Barcode No.	: M282126	Age / Sex	: 37.4 YRS / Male
Patient NAME	: Mr. YOGESH BABU		
Sample Coll. DATE	: 25-Nov-2023 10:52 AM	Sample Receiving DATE	: 25-Nov-2023 11:18 AM
UHID	: 276333	Reporting DATE	: 25-Nov-2023 12:12 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 02:21 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
BLOOD GROUPING (ABO AND RH) *(Specimen : EDTA)*				
Blood Group *(aggultination method)*		" A "	-	
Rh Type *(aggultination method)*		POSITIVE	-	

Prepared By : Mr. GYANCHAND KUMAR **Printed By :** Mrs. Mala

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Barcode No.	: M282126	Age / Sex	: 37.4 YRS / Male
Patient NAME	: Mr. YOGESH BABU		
Sample Coll. DATE	: 25-Nov-2023 03:57 PM	Sample Receiving DATE	: 25-Nov-2023 04:16 PM
UHID	: 276333	Reporting DATE	: 25-Nov-2023 05:55 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 07:59 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
Blood Sugar Fasting* *(Specimen : FLUORIDE)*				
Blood Sugar Fasting *(serum,plasma(god pod))*		96.0	<100.0	mg/dl
Blood Sugar Post Prandial* *(Specimen : FLUORIDE)*				
Blood Sugar Post Prandial *(serum,plasma (god pod))*		103.0	<180.0	mg/dl

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Sample Coll. DATE	: 25-Nov-2023 10:52 AM	Sample Receiving DATE	: 25-Nov-2023 11:18 AM
UHID	: 276333	Reporting DATE	: 25-Nov-2023 11:25 AM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 02:19 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* *(Specimen : EDTA)*

Test Name	Status	Result	Reference Range	Unit
Haemoglobin *(whole blood/photometric method)*		14.9	13.0-17	g/dl
Total Leucocyte Count (TLC) *(whole blood/impedence method)*	H	**10800**	4000-10000	cells/c.mm
Neutrophil	H	**77.0**	45-70	%
Lymphocyte	L	**17.0**	20-40	%
Eosinophils		1.7	1.0-5.0	%
Monocytes		4.3	2.0-10.0	%
Basophils		0.0	0.0-1.0	%
Packed Cell Volume (PCV) *(whole blood,calculation)*		44.4	40.0-50.0	%
Red Blood Cell Count *(whole blood,impedence method)*		5.0	4.5-5.5	million/c.mm
Mean Cell Volume (MCV) *(whole blood,calculated)*		88.7	83.0-101.0	fl
Mean Cell Haemoglobin (MCH) *(whole blood,calculated)*		29.8	27.0-32.0	pg
MCHC *(whole blood,calculated)*		33.6	31.0-34.5	g/dl
RDW - CV		13.1	11.0-16.0	%
Platelet Count *(whole blood,impedence method)*		1.5	1.5-4.0	lakh/c.mm
MPV (Mean Platelet Volume)	H	**12.4**	6.5-12.0	fL
ESR		05	0-10	mm/Hr

Interpretation :
Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedence method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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UHID	: 276333	Reporting DATE	: 25-Nov-2023 12:38 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 02:22 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
Free Thyroid Profile (FT3, FT4, TSH) *(Specimen : SERUM)*				
FT3		4.93	1.4-5.6	pg/ml
FT4		1.40	0.67-1.71	ng/dL
TSH		2.01	0.25-5.0	µIU/ml

Interpretation :
Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule

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DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit

			.Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness

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UHID	: 276333	Reporting DATE	: 25-Nov-2023 01:34 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 02:46 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
HbA1c *(Specimen : EDTA)*				
HbA1c		5.3	-<5.7	%
AVERAGE BLOOD SUGAR		105.0	-<116	MG/DL

Interpretation :
HbA1c :
Hba1c:

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Non- diabetic adults	**<5.7%**
Pre- diabetic	**5.7-6.4 %**
Diabetic	**>or = 6.5%**
ADA Target	**>7.0**
Action suggested	**>8.0**

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHB concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

