

**Patient Name :** MR. SURESH MOHE [MRN-240901556]  
**Age / Gender :** 58 Yr / M  
**Address :** WARD NO- 29 KAVERI STET. , Khandwa, MADHYA PRADESH  
**Req. Doctor:** V ONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-10788

**HAEMATOLOGY**

**Request Date :** 14-09-2024 10:46 AM  
**Collection Date :** 14-09-2024 10:52 AM | H-7599  
**Acceptance Date :** 14-09-2024 10:54 AM | TAT: 06:31 [HH:MM]

**Reporting Date :** 14-09-2024 05:25 PM**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	14.8 gm%	M 14 - 18 gm% (Age 1 - 100 )
RBC Count	4.69 mill./cu.mm	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	42.4 %	M 40 - 54 % (Age 1 - 100 )
MCV	90.2 Cu.m.	76 - 96 Cu.m. (Age 1 - 100 )
MCH	31.4 pg	27 - 32 pg (Age 1 - 100 )
MCHC	<b>34.8 % *</b>	30.5 - 34.5 % (Age 1 - 100 )
Platelet Count	193 10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 )
Total Leukocyte Count (TLC)	5.09 10 <sup>3</sup> /uL	4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )
Differential Leukocyte Count (DLC)		
Neutrophils	<b>71 % *</b>	40 - 70 % (Age 1 - 100 )
Lymphocytes	22 %	20 - 40 % (Age 1 - 100 )
Monocytes	04 %	2 - 10 % (Age 1 - 100 )
Eosinophils	03 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %

END OF REPORT.



**DR. QUTBUDDIN CHAHWALA**  
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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**Acceptance Date :** 14-09-2024 10:54 AM | TAT: 06:37 [HH:MM]  
**Reporting Date :** 14-09-2024 05:31 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>ESR (WINTROBE METHOD)</b>	09 mm/hr	M 0 - 12 mm/hr
<b>BLOOD GROUP</b>		
ABO GROUP	O	
RH FACTOR	Negative	
<b>HbA1C</b>		
Glyco Hb (HbA1C)	5.0 %	4 - 6 %
Estimated Average Glucose	96.8 mg/dL	mg/dL

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes. A cut off point of 6.5%  
Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.  
In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

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**Physician / Doctor:** V ONE HOSPITAL  
**Registration ID:** WALKIN.24-25-10788

**BIOCHEMISTRY**

**Request Date :** 14-09-2024 10:46 AM  
**Collection Date :** 14-09-2024 10:52 AM | BIO8362  
**Acceptance Date :** 14-09-2024 10:54 AM | TAT: 07:05 [HH:MM]  
**Reporting Date :** 14-09-2024 05:59 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>GLUCOSE &amp; PPBS *[ Ser/Plas ]</b>		
FBS	98.2 mg/dL	70 - 110 mg/dL
PPBS	127.0 mg/dL	100 - 140 mg/dL
<b>URIC ACID</b>	7.6 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
<b>BUN</b>		
BUN	9.66 mg/dL	5 - 20 mg/dL
<b>BUN / CREATINE RATIO</b>	<b>1.21 *</b>	10 - 20
<b>CREATININE</b>	1.22 mg/dL	0.7 - 1.4 mg/dL
<b>ALT(GAMMA GLUTAMYL TRANSFERASE)</b>	41.7 U/L	M 11 - 60 U/L

END OF REPORT.

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- 452 001, MP, INDIA. E: info@vonehospital.com  
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**BIOCHEMISTRY**

**Request Date :** 14-09-2024 10:46 AM  
**Collection Date :** 14-09-2024 10:52 AM | BIO8362  
**Acceptance Date :** 14-09-2024 10:54 AM | TAT: 06:27 [HH:MM]

**Reporting Date :** 14-09-2024 05:21 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
PT		
SGOT	17.8 U/L	0 - 40 U/L
SGPT	14.7 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	<b>1.36 mg/dL *</b>	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.46 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	<b>0.90 mg/dL *</b>	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.10 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.24 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.86 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.48	1.1 - 1.5
ALKALINE PHOSPHATASE	96.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	<b>12.9 sec *</b>	13 - 15 sec
CONTROL	12.8 sec	
INR	1.0	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.21	< 1.5
AST / ALT RATIO	0.82	< 1

END OF REPORT.

