.

Blood Urea Nitrogen (BUN), serum Method : Calculated	12.28	mg/dl	7.8 - 20.2
Serum Creatinine Method : Jaffe kinetic	0.89	mg/dl	0.7 - 1.2
Serum Uric Acid Method : Uricase-Peroxidase	9.59	mg/dl	3.6 - 8.2

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HbA1c (Glycosylated haemoglobin) , EDTA whole blood <i>Method : HPLC</i>	5.10	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	99.67	mg/dL	65 - 136

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.

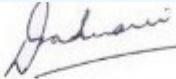


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LFT (Liver Function Test)

Serum Bilirubin Total <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	1.02	mg/dl	0.1 - 1.2
Serum Bilirubin Direct <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.34	mg/dl	0.0 - 0.3
Serum Bilirubin Indirect <i>Method : Calculated</i>	0.68	mg/dl	0.1 - 1.1
Serum SGOT/AST <i>Method : IFCC without P5P</i>	78.90	U/l	<= 35.0
Serum SGPT/ALT <i>Method : IFCC without P5P</i>	159.10	U/l	<= 45.0
Serum Alkaline Phosphatase <i>Method : PNP, AMP Buffer</i>	80.20	U/l	30.0 - 120.0
Serum GGT (Gamma Glutamyl Transpeptidase) <i>Method : UV-assay according to Szasz</i>	76.10	U/l	11.0 - 61.0
Serum total Protein <i>Method : Biuret</i>	7.99	g/dl	6.6 - 8.3
Serum Albumin <i>Method : Bromo Cresol Green</i>	4.90	g/dl	3.5 - 5.2
Serum Globulin <i>Method : Calculated</i>	3.09	g/dl	2.0 - 3.5
Albumin / Globulin ratio <i>Method : Calculated</i>	1.59		1.5 - 2.5



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Test Name	Value	Unit	Biological Reference Interval
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Lipid Profile basic (direct HDL,calculated LDL)

Total Cholesterol, , serum Method : CHOD-POD	214.80	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	153.10	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	30.80	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated	30.62	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	153.38	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	184.00	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	6.97		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	4.98		< 3.5

Interpretation:

National Lipid Association Recommendation (NLA-2014)	
Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Triglycerides Normal: <150 mg/dL Borderline high: 150-199 mg/dL High: 200-499 mg/dL Very high: > or =500 mg/dL
Non HDL Cholesterol Desirable: <130 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL	LDL Cholesterol Optimal: <100 mg/dL Near Optimal: 100-129 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL	

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Test Name	Value	Unit	Biological Reference Interval
Urine Sugar fasting <i>Method : Hexokinase</i>	Nil		Nil
Urine Sugar PP <i>Method : Hexokinase</i>	NIL		NIL



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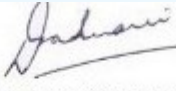
PSA Total, serum <i>Method : ECLIA</i>	0.32	ng/mL	0 - 2.0
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Interpretation:
 Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
 In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy. The test is also useful for initial screening for prostate cancer:
 Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.
 Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.
 Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.



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Thyroid Profile Total (T3, T4, TSH)

T3, (Triiodothyronine) , serum <i>Method : ECLIA</i>	1.32	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum <i>Method : ECLIA</i>	9.97	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum <i>Method : ECLIA</i>	1.81	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

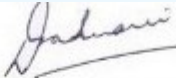
Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Urine Routine & Microscopic Examination

Physical examination

Volume	25	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity	1.021		1.003 - 1.035
<i>Method : pKa change</i>			

Chemical examination

Protein	Nil		Nil
<i>Method : error-of-indicator</i>			
Glucose	Nil		Nil
<i>Method : GOD-POD</i>			
pH	7.0		
<i>Method : Double indicator</i>			
Bilirubin	Negative		Negative
<i>Method : Azo-coupling reaction</i>			
Urobilinogen	Normal		Normal
<i>Method : Azo-coupling reaction</i>			
Ketone	Negative		Negative
<i>Method : Legals test</i>			
Erythrocytes	Absent		Absent
<i>Method : Peroxidase</i>			
Nitrite	Negative		Negative
<i>Method : Griess reaction</i>			
Leukocytes	Absent	Leu/uL	Negative
<i>Method : Esterase activity of granulocytes</i>			

Microscopic examination

WBC	0 - 1	/ HPF	0 - 2
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	0 - 1	/ HPF	0 - 15
Bacteria	Absent		Absent
Others	Nil		
<i>Method : Light microscopy</i>			

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ECG Electro-cardiography

Normal ECG.



