


Barcode No.	: M282112		Age / Sex	: 41 YRS / Male
Patient NAME	: Mr. ALOK KUMAR JHA			
Sample Coll. DATE	: 25-Nov-2023 09:04 AM	Sample Receiving DATE	: 25-Nov-2023 09:30 AM	
UHID	: 276326	Reporting DATE	: 25-Nov-2023 10:20 AM	
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 10:23 AM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
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BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Blood Group (agglutination method)		"B"	-	
Rh Type (agglutination method)		POSITIVE	-	

Prepared By : Mr. NAZIM ALI

Printed By : Mrs. Mala

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 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

Barcode No.	: M282112		Age / Sex	: 41 YRS / Male
Patient NAME	: Mr. ALOK KUMAR JHA			
Sample Coll. DATE	: 25-Nov-2023 01:54 PM	Sample Receiving DATE	: 25-Nov-2023 02:48 PM	
UHID	: 276326	Reporting DATE	: 25-Nov-2023 06:21 PM	
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 07:58 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))		92.0	<100.0	mg/dl
Blood Sugar Post Prandial* (Specimen : FLUORIDE)				
Blood Sugar Post Prandial (serum,plasma (god pod))		133.0	<180.0	mg/dl

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UHID	: 276326	Reporting DATE	: 25-Nov-2023 09:58 AM	
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 10:47 AM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
Complete Haemogram* (Specimen : EDTA)				
Haemoglobin (whole blood/photometric method)		15.1	13.0-17	g/dl
Total Leucocyte Count (TLC) (whole blood/impedence method)		4100	4000-10000	cells/c.mm
Neutrophil		59.9	45-70	%
Lymphocyte		33.1	20-40	%
Eosinophils		2.7	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)		44.2	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)		88.3	83.0-101.0	fl
Mean Cell Haemoglobin (MCH) (whole blood,calculated)		30.1	27.0-32.0	pg
MCHC (whole blood,calculated)		34.1	31.0-34.5	g/dl
RDW - CV		12.6	11.0-16.0	%
Platelet Count (whole blood,impedence method)		2.0	1.5-4.0	lakh/c.mm
MPV (Mean Platelet Volume)		8.6	6.5-12.0	fL
ESR		04	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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DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)				
FT3		4.72	1.4-5.6	pg/ml
FT4		1.11	0.67-1.71	ng/dL
TSH		4.264	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	: 276326	Reporting DATE	: 25-Nov-2023 10:02 AM	
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 10:25 AM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
HbA1c (Specimen : EDTA)				
HbA1c		5.1	<5.7	%
AVERAGE BLOOD SUGAR		100.0	<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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DEPARTMENT OF BIOCHEMISTRY


Test Name	Status	Result	Reference Range	Unit
KFT (Kidney Function Test)* (Specimen : SERUM)				
Blood Urea (urease with indicator dye)		24.0	19.0-43.0	mg/dl
Serum Creatinine (enzymatic(creatinine amidohydrolase))		0.9	0.66-1.25	mg/dl
Uric Acid (uricase/peroxidase)		6.0	3.5-8.5	mg/dl
Sodium (Na+) (direct ion selective mode)		139.0	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)		104.0	98.0-107.0	mmol/L
Serum Calcium (arsenazo dye)		8.7	8.4-10.2	mg/dl
Phosphorus Serum (phosphomolybdate reduction)		3.4	2.5-4.5	mg/dl
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnpp)/amp)		58.0	38.0-126.0	U/L
Total protein (biuret(alkaline cupric sulphate))		7.6	6.3-8.2	gm/dl
Albumin (bromocresol green dye binding)		4.5	3.5-5.0	gm/dl
Globulin (Calculated) (calculated)		3.1	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) (calculated)	H	1.4	0.8-1.1	
eGFR (calculated)		93.0	-	mL/min
LFT (Liver Function Test) -Spectrophotometry* (Specimen : SERUM)				
Bilirubin Total (serum/azobilirubin/dyphylline)		0.7	0.0 - <1.0	mg/dl
Bilirubin Direct (serum/dual wavelength)		0.2	0.0-0.3	mg/dl
Bilirubin Indirect (calculated)		0.5	0.0-1.1	mg/dl
Aspartate Transaminase (SGOT, AST)		32.0	17.0-59.0	U/l