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M.D. PATHOLOGIST

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**Request Date :** 14-09-2024 10:46 AM  
**Collection Date :** 14-09-2024 10:52 AM | BIO8362  
**Acceptance Date :** 14-09-2024 10:54 AM | **TAT:** 06:58 [HH:MM]

**Reporting Date :** 14-09-2024 05:52 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	<b>209.0 mg/dL *</b>	0 - 200 mg/dL
Triglyceride	<b>120.3 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	63.6 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	24.06 mg/dL	5 - 40 mg/dL
LDL	121.34 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	3.29	0 - 5
LDL/HDL	1.91	0.3 - 5

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
**M.D. PATHOLOGIST**

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**Ref. ID:** WALKIN.24-25-10788

**IMMUNOLOGY**

**Request Date :** 14-09-2024 10:46 AM **Reporting Date :** 14-09-2024 05:32 PM  
**Collection Date :** 14-09-2024 10:52 AM | PATH5451 **Reporting Status :** Finalized  
**Acceptance Date :** 14-09-2024 10:54 AM | TAT: 06:38 [HH:MM]

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	0.83 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	6.63 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	1.11 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100 )

**Interpretation:** Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal method to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

**Thyroid Profile:** Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

**Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)**  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
**M.D. PATHOLOGIST**

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Hospital

Restoring Quality of Life

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Doctor: V ONE HOSPITAL  
Patient ID: WALKIN.24-25-10788



**CLINICAL PATHOLOGY**

Test Date : 14-09-2024 10:46 AM  
Collection Date : 14-09-2024 10:52 AM | CP-2962  
Acceptance Date : 14-09-2024 10:54 AM | TAT: 06:37  
[HH:MM]

Reporting Date : 14-09-2024 05:31 PM  
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
<b>Routine</b>		
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
<b>CHEMICAL EXAMINATION</b>		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
<b>MICROSCOPY EXAMINATION</b>		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

A handwritten signature in black ink, reading 'Qutbuddin'.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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Request Date : 14-09-2024 10:46 AM

Reporting Date : 14-09-2024 11:33 AM  
Report Status : Finalized

**X-RAY CHEST AP**

Size and shape of heart are normal.  
C.P. angles are clear.  
Lung fields are clear.  
Soft tissues and rib cage are normal.

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END OF REPORT

Dr. RADIOLOGIST







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**USG - WHOLE ABDOMEN**

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size and measures 14 gms. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