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Echo-cardiography

COLOR DOPPLER ECHO-CARDIOGRAPHY

MEASUREMENTS:

Dimensions	Values	Normal Range
Aorta	28	Upto 40 mm
Left Atrium	33	Upto 40 mm
Left ventricle		
End diastolic	51	Upto 56 mm
End systolic	35	Upto 35 mm
Interventricular septal thickness		
End diastolic	09	6-12 mm
End systolic	12	
Posterior wall thickness		
End diastolic	10	6-11 mm
End systolic	12	
LV Ejection Fraction	60%	55-85 %

MITRAL VALVE: Both antero-medial and posterolateral mitral valve leaflets are normal in thickness.

There is no calcification of valve leaflets. Chordae and both papillary muscles are normal.

There is no evidence of mitral stenosis or regurgitation/prolapse of leaflets.

Mitral valve ring is normal and does not show any calcification. There are no vegetations seen.

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AORTIC VALVE:

Aortic valve has three leaflets, closure line is central. There is no systolic doming of leaflets.

Aortic valve opening is normal. No calcification is seen.

No vegetations. No evidence of stenosis or regurgitation of valve.

PULMONARY VALVE:

No vegetation. No stenosis or regurgitation of the valve.

TRICUSPID VALVE:

Leaflets are normally attached. There is no vegetations. No evidence of stenosis of tricuspid valve.

DOPLER STUDIES

Valve	Normal velocities		Gradient	Regurgitation
	Velocity m/sec	Values m/s		
Aortic	(0.7 – 1.1)	1.03		Nil
Mitral	(0.6 – 1.1) E =	0.84		Nil
	A =	0.63		
Pulmonary	(0.6 – 0.9)	0.85		Nil
Tricuspid	(0.3 – 0.6)	1.78	5	Nil

Pulmonary Artery Pressure: No pulmonary artery hypertension seen.


CHAMBERS :

LEFT VENTRICLE:

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Left ventricle is of normal size and shape. Contractility is normal.
 No evidence of resting regional left ventricle hyperkinesia/ akinesia/ dyskinesia/ left ventricle aneurysm. No left ventricle clot is seen.
 No intra-cavitary mass is seen. Left ventricular Ejection Fraction is : 60%

RIGHT VENTRICLE :

Right ventricle is of normal size and shape. Right ventricle contractility is normal.
 No evidence of resting regional hypokinesia/ akinesia or dyskinesia of right ventricle.

INTER VENTRICULAR SEPTUM :

No evidence of inter ventricular septum rupture or ventricular septal defects.

LEFT ATRIUM :

Left atrium is of normal size. No Evidence of left atrium or left atrium appendage clots.

RIGHT ATRIUM :

Right atrium is normal in size shape and contractility. No clots or intra-cavitary mass.

INTER ATRIAL SEPTUM : No flow across inter atrial septum is seen.

AORTA :

Ascending aorta is normal in diameter. No evidence of dissection on transthoracic echo. No calcification is seen.


PUMONARY ARTERIES :

Main pulmonary artery, left and right pulmonary arteries are normal in size and do not reveal any stenosis or occlusion of lumen.

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NAME	Mr. MOHAN PAL			Reg. ON	28/Sep/2024
Ref. Dr.	MEDIWEEL	BarcodeNo	01280474	Approved ON	28/Sep/2024 03: 58PM
Rpt. Centre	Self			Printed ON	28/Sep/2024 04: 02PM

PERICARDIUM :

Pericardium has normal thickness. There is no effusion or pericardial calcification or constriction.

LEFT VENTRICULAR SYSTOLIC FUNCTION :

Left ventricle (systolic) ejection fraction 60%.

