

Dr. Smita Ranveer's

# Radiance®

CLINICAL DIAGNOSTIC CENTRE  
COMPLETE PATHOLOGICAL SOLUTION



Name : Mr. VISHAL GUPTA

Lab ID. : 211835

Age/Sex : 32 Years / Male

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

Consulting Dr. : DR. MAYUR JAIN

Collected On : 26/10/2024 11:45 am

Received On : 26/10/2024 11:55 am

Reported On : 26/10/2024 6:56 pm

Report Status : FINAL

### \*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDA SE)	154.0	mg/dl.	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	32.3	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	74.2	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	15	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	107	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	3.31		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.77		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

END OF REPORT

Checked By  
SHAISTA

DR. SMITA RANVEER,  
M.B.B.S.M.D. Pathology(Mum)  
Consultant Histo-cytopathologist  
Regd.No.: 3401/09/2007





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### COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	13.1	g/dl	13 - 18
HEMATOCRIT (PCV)	<b>39.3</b>	%	42 - 52
RBC COUNT	<b>4.26</b>	$\times 10^6/\mu\text{L}$	4.70 - 6.50
MCV	92	fl	80 - 96
MCH	30.8	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.4	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	6390	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	64	%	40 - 80
LYMPHOCYTES	28	%	20 - 40
EOSINOPHILS	02	%	0 - 5
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	224000	/cumm	150 to 410
MPV	<b>13.1</b>	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.290	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter. RBC and Platelet count by Electric Impedance, WBC by SF Cube method and Differential by flow cytometry. Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

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## IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**TFT (THYROID FUNCTION TEST)**

SPECIMEN	RESULTS	UNIT	REFERENCE RANGE
T3	134.0	ng/dl	84.63 - 201.6
T4	7.45	µg/dl	5.13 - 14.06
TSH	2.62	µIU/ml	0.35 - 4.94

DONE ON FULLY AUTOMATED ANALYSER COBAS e411.


T3 (Triiodo Thyronine)		T4 (Thyroxine)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12 months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

TSH (Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 months	1.7-9.1
6 months-20 years	0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	0.30-3.0

**INTERPRETATION :**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

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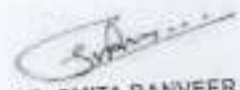


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## \*RENAL FUNCTION TEST


TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	19.6	mg/dL	19 - 45
<b>BLOOD UREA NITROGEN</b> (Calculated)	9.16	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.75	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	5.6	mg/dL	3.5 - 7.2
<b>S. SODIUM</b> (ISE Direct Method)	139.1	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	3.98	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	101.3	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	3.86	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	8.62	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	7.01	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.03	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.98	g/dl	1.9 - 3.5
<b>A/G RATIO</b> calculated	1.35		0 - 2

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.

Result relates to sample tested. Kindly correlate with clinical findings.

END OF REPORT

  
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 SHAISTA Q.

  
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\*211833\*

Name : Mr. VISHAL GUPTA

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**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.53	mg/dl.	0.1 - 1.2
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	0.26	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.27	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	20.4	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	22.6	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	66.0	U/L	53 - 128
<b>S. PROTIEN</b> (Method-Biuret)	7.01	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.03	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.98	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.35		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

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\* 3 1 1 8 3 3 \*

Name : Mr. VISHAL GUPTA

Lab ID. : 211836

Age/Sex : 32 Years / Male

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Consulting Dr. : DR. MAYUR JAIN

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### HAEMATOLOGY


TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
ESR	50	mm/hr.	0 - 20

METHOD - WESTERGREEN

Result relates to sample tested, Kindly correlate with clinical findings.

END OF REPORT

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## BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>GLYCOCELATED HEMOGLOBIN (HBA1C)</b>			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	105.4	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5

## METHOD

Particle Enhanced Immunoturbidimetry

HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole blood. It indicates average blood sugar level over past three months.


**BLOOD GLUCOSE FASTING & PP**

BLOOD GLUCOSE FASTING	96.2	mg/dL	70 - 110
URINE GLUCOSE FASTING	Absent		
URINE KETONE FASTING	Absent		
BLOOD GLUCOSE PP	86.8	mg/dL	70 - 140
URINE GLUCOSE PP	Absent		
URINE KETONE PP	Absent		

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.

2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

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## BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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## INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-126 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

## POSTPRANDIAL/POST GLUCOSE (75 grams)


- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

## CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms + Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.  
 Result relates to sample tested. Kindly correlate with clinical findings.

