

Name: CHIRAG SOLANKI

Sex: Male

Age: 30Y

Clinic No.:

Bed No.:

SN: 0001147

Date: 23/10/2024 09:14:27

Case No.:

bpm

90

90

17

90

11.64°

2.91°



Frequency:

1000 Hz

PR Interval:

156 ms

Prompt:

Total Beats 5, Normal Beats 4, SVE 0, VE 0. Sinus Bradycardia (Sinus P wave, PR duration between 120ms and 200ms, HR < 60 bpm). Light left cardiac electric axis deviation (QRS axis between 0 degree and 30 degree).

Sample Time:

13 s

QT Interval:

352 ms

HR:

91 bpm

QTc Interval:

433 ms

P Interval:

92 ms

P Axis:

33.22°

QRS Interval:

84 ms

QRS Axis:

11.64°

T Interval:

216 ms

T Axis:

2.91°

DR. ARCHIT PARIKH
G-30352
M.D. (General Medicine)
DSHS MULTISPECIALTY HOSPITAL



25mm/s 100mm/mV

PATIENT NAME

MR. CHIRAG SOLANKI

AGE / SEX

30 YRS/MALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

23/10/2024

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. Mild concentric LVH.
2. Normal LV size with normal LV systolic function. LVEF: 65%.
3. No RWMA at rest.
4. Reduced LV compliance.
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: Trivial MR, Trivial TR, No AR, No PR.
11. IVC is normal in size and well collapse on inspiration.

Conclusion: Mild concentric LVH.

Normal LV systolic function.

No RWMA.

No PAH.

Measurements :

LVIDD	42.0 mm	AO	23.0mm
LVIDS	23.0 mm	LA	30.0mm
LVEF	65%		
IVSD/LVPWD	11.0mm/10.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.3			No AR
Mitral	E:0.4 A: 0.2				Trivial MR
Pulmonary	0.3	3.1			No PR
Tricuspid	0.5	1.2			Trivial TR



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DHS Properties and Hospitals LLP. | CIN : AAA-7816

Patient Name	CHIRAG SOLANKI	Patient ID	UHID27627
Age/Gender	30 Years / M	Study Date	23-Oct-2024
Referred By		Reported Date	23-Oct-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: 23-Oct-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



TEST REPORT

Reg. No : 2410100490 UHID : UHID27627 Reg. Date : 23-Oct-2024
Name : MR CHIRAG SOLANKI Collected On : 23-Oct-2024 08:42
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Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	14.8	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	43.4	%	40 - 54
RBC Count (Electrical Impedance)	5.24	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5840	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	343000	/cmm	150000 - 410000
MCV (Calculated)	82.9	fL	83 - 101
MCH (Calculated)	28.2	Pg	27 - 32
MCHC (Calculated)	34.0	%	31.5 - 34.5
RDW (Calculated)	13.3	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	54	%	38 - 70
Lymphocytes (%)	36	%	20 - 45
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3140	/cmm	1800 - 7700
Lymphocytes (Absolute)	2100	/cmm	1000 - 3900
Monocytes (Absolute)	450	/cmm	200 - 800
Eosinophils (Absolute)	130	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.50	/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
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----- End Of Report -----

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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	93.3	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	128.3	mg/dL	110 - 140

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.4	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	108.28	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 haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic 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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LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	44.2	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	22.3	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.27	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.12	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.15	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	79	U/L	53 - 128
Total Protein	6.53	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.80	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.73	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.39		0.8 - 2.0
GGT	29.5	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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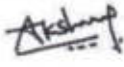
Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine <i>Enzymatic, IDMS Traceable</i>	0.66	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	26.9	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	12.57	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHA</i>	6.3	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	138.6	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>	4.85	mg/dL	4.4 - 5.4

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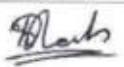
LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	164	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	121.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	24.32	mg/dL	15 - 35
LDL CHOLESTEROL	93.88	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>	45.8	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.58		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.05		0 - 3.5
Total Lipids <i>Calculated</i>	531.20		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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THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CMIA</small>	1.11	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CMIA</small>	6.70	µg/dL	4.5 - 12.5
TSH <small>ELFA-Enzyme Linked Fluorescent Assay</small>	3.110	µIU/ml	0.35 - 4.94

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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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'
Rh (D)	Positive

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