



# CIMS

## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF CARDIOLOGY

Name : MR. RAMVEER SINGH      Age/Sex : 30Yrs/Male  
Date : 09/03/2024      ID No. : CIMS-9669  
Done By : DR. ARPIT AGARWAL

### ECHOCARDIOGRAPHY

- ❖ All Cardiac chamber normal size.
- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ **Grade I/IV DDF**
- ❖ **Trace MR.**
- ❖ **Mild TR.**
- ❖ RVSP=RAP+15 mmHg
- ❖ Normal AFV
- ❖ Intact IAS/IVS.
- ❖ No clot/vegetation/pericardial effusion.
- ❖ IVC non-dilated & collapsing > 50% during inspiration.

### CLINICAL IMPRESSION:

- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ **Grade I/IV DDF**
- ❖ **Trace MR.**
- ❖ **Mild TR.**
- ❖ No PHT, PASP = 20 mmHg.



**Dr. ARPIT AGARWAL**

MBBS, MD, DM (CARDIOLOGY)

Consultant Intervention Cardiologist

Ex. Fortis Escort Heart Institute, Delhi

**NOTE:** Normal Echocardiography report does not rule out CAD

This report is not valid for Medical-legal purpose.

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### DEPARTMENT OF PATHOLOGY

UHID	CIMS-9669	Visit Type/No	OP/EPD-12831/EPD-12831
Name	Mr Ramveer Singh	Order No	OR-23937
Age/Gender	30 Y,3 M,17 D/Male	Order Date/Time	09-03-2024
Accession Number	OPAC-2909	Collection Date/Time	09-03-2024 12:33 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	09-03-2024 02:20 PM
Ordering Doctor	Dr Self	Report Date/Time	09-03-2024 05:44 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Pathology

Service Name	Result	Unit	Reference Range	Method
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.43	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	70.2	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	<b>8.53 H</b>	uIU/mL	0.3-4.5	CLIA

#### Interpretation

##### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

##### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

#### URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine

##### Physical Examination

COLOUR	Pale Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.015		1.001-1.03	Strip
PH URINE	6.5		5-8	Strip
DEPOSIT	Absent			Manual

##### BIOCHEMICAL EXAMINATION

ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual

##### MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy

#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range
Glucose (Fasting), Plasma	95.14	mg/dL	60-110

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

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Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	108.15	mg/dL	80-150	
<b>LFT (Liver Function Test) Profile, Serum</b>				
Bilirubin Total, Serum	0.93	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	<b>0.37 H</b>	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.56	mg%	0.0-0.75	Calculated
SGOT/AST	23.61	U/L	0-40	IFCC
SGPT/ALT	29.9	U/L	0-48	IFCC
AST/ALT Ratio	0.79		0-1	Calculated
Gamma GT,Serum	36.52	U/L	10-45	IFCC
Alkaline phosphatase, Serum	85.94	U/L	53-165	IFCC
Total Protein, serum	6.98	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.30	g/dL	3.5-5.4	BCG
Globulin	2.68	g/dL	2.3-3.6	Calculated
A/G Ratio	1.60		1.0-2.3	Calculated
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	20.42	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.72	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	9.53	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	13.23		10-20	Calculated
Sodium,Serum	135.6	mmol/L	135-150	ISE
Potassium, Serum	4.22	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.52	mg/dL	8.7-11.0	ISE
Chloride, Serum	96.4	mmol/L	94-110	ISE
Uric acid, Serum	5.26	mg/dL	3.4-7.0	
Magnesium, Serum	2.50	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.25	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	85.94	U/L	53-165	IFCC
Albumin, Serum	4.30	g/dL	3.5-5.4	BCG
<b>Lipid Profile, Serum</b>				
Cholestrol, serum	184.7	-mg%	Optimal: < 200 mg/dl Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	146.53	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl	
HDL Cholesterol	54.2	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	101.19	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	

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Service Name	Result	Unit	Reference Range	Method
VLDL Cholesterol	29.31	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.87		0.0-3.5	

#### Interpretation

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. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

#### HbA1c

#### GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	5.89	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	122.34	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

#### Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.



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-----End of the Report-----

Dr Ambrish Kumar  
Pathology  
MD (Pathology)



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