FINAL IMPRESSION :


- Cardiac chambers are normal.
- No systolic anterior motion/ Left ventricular outflow tract gradient noted
- Wall motion is normal.
- Normal mitral inflow pattern.
- Left ventricle & right ventricle systolic function is normal.
- Left ventricular Ejection Fraction – 60 %.

Kindly correlate clinically.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



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Dr. Anil Sahoo
MD. PGDCO
Reg. No.33201

Lab No.	012409280474	Age/Gender	41.9 YRS/MALE	Coll. ON	28/Sep/2024 12:33PM
NAME	Mr. MOHAN PAL			Reg. ON	28/Sep/2024
Ref. Dr.	MEDIWEEL	BarcodeNo	01280474	Approved ON	28/Sep/2024 04:00PM
Rpt. Centre	Self			Printed ON	28/Sep/2024 04:02PM

Eye Vision		
	Right Eye	Left Eye
NEAR VISION	N/6	N/6
DISTANCE VISION	6/6	6/6
COLOR VISION	Normal	Normal

MER

General Condition	Fair, no pallor, no icterus, no anemia observed
Height (cm)	167
Weight (kg)	70
Pulse (bpm)	79
BP (mm/hg)	122/82

Please note: Kindly review with clinician in view of abnormal reports (if any).

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 Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



Sadwani

Dr. Smita Sadwani MBBS, MD Director DMC Regd. No. 48732	Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist	Dr. Deepak Sadwani MD(Pathology) Lab Director	Dr. Ashish Gautam MD, PGDCC Consultant Cardiologist	Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist
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Mobile:9757316005

Lab No.	012409280474	Age/Gender	41.9 YRS/MALE	Coll. ON	28/Sep/2024 12:33PM
NAME	Mr. MOHAN PAL			Reg. ON	28/Sep/2024
Ref. Dr.	MEDIWEEL	BarcodeNo	01280474	Approved ON	28/Sep/2024 12:37PM
Rpt. Centre	Self			Printed ON	28/Sep/2024 04:02PM

X-Ray Chest PA view

Prominent bronchovascular markings are seen.

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Please correlate clinically

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DR AMIT JAISWAL
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
DMC No. 55709

Lab No.	012409280474	Age/Gender	41.9 YRS/MALE	Coll. ON	28/Sep/2024 12:33PM
NAME	Mr. MOHAN PAL			Reg. ON	28/Sep/2024
Ref. Dr.	MEDIWEEL	BarcodeNo	01280474	Approved ON	28/Sep/2024 12:44PM
Rpt. Centre	Self			Printed ON	28/Sep/2024 04:02PM

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size (14.3 cm) *and shows mild to moderate diffuse increased parenchymal echogenicity.* There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. *GB show few calculi, largest of them measuring 14.3 mm in its lumen.* There is no evidence of any wall thickening seen. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (9.7 cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 10.4 x 4.3 cm and the left kidney measures 10.7 x 4.1 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The prostate is not enlarged. It measures 33 x 28 x 25 mm and shows an estimated weight of 12.5 gms. There is no median lobe prominence.

IMPRESSION

- **Grade I-II fatty liver.**
- **Cholelithiasis.**

Kindly correlate clinically.

