

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mr. AMIT GUPTA	<b>Lab No</b>	416919
<b>UHID</b>	295761	<b>Collection Date</b>	25/02/2023 5:03PM
<b>Age/Gender</b>	35 Yrs/Male	<b>Receiving Date</b>	25/02/2023 5:09PM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 7:02PM
<b>Referred By</b>	Dr. EHCC Consultant	<b>Report Status</b>	Final
<b>Mobile No.</b>	9414341009		



### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<b><u>CBC (COMPLETE BLOOD COUNT)</u></b>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	14.2	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	43.4	%	40.0 - 50.0
MCV	<b>96.9 H</b>	fl	82 - 92
MCH	31.7	pg	27 - 32
MCHC	32.7	g/dl	32 - 36
RBC COUNT	<b>4.48 L</b>	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	<b>3.81 L</b>	10 <sup>3</sup> / uL	4 - 10
<b><u>DIFFERENTIAL LEUCOCYTE COUNT</u></b>			
NEUTROPHILS	55.2	%	40 - 80
LYMPHOCYTE	29.4	%	20 - 40
EOSINOPHILS	<b>10.2 H</b>	%	1 - 6
MONOCYTES	4.7	%	2 - 10
BASOPHIL	<b>0.5 L</b>	%	1 - 2
PLATELET COUNT	1.67	lakh/cumm	1.50 - 4.50

**HAEMOGLOBIN** :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.  
**MCV** :- Method:- Calculation bysystemex.  
**MCH** :- Method:- Calculation bysystemex.  
**MCHC** :- Method:- Calculation bysystemex.  
**RBC COUNT** :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.  
**TLC (TOTAL WBC COUNT)** :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.  
**NEUTROPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**LYMPHOCYTS** :- Method: Optical detectorblock based on Flowcytometry  
**EOSINOPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**MONOCYTES** :- Method: Optical detectorblock based on Flowcytometry  
**BASOPHIL** :- Method: Optical detectorblock based on Flowcytometry  
**PLATELET COUNT** :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.  
**HCT**: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.  
**NOTE**: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

\*\*End Of Report\*\*

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH  
CONSULTANT & HOD  
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA  
CONSULTANT  
MBBS|MD|INCHARGE PATHOLOGY

## DEPARTMENT OF CARDIOLOGY

<b>UHID / IP NO</b>	40000937 (861)	<b>RISNo./Status :</b>	4001099/
<b>Patient Name :</b>	Mr. AMIT GUPTA	<b>Age/Gender :</b>	35 Y/M
<b>Referred By :</b>	Dr. DIWANSHU KHATANA	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	25/02/2023 9:27AM/ OPSCR22-23/6	<b>Scan Date :</b>	
<b>Report Date :</b>	25/02/2023 2:04PM	<b>Company Name:</b>	Provisional

REFERRAL REASON: - PACKAGE

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
<b>IVSD</b>	<b>11.6</b>	<b>6-12mm</b>	<b>LVIDS</b>	<b>28.4</b>
<b>LVIDD</b>	<b>43.8</b>	<b>32-57mm</b>	<b>LVPWS</b>	<b>18.3</b>
<b>LVPWD</b>	<b>11.6</b>	<b>6-12mm</b>	<b>AO</b>	<b>29.9</b>
<b>IVSS</b>	<b>19.3</b>	<b>mm</b>	<b>LA</b>	<b>36.1</b>
<b>LVEF</b>	<b>64-66</b>	<b>&gt;55%</b>	<b>RA</b>	<b>-</b>

#### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
<b>MITRAL VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.73</b>	<b>e'</b>	<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.56</b>	<b>E/e'</b>			
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.49</b>		<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.54</b>				
<b>AORTIC VALVE</b>	<b>NORMAL</b>	<b>1.06</b>				<b>-</b>	<b>NIL</b>
<b>PULMONARY VALVE</b>	<b>NORMAL</b>	<b>0.84</b>				<b>-</b>	<b>NIL</b>

COMMENTS & CONCLUSION: -

- NO RWMA, LVEF 64-66%
- GRADE I LV DIASTOLIC DYSFUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- ALL CARDIAC CHAMBERS ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

**IMPRESSION: - GRADE I LV DIASTOLIC DYSFUNCTION, NORMAL BI VENTRICULAR SYSTOLIC FUNCTION**

**DR ROOPAM SHARMA**  
**MBBS, PGDCC, FIAE**  
**CONSULTANT \$ INCHARGE**  
**EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTER.**

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<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9414341009		

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
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#### BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE FASTING 83.5

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

#### BLOOD GLUCOSE (PP )

Test Name	Result	Unit	Biological Ref. Range	Sample: PLASMA
BLOOD GLUCOSE (PP )	85.0	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl	

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

#### THYROID T3 T4 TSH

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.27	ng/mL	0.970 - 1.690	
T4	6.40	ug/dl	5.53 - 11.00	
TSH	3.526	μIU/mL	0.40 - 4.05	

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

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### BIOCHEMISTRY

**T3:-** Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

**T4:-** Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

**TSH - THYROID STIMULATING HORMONE :-** ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

### LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	<b>1.52 H</b>	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	<b>1.15 H</b>	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.37	mg/dl	0.00 - 0.40
SGOT	26.4	U/L	0.0 - 40.0
SGPT	27.7	U/L	0.0 - 40.0
TOTAL PROTEIN	7.10	g/dl	6.6 - 8.7
ALBUMIN	4.20	g/dl	3.5 - 5.2
GLOBULIN	2.9		1.8 - 3.6
ALKALINE PHOSPHATASE	90.9	U/L	53 - 128
A/G RATIO	1.5	Ratio	1.5 - 2.5
GGTP	18.5	U/L	10.0 - 55.0