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UHID	: 276333	Reporting DATE	: 25-Nov-2023 12:26 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 12:33 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
KFT (Kidney Function Test)* *(Specimen : SERUM)*				
Blood Urea *(urease with indicator dye)*		21.0	19.0-43.0	mg/dl
Serum Creatinine *(enzymatic(creatinine amidohydrolase))*	L	**0.6**	0.66-1.25	mg/dl
Uric Acid *(uricase/peroxidase)*		6.0	3.5-8.5	mg/dl
Sodium (Na+) *(direct ion selective mode)*		137.0	137.0-145.0	mmol/L
Potassium (K+) *(direct ion selective mode)*		4.5	3.5-5.1	mmol/L
Chloride (Cl-) *(direct ion selective mode)*		101.0	98.0-107.0	mmol/L
Serum Calcium *(arsenazo dye)*		9.8	8.4-10.2	mg/dl
Phosphorus Serum *(phosphomolybdate reduction)*		3.3	2.5-4.5	mg/dl
Alkaline Phosphatase (ALP) *(4-nitrophenyl phosphate(pnpp)/amp)*		88.0	38.0-126.0	U/L
Total protein *(biuret(alkaline cupric sulphate))*	H	**8.3**	6.3-8.2	gm/dl
Albumin *(bromocresol green dye binding)*		4.9	3.5-5.0	gm/dl
Globulin (Calculated) *(calculated)*		3.4	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) *(calculated)*	H	**1.5**	0.8-1.1	
eGFR *(calculated)*		252.6	-	mL/min
LFT (Liver Function Test) -Spectrophotometry* *(Specimen : SERUM)*				
Bilirubin Total *(serum/azobilirubin/dyphylline)*		0.5	0.0 - <1.0	mg/dl
Bilirubin Direct *(serum/dual wavelength)*		0.1	0.0-0.3	mg/dl
Bilirubin Indirect *(calculated)*		0.4	0.0-1.1	mg/dl
Aspartate Transaminase (SGOT, AST)		28.0	17.0-59.0	U/l

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
(serum/kinetic withpyridoxal 5 phosphate/lactate dehydrogenese)				
SGPT, ALT (Alanine Transaminase) *(serum/kinetic with pyridoxal 5phosphate/lactate dehydrogenase)*		36.0	<50.0	U/L
Alkaline Phosphatase (ALP) *(serum/4-nitrophenyl phosphate(pnpp)/amp)*		88.0	38.0-126.0	U/L
Total Protein *(serum/biuret(alkaline cupric sulphate))*	H	**8.3**	6.3-8.2	gm/dl
Albumin *(serum/bromocresol green dye binding)*		4.9	3.5-5.0	gm/dl
Globulin (Calculated) *(calculated)*		3.4	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) *(calculated)*	H	**1.5**	0.8-1.1	
GGT (Gamma Glutamyl Transpeptidase) *(serum/L-gamma-glumatyl-4-nitroanalide))*		23.0	15.0-73.0	U/L

Interpretation :
LFT (Liver Function Test) -Spectrophotometry* : Note:
1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Lipid Profile* *(Specimen : SERUM)*

Total Cholesterol *(serum/enzymatic(che,cho/pod))*		172.0	<200	mg/dl
Triglyceride *(serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)*	H	172.0	-<150.0	mg/dl
HDL Cholesterol *(serum/phosphotungstic acid/mgcl2+enzymatic)*	H	50.0	>40.0	mg/dl
LDL *(calculation)*		87.6	-<100	mg/dl
VLDL	H	34.4	-<30	mg/dl

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
(calculation)				
LDL/HDL Ratio *(calculation)*		1.75	-<3.6	
Total Cholesterol : HDL Ratio *(calculation)*		3.44	-<5.0	

Interpretation :
Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:

1. **Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.**
2. **As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.**
3. **Low HDL levels are associated with increased risk forAtherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.**
4. **NLA-2014identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.**

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Status	Result	Reference Range	Unit
Urine for Sugar Fasting* *(Specimen : EDTA)*				
Urine for Sugar Fasting		NIL	-	

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Status	Result	Reference Range	Unit
Urine for Sugar PP* *(Specimen : EDTA)*				
Urine for Sugar PP		NIL	-	

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Sample Coll. DATE	: 25-Nov-2023 01:12 PM	Sample Receiving DATE	: 25-Nov-2023 01:36 PM
UHID	: 276333	Reporting DATE	: 25-Nov-2023 06:19 PM
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 07:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Urine routine and microscopic examination*

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
PHYSICAL EXAMINATION			
VOLUME(visual observation)	15	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.025		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH),sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlichs aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
MICROSCOPIC EXAMINATION			
PUS CELLS(light microscopy)	4-5	/hpf	0-5

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DEPARTMENT OF CLINICAL PATHOLOGY

RED BLOOD CELLS(light microscopy)	0-1	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	1-2	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT
CRYSTALS(light microscopy)	ABSENT		ABSENT
OTHERS(light microscopy)	-		-

Note: **1.**Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle),Glucose (GOD-POD),Ketone(Legals Test), Bilirubin(Azo-Diazo reaction),Urobilinogen (Diazonium ion Reaction).All abnormal results of chemical examination are confirmed by manual methods.