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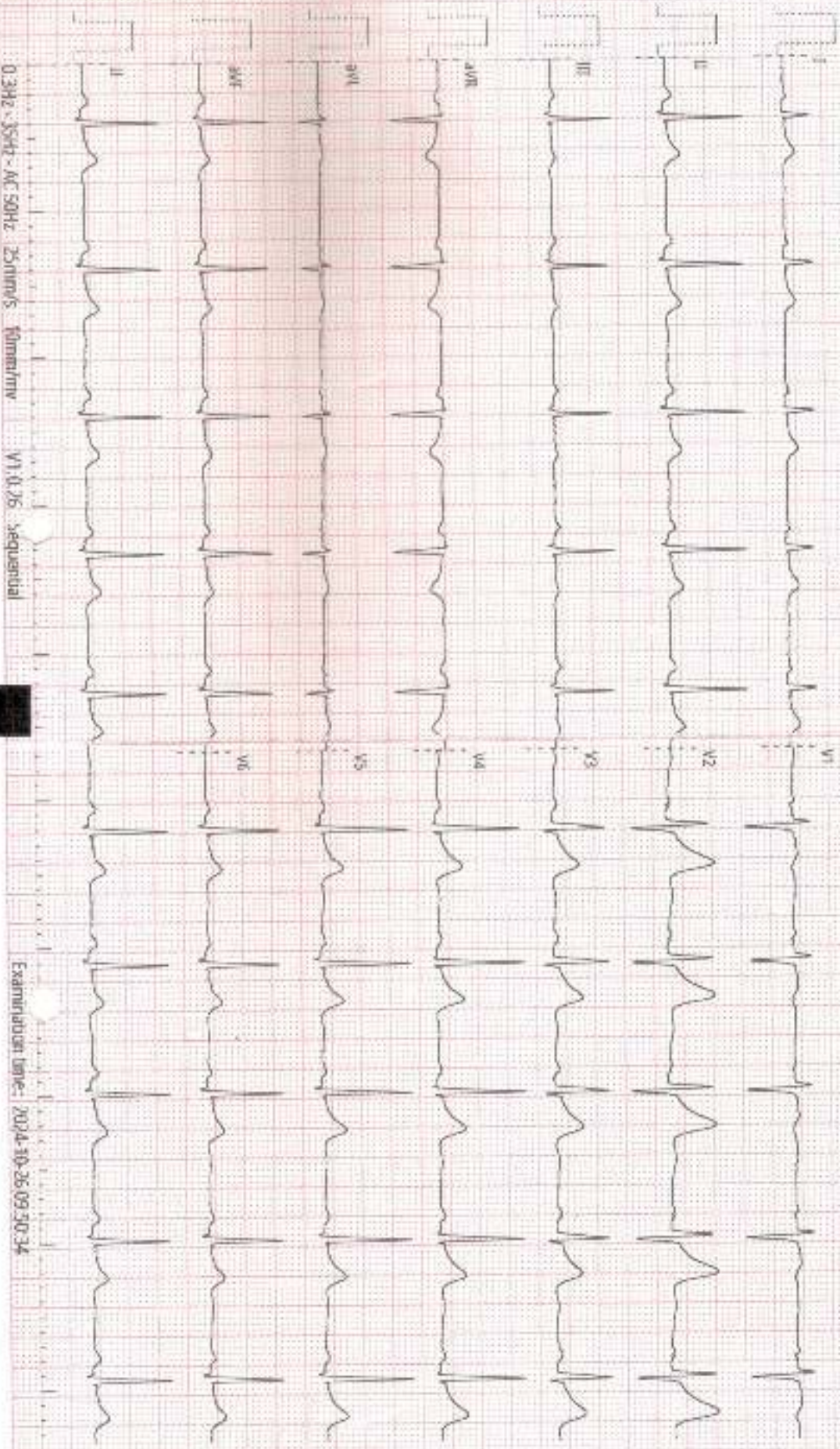


# ECG report

Confirm and sign:

ID : 20241026094959      HR : 83 bpm  
Name : gupta, vikash      PR : 160 ms  
Gender : M      QRS : 78 ms  
Age : 32 Years      QT/QTc : 402/407 ms  
Dept :      p-QRS/T : 55/71/45 °  
Bed No. :      RV5/SV1 : 1.49/0.764 mv  
                  RV5+SV1 : 2.260 mv

<<Interpretations :>>  
Sinus rhythm  
Normal ECG



0.3Hz - 35Hz - AC 50Hz 25mm/s      V1 0.25 sequential

Examination Date: 2024-10-26 09:30:34

## 2D ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

NAME	MR VISHAL GUPTA
DATE	26/10/2024
REF BY	SELF
DONE BY	DR MAYUR JAIN (9867280303/ 9222888070)

### 2D

- All cardiac chambers are normal in size.
- No concentric left ventricular hypertrophy.
- No regional wall motion abnormality.
- Normal LV systolic function. LVEF is approximately 65% visually.
- Normal RV systolic function.
- All valves are normal in structure.
- IAS and IVS are intact.
- Aortic arch normal.
- No e/o clot/ vegetation/ effusion.