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### BIOCHEMISTRY

**BILIRUBIN TOTAL** :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

**BILIRUBIN DIRECT** :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

**SGOT - AST** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

**SGPT - ALT** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

**TOTAL PROTEINS** :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

**ALBUMIN** :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

**ALKALINE PHOSPHATASE** :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- $\gamma$ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

### LIPID PROFILE

TOTAL CHOLESTEROL	164		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	33.5		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	122.9		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	30	mg/dl	10 - 50
TRIGLYCERIDES	149.2		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.9	%	

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### BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

### RENAL PROFILE TEST

Sample: Serum

UREA	11.9 L	mg/dl	16.60 - 48.50
BUN	5.5 L	mg/dl	6 - 20
CREATININE	0.70	mg/dl	0.60 - 1.10
SODIUM	142.1	mmol/L	136 - 145
POTASSIUM	5.01	mmol/L	3.50 - 5.50
CHLORIDE	102.8	mmol/L	98 - 107
URIC ACID	4.25	mg/dl	3.5 - 7.2
CALCIUM	9.33	mg/dl	8.60 - 10.30

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### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

**SODIUM**:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

**POTASSIUM** :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis. Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

**CALCIUM TOTAL** :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	5.6	%																	
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>&lt; 5.7%</b></td> <td><b>Nondiabetic</b></td> </tr> <tr> <td><b>5.7-6.4%</b></td> <td><b>Pre-diabetic</b></td> </tr> <tr> <td><b>&gt; 6.4%</b></td> <td><b>Indicate Diabetes</b></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"><b>Known Diabetic Patients</b></td> </tr> <tr> <td><b>&lt; 7 %</b></td> <td><b>Excellent Control</b></td> </tr> <tr> <td><b>7 - 8 %</b></td> <td><b>Good Control</b></td> </tr> <tr> <td><b>&gt; 8 %</b></td> <td><b>Poor Control</b></td> </tr> </table>	<b>&lt; 5.7%</b>	<b>Nondiabetic</b>	<b>5.7-6.4%</b>	<b>Pre-diabetic</b>	<b>&gt; 6.4%</b>	<b>Indicate Diabetes</b>	 		<b>Known Diabetic Patients</b>		<b>&lt; 7 %</b>	<b>Excellent Control</b>	<b>7 - 8 %</b>	<b>Good Control</b>	<b>&gt; 8 %</b>	<b>Poor Control</b>
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Method : - High - performance liquid chromatography HPLC  
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.  
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

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### BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<b><u>URINE SUGAR (POST PRANDIAL)</u></b>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE			Sample: Urine
<b><u>URINE SUGAR (RANDOM)</u></b>				
URINE SUGAR (RANDOM)	NEGATIVE			Sample: Urine
<b><u>STOOL ROUTINE</u></b>				
COLOUR	BROWN		P YELLOW	Sample: Urine
MUCUS	NIL		NIL	
CONSISTENCY AND FORM	SEMI SOLID		SEMI-SOLID	
BLOOD.	NIL			
WBCS/HPF.	0-2			
RBCS/HPF.	0-0			
OVA & CYST	ABSENT		ABSENT	
OHTERS	NIL		NIL	
<b><u>ROUTINE EXAMINATION - URINE</u></b>				
<b>PHYSICAL EXAMINATION</b>				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.5		5.5 - 7.0	
SPECIFIC GRAVITY	1.000		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			

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### CLINICAL PATHOLOGY

KETONES	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
UROBILINOGEN	NEGATIVE	NEGATIVE
LEUCOCYTE	NEGATIVE	NEGATIVE

### MICROSCOPIC EXAMINATION

WBCS/HPF	1-2	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

**Methodology:-**

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.  
 interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocabulary syntax: Kit insert

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### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05	mm/1st hr	0 - 15

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mr. AMIT GUPTA	<b>Lab No</b>	4001099
<b>UHID</b>	40000937	<b>Collection Date</b>	25/02/2023 9:46AM
<b>Age/Gender</b>	35 Yrs/Male	<b>Receiving Date</b>	25/02/2023 10:03AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9414341009		

Test Name	Result	Unit	Biological Ref. Range
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### USG REPORT -ABDOMEN AND PELVIS

#### LIVER:

Is normal in size (**133 mm**) and uniform echo texture.

No obvious focal lesion seen. No intrahepatic biliary radical dilatation seen.

#### GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

#### PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

#### SPLEEN:

Appears normal in size and it shows uniform echo texture. It measures **90 mm** in long axis.

#### RIGHT KIDNEY:

Right kidney measures **99 x 51 mm**.

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

RESULT ENTERED BY : NEETU SHARMA

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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<b>Mobile No.</b>	9414341009		

### USG

#### LEFT KIDNEY:

Left kidney measures **90 x 56 mm**.

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

#### URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

#### PROSTATE:

Measures **26 x 44 x 28 mm with 17 cc** volume. Normal

#### RIGHT ILIAC FOSSA:

No focal fluid collections seen.

#### IMPRESSION:

**No significant sonographic abnormality detected.**

RESULT ENTERED BY : NEETU SHARMA



Dr. RENU JADIYA  
MBBS, DNB  
RADIOLOGIST