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
<i>(serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)</i>				
SGPT, ALT (Alanine Transaminase) <i>(serum/kinetic with pyridoxal 5phosphate/lactate dehydrogenase)</i>		46.0	<50.0	U/L
Alkaline Phosphatase (ALP) <i>(serum/4-nitrophenyl phosphate(pnpp)/amp)</i>		58.0	38.0-126.0	U/L
Total Protein <i>(serum/biuret(alkaline cupric sulphate))</i>		7.6	6.3-8.2	gm/dl
Albumin <i>(serum/bromocresol green dye binding)</i>		4.5	3.5-5.0	gm/dl
Globulin (Calculated) <i>(calculated)</i>		3.1	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	H	1.4	0.8-1.1	
GGT (Gamma Glutamyl Transpeptidase) <i>(serum/L-gamma-glutamyl-4-nitroanalide)</i>		26.0	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 <i>(serum/enzymatic(che,cho/pod))</i>	L	128.0	<200	mg/dl
Triglyceride <i>(serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)</i>		103.0	<150.0	mg/dl
HDL Cholesterol <i>(serum/phosphotungstic acid/mgcl2+enzymatic)</i>	H	44.0	>40.0	mg/dl
LDL <i>(calculation)</i>		63.4	<100	mg/dl
VLDL		20.6	<30	mg/dl

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Referring Doctor	: Dr. Rakesh Malhotra (H)			
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
(calculation)				
LDL/HDL Ratio (calculation)		1.44	<3.6	
Total Cholesterol : HDL Ratio (calculation)		2.91	<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:**
- 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.
 - 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.
 - Low HDL levels are associated with increased risk for Atherosclerotic 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.
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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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Referring Doctor	: Dr. Rakesh Malhotra (H)			
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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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UHID	: 276326	Reporting DATE	: 25-Nov-2023 04:46 PM	
IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 04:56 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			


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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IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 12:10 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL <i>(Specimen : SERUM)</i>				
PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL		0.72	<0.01-4.00	ng/mL

Interpretation :

PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL :

Method: Chemiluminescence


Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. Successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.

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IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 11:25 AM	
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
<u>PHYSICAL EXAMINATION</u>			
VOLUME(visual observation)	30	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	S TURBID		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.020		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELLS(light microscopy)	2-3	/hpf	0-5

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IPD No. / Ward	: /	Approved DATE	: 25-Nov-2023 11:25 AM	
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DEPARTMENT OF CLINICAL PATHOLOGY

RED BLOOD CELLS(light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	6-8	/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,exercice,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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IPD No.	:		Reporting Date	: 25-Nov-2023 02:01 PM
UHID	: 276326		Approved Date	: 25-Nov-2023 02:16 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/Prolapses/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**. Score: _____

Doppler **Normal**/Abnormal E/A=102/76, **E>A** A>E S>D
Mitral Stenosis Present/**Absent** RR Interval _____msec
EDG _____mmHg MDG _____mmHg MVA _____cm²
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler **Normal**/Abnormal TRICUSPID VALVE= 152cm/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= 79cm/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= 114cm/s.
Aortic Stenosis Present/**Absent** Level
PSG _____mmHg Aortic annulus _____mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Barcode No.	: M282112		Age / Sex	: 41 YRS / Male
Patient Name	: Mr. ALOK KUMAR JHA		Registration Date	: 25-Nov-2023 08:58 AM
IPD No.	:		Reporting Date	: 25-Nov-2023 02:01 PM
UHID	: 276326		Approved Date	: 25-Nov-2023 02:16 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

<u>Measurements</u>	<u>Normal Valves</u>	<u>Measurements</u>	<u>Normal Valves</u>
Aorta 2.9	(2.0-3.7 cm)	LA es 3.7	(1.9-4.0 cm)
LV es 2.7	(2.2-4.0 cm)	LV ed 4.1	(3.7-5.6 cm)
IVSed 1.2/1.8	(0.6-1.1 cm)	PW (LV) 1.2/1.9	(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 LV systolic function
Mild concentric LVH
No MR/TR
MIP=Normal
Intact IAS/IVS
No LA/LV clot
No pericardial effusion.

IMPRESSION

Normal LV/RV systolic function
Mild concentric LVH

Barcode No.	: M282112		Age / Sex	: 41 YRS / Male
Patient Name	: Mr. ALOK KUMAR JHA		Registration Date	: 25-Nov-2023 08:58 AM
IPD No.	:		Reporting Date	: 25-Nov-2023 10:22 AM
UHID	: 276326		Approved Date	: 25-Nov-2023 10:22 AM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows increased echogenicity. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is minimally distended and shows few calculi, largest measuring 10.4mm in lumen. CBD & PV are normal.

Spleen is normal in size, shape and echotexture.

Pancreas is obscured by bowel gas shadows.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus / hydronephrosis.

Right kidney – 10.8 x 5.3cm and shows a simple cortical cyst of size 11x12mm at lower pole

Left kidney – 11.8 x 5.5cm and shows few simple cortical cysts, largest measuring 22x23mm at lower pole

Urinary Bladder is partially distended and appears grossly normal.

Prostate is normal in size, shape and echogenicity.

No free fluid seen in the peritoneal cavity.

IMPRESSION:

- Grade-I/II fatty liver.
- Cholelithiasis.
- Bilateral simple renal cortical cysts.

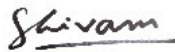
Please correlate clinically.

*** End Of Report ***

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