### M-MODE

LVIDd	40	mm	Ao	28	mm
LVIDs	22	mm	LA	38	mm
EDV	104	ml			
ESV	60	ml			
EF	65	%			
IVS(d)	9	mm			
PW(d)	10	mm			

## COLOR DOPPLER

- No stenotic or regurgitant lesion at any valve
- No significant gradient across aortic valve.
- No LV diastolic dysfunction.
- No significant pulmonary hypertension.

## IMPRESSION

- Essentially normal study.

Many thanks for reference



**Dr, Mayur N Jain**  
MD DM cardiology- gold medalist  
FACC, FSCAI, ICOB- USA ; AFESC -UK.  
Consultant interventional cardiologist

<b>NAME : MR. VISHAL GUPTA</b>	<b>AGE : 32YRS/MALE</b>
<b>REF BY: C/O JINKUSHAL HOSPITAL</b>	<b>DATE : 26.10.2024</b>

**FULL ABDOMEN USG**

**LIVER:** Normal in size and shows homogenous echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No e/o IHBR dilatation seen.

**PORTAL VEIN / SPLENIC VEIN / CBD:** are normal in caliber.

**GALL BLADDER:** Is well distended. No calculi/wall thickening / sludge.

**SPLEEN:** Is normal in size, shape, position and shows normal homogeneous echotexture. No focal lesion seen.

**PANCREAS:** visualized head is normal in size and shows normal homogeneous echotexture. Rest is obscured by bowel gas.

**KIDNEYS:** **Right kidney: 10.4 x 5.1 cm**                      **Left kidney: 11.0 x 4.7 cm.**

Both kidneys are normal in size, shape, position, and echotexture. Both kidneys show normal cortico-medullary differentiation. No calculi/ HN/HU seen.

**URINARY BLADDER:** Is well distended and appears normal. No SOL /wall thickening.

**PROSTATE:** Is normal in size and echotexture. No focal lesion is seen. No e/o median lobe hypertrophy.

**PERITONEAL CAVITY:** No ascites or enlarged lymph nodes. **Bowel gas ++**

**OPINION:**

- **NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**DR. DEVENDRA PATIL (M.D.Radiology)**  
**CONSULTANT RADIOLOGIST**

Please co-relate the findings with clinical examination, history & blood investigations.

# SEFRA DIGITAL X-RAY

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W)  
Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

PORTABLE X-RAY AVAILABLE

PATIENT NAME : MR. VISHAL GUPTA	AGE / SEX 32 YRS / M
REF BY DR: JINKUSHAL HOSPITAL	DATE : 26/10/2024

## X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

**Impression: No significant abnormality detected.**

Suggest Clinical correlation and further evaluation.

Thanks for referral

**Dr. Devendra Patil**  
**MD Radiology**

Disclaimer: report is done by teleradiology after the images acquired by PACS ( picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.

## MEDICAL EXAMINATION REPORT

Name Mr./Mrs./ Miss	Mr. Vishal Gupta	
Sex	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
Age (yrs.)	UHID :	Bill No. :
Date	26 / 10 / 2024 .	
Marital Status	Married / No. of Children / Unmarried / Widow :	
Present Complaints	NO any new co.	
Past Medical : History Surgical :	NO any surgical illness.	
Personal History	Diet : Veg <input checked="" type="checkbox"/> / Mixed <input type="checkbox"/> ; Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> / Any Other	
Family History	Father = HT <input checked="" type="checkbox"/> / DM <input checked="" type="checkbox"/> / IHD / Stroke / Any Other Mother = HT <input checked="" type="checkbox"/> / DM <input checked="" type="checkbox"/> / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other NO.	
History of Allergies	Drug Allergy NO any allergy . Any Other :	
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other NO	
On Examination (O/E)	G. E. : R. S. : clear C. V. S. : S & P C. N. S. : Luscious P/A : Syst Any Other Positive Findings :	

Blood reports awaited.

Height	185	cms	Weight	87.8 Kg	Kgs
BMI	25.7		Blood Pressure (mm of Hg)	120	70 mm of Hg
Pulse (per min.)	78	min.	Gynaecology		
Examined by	Dr.				
Complaint & Duration					
Other symptoms (Mict, bowels etc)					
Menstrual History	Menarche		Cycle		Loss
	Pain		I.M.B.		P.C.B.
	L.M.P.		Vaginal Discharge		
	Cx. Smear		Contraception		
Obstetric History					
Examination :					
	Breast				
	Abdomen				
	P.S.				
	P.V.				
Gynaecology Impression & Recommendation					
Recommendation					
Physician Impression	Generally he is fit. He can resume his normal duties.				
Examined by :	<ul style="list-style-type: none"> <li>- Overweight = To Reduce Weight</li> <li>- Underweight = To Increase Weight</li> </ul>				

BMI - 25.7