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*** End Of Report ***



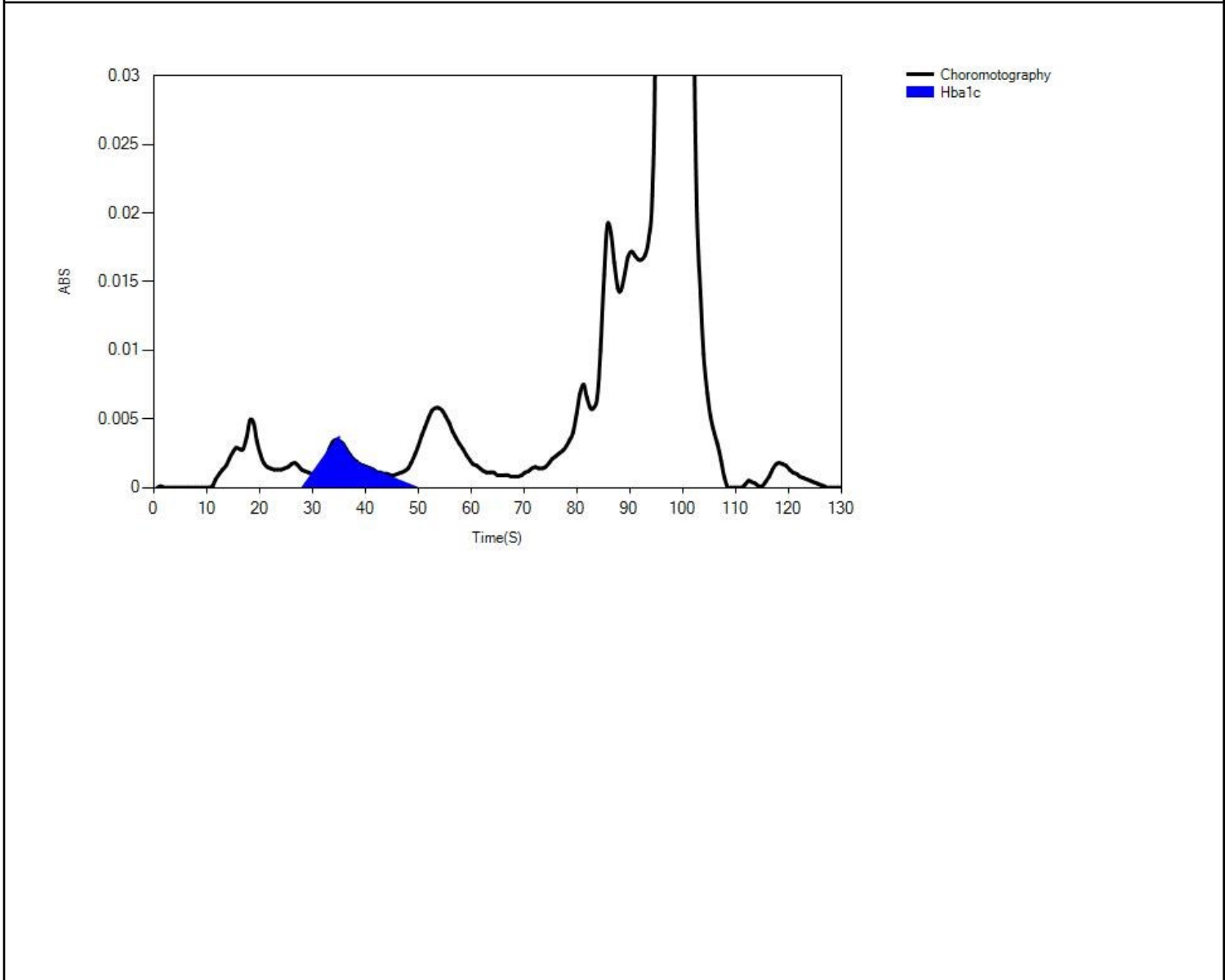
Scan to view report

DR AMIT JAISWAL
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
DMC No. 55709

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 28/09/2024 14:17:23
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01280474
Gender :			Total Area : 13948

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	72	3986	12671	88.8
HbA1c	39	59	729	5.1
La1c	25	35	268	1.9
HbF	19	18	25	0.2
Hba1b	13	50	169	1.2
Hba1a	11	29	86	0.6



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME
515-516 DWARKA SEC -19 NEW DELHI-110075

Mr. MOHAN PAL

ID. : 33

AGE/SEX : 41 Yr /M

HT/WT : /

DATE : 28-09-2024 09:34:42 AM

REF.BY : Dr.MEDIWEEL

MACHINE INTERPRETATION : Normal ECG.

RATE : 71 bpm

BP : N/A

P Axis : 58 deg.

QRS Axis : -14 deg.

T Axis : 17 deg.

P Duration : 102 ms

PR Duration : 155 ms

QRS Duration : 96 ms

QT Interval : 350 ms

QTc Interval : 373 ms

Linked Median

Average Filtered

Speed : 25 mm/s

Sensitivity : 10 mm/mV