**IMPRESSION :-**

**No significant abnormality detected.**

**DR. RAVINDRA SINGH**  
Consultant Radiologist

ID: Mr. Suresh Mule

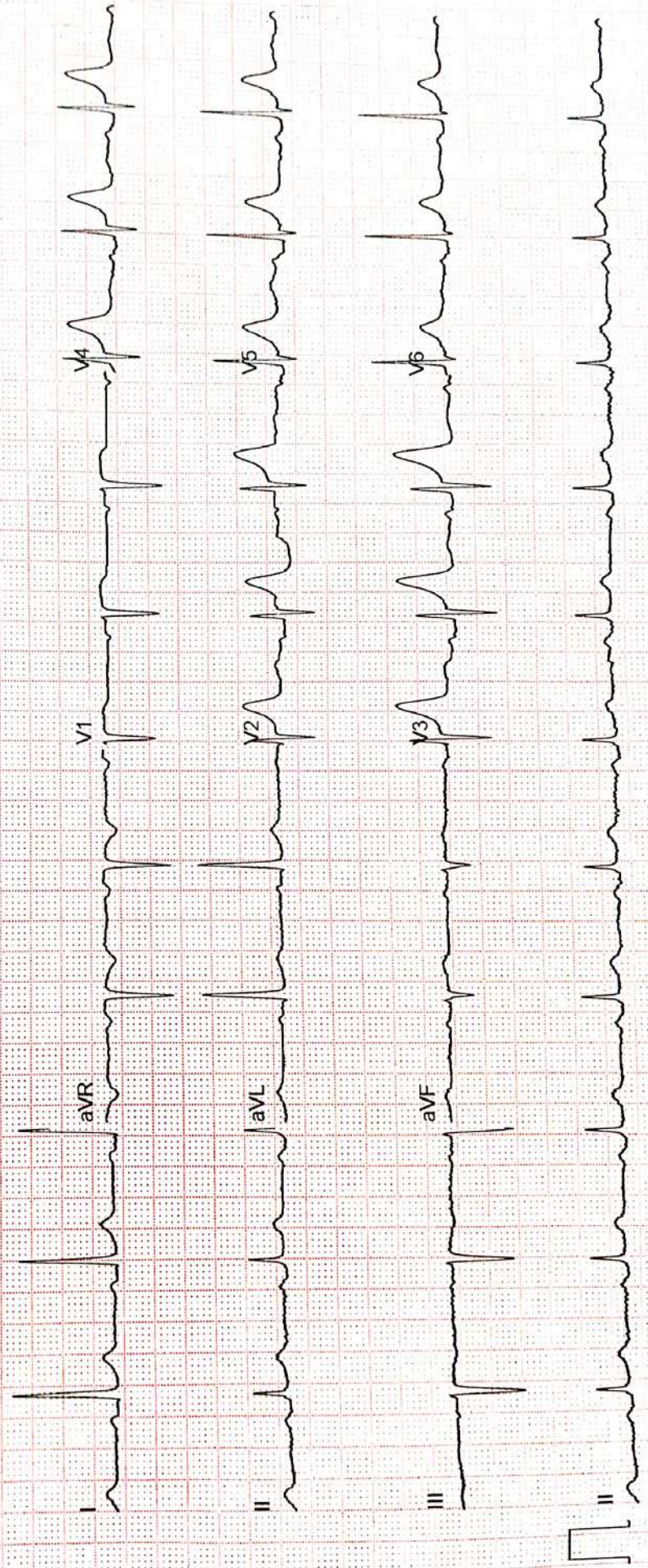
Male

14.09.2024 11:10:18 AM  
V. one Hospital  
AB Road Geeta Bhawan  
Indore

70 bpm  
-- / -- mmHg

QRS : 74 ms  
QT / QTcBaz : 352 / 380 ms  
PR : 178 ms  
P : 92 ms  
RR / PP : 854 / 857 ms  
P / QRS / T : 29 / 7 / 10 degrees

Normal sinus rhythm  
Moderate voltage criteria for LVH, may be normal variant  
Borderline ECG





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### 2D- & COLOR DOPPLER ECHO

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	27mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	24mm	15-26 mm
Left atrial dimensions (LAs diam)	38mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	43mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	23mm	18-42 mm
Interventricular ED septal thickness (IVSd)	12mm	6-11 mm
LVPW (D) (LVPWD)	13mm	6-11 mm
LVEF	65%	55-70%

**Regional wall motion abnormalities** : No.

**IVS motion** : Normal

### CHAMBERS SIZE & SHAPE :-

Left Ventricle : **Mild concentric LVH**

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

PERICARDIUM : Normal.

IVC : Normal.



**VALVULAR ECHO :-**

**MITRAL VALVE :-**

Doppler  
Mitral stenosis  
Mitral regurgitation

: Morphology :- **Grade-I LVDD**  
: E vel- 0 m/sec                      A vel- 0 m/sec  
: Absent  
: **Grade - I/IV MR**

**TRISCUSPID VALVE :-**

Tricuspid Stenosis  
Tricuspid regurgitation

: Morphology :-  
: Absent  
: **Grade - I/IV TR No PAH (PASP:- 17mmHg + RAP)**

**PULMONARY VALVE :-**

Doppler  
Pulmonary Stenosis  
Pulmonary regurgitation

: Morphology :-  
: PV Vmax- 0.69m/sec                      PV Max PG- 1.89mmHg.  
: Absent  
: Normal

**AORTIC VALVE :-**

Doppler  
Aortic Stenosis  
Aortic Regurgitation

: Morphology :-  
: AV Vmax- 0.88m/sec                      AV max PG- 3.08mmHg.  
: Absent  
: Normal

**IMPRESSION :-**

- **Mild concentric LVH**
- **Normal LV function**  
(LVEF-65%)

  
Dr. Deepesh Kothari, MD, DM  
Consultant Cardiologist