2.Pre-test conditions to be observed while submitting the sample-First void,mid-stream urine,collect in a clean,dry,sterile container is recommended for routine urine analysis.,avoid contamination with any discharge from vaginal ,urethra,perineum,as applicable ,avoid prolonged transist time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,excercise,high protein diet.False positive reactions for bile pigments,proteins,glucose can be caused by peroxidase like activity by disinfectants,therapeutic dyes,ascorbic acid and certain drugs.

4.All urine samples are checked for adequacy and suitability before examination.

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Barcode No.	: M282126	Age / Sex	: 37.4 YRS / Male
Patient Name	: **Mr. YOGESH BABU**	Registration Date	: 25-Nov-2023 10:08 AM
IPD No.	:	Reporting Date	: 25-Nov-2023 01:40 PM
UHID	: 276333	Approved Date	: 25-Nov-2023 01:40 PM
Referring Doctor	: **Dr. Rakesh Malhotra (H)**		
Passport No.	:		

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-**Normal**/Thickening/Calcification/Prolapes/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**. Score:_____

Doppler **Normal**/Abnormal E/A=75/55, **E>A** A>E S>D
Mitral Stenosis Present/**Absent** RR Interval_____msec
EDG___mmHg MDG_____mmHg MVA_____cm^2
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler **Normal**/Abnormal TRICSPID VALVE=141 cm/s.
Tricuspid stenosis Present/**Absent** RR Interval_____msec.
EDG_____mmHg MDG_____mmHg
Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals
Velocity_____msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation

Doppler **Normal**/Abnormal PULMONARY VALVE= 68cm/s.
Pulmonary stenosis Present/**Absent** Level
PSG_____mmHg Pulmonary annulus____mm
Pulmonary regurgitation Present/**Absent**
Early diastolic gradient_____mmHg End diastolic gradient___mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/3/4

Doppler **Normal**/Abnormal AORTIC VALVE=119cm/s.
Aortic stenosis Present/**Absent** Level
PSG_____mmHg Aortic annulus_____mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

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Patient Name	: **Mr. YOGESH BABU**	Registration Date	: 25-Nov-2023 10:08 AM
IPD No.	:	Reporting Date	: 25-Nov-2023 01:40 PM
UHID	: 276333	Approved Date	: 25-Nov-2023 01:40 PM
Referring Doctor	: **Dr. Rakesh Malhotra (H)**		
Passport No.	:		

DEPARTMENT OF CARDIOLOGY

Measurements		Normal Valves	Measurements		Normal Valves
Aorta	2.7	(2.0-3.7 cm)	LA es	3.5	(1.9-4.0 cm)
LV es	2.5	(2.2-4.0 cm)	LV ed	3.5	(3.7-5.6 cm)
IVSed	1.0/1.5	(0.6-1.1 cm)	PW (LV)	1.0/1.6	(0.6-1.1 cm)
RVed		(0.7-2.6 cm)	RV Anterior Wall		(upto 5 cm)
LVVd (ml)			LVVs (ml)		
EF	60%	(54%-76%)	IVS motion	**Normal**/Flat/Paradoxical	
IVS			Any Other		

CHAMBERS

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy**,** Contraction

Normal/Reduced**/**Regional wall motion abnormality: **Nil**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

PERICARDIUM **Normal**/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
Normal cardiac chamber size
No MR/TR
No AR/AS
MIP-Normal
Intact IAS/IVS
No LA/LV clot
No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

Prepared By : Mr. GYANCHAND KUMAR **Printed By :** Mrs. Mala

Barcode No.	: M282126		Age / Sex	: 37.4 YRS / Male
Patient Name	: **Mr. YOGESH BABU**		Registration Date	: 25-Nov-2023 10:08 AM
IPD No.	:		Reporting Date	: 27-Nov-2023 08:56 AM
UHID	: 276333		Approved Date	: 27-Nov-2023 08:56 AM
Referring Doctor	: **Dr. Rakesh Malhotra (H)**			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Rotation+

Hyperinflated bilateral lung fields seen. No obvious air space opacity is seen.

Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Bony thorax is normal.

Please correlate clinically

*** End Of Report ***

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