



Aravali Hospital

332, Ambamata Scheme, Udaipur - 313 004
T: 91 294 2430222, 2431222
email : aravalihospital@yahoo.com



गुणवत्ता पूर्ण चिकित्सा सेवाओं के लिये
भारत सरकार की
क्वालिटी काउंसिल ऑफ इण्डिया (QCI-NABH)
द्वारा प्रमाणित

Date : 09/03/2024			
Patient's Name :	MR. AZAHRUDDIN	Age: 36 yrs	Sex: Male
Ref. By :	Dr. Y.K. BOLIYA		

ULTRA SONOGRAPHY REPORT – UPPER AND LOWER ABDOMEN

Liver	Liver is normal in size, shape, position & contour with normal homogenous echopattern. No evidence of any focal lesion is seen. IHBR are not dilated. Portal vein measures 11 mm. IVC is normal.
Gall bladder	GB is normal in size & shape. Its wall thickness is normal. No evidence of any calculi is seen. No pericholecystic fluid collection is seen.
Pancreas	Pancreas is normal in size, shape, position & contour with normal homogenous echo pattern. Pancreatic duct is not dilated.
Spleen	Spleen is normal in size, shape, position and contour with normal homogenous echo pattern. Splenic vein is not dilated.
Kidneys	Both kidneys are normal in size, shape, position & contour with well differentiated corticomedullary junction and normal cortical thickness. Pelvicalyceal system is not dilated. No evidence of any calculi is seen. Visualized portion of ureters appears normal. Right kidney measures 109x38 mm. Left kidney measures 104x51 mm
Urinary Bladder	Urinary bladder is well distended with urine & is normal in size, shape & contour with normal & smooth walls.
Prostate	Prostate is normal in size, shape, position & contour with normal homogenous echo pattern. It reveals normal & smooth capsule. Seminal vesicles are normal. Prostate measures 30x30x28 mm, Vol – 13 cc

IMPRESSION NORMAL STUDY

Dr. SURESH CHANDRA BASER
MBBS,MD
Consultant Radiologist
(RMC-7219)

Dr. ANAND GUPTA
MBBS,DMRE
Consultant Radiologist
(RMC-17548)

Note: The foetal gender has not been detected nor disclosed to the patient.
This report is not valid for medico legal purpose.
Every report needs to be correlated and interpreted clinically.
In case of any query, investigation may be repeated.



Helpline : 9352 108 108

www.aravalihospital.in

AZHARUDDIN
Male

BOB

Rate 65 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 161 . Probable left ventricular hypertrophy.....multiple LVH criteria
 QRS 99 . Lateral infarct, acute (LAD).....ST >.10mV, V5 V6 I aVL
 QT 376 . Anterior ST elevation, probably due to LVH.....ST >0.20 mV in V1-V4 & LVH
 QTc 391 . Baseline wander in lead(s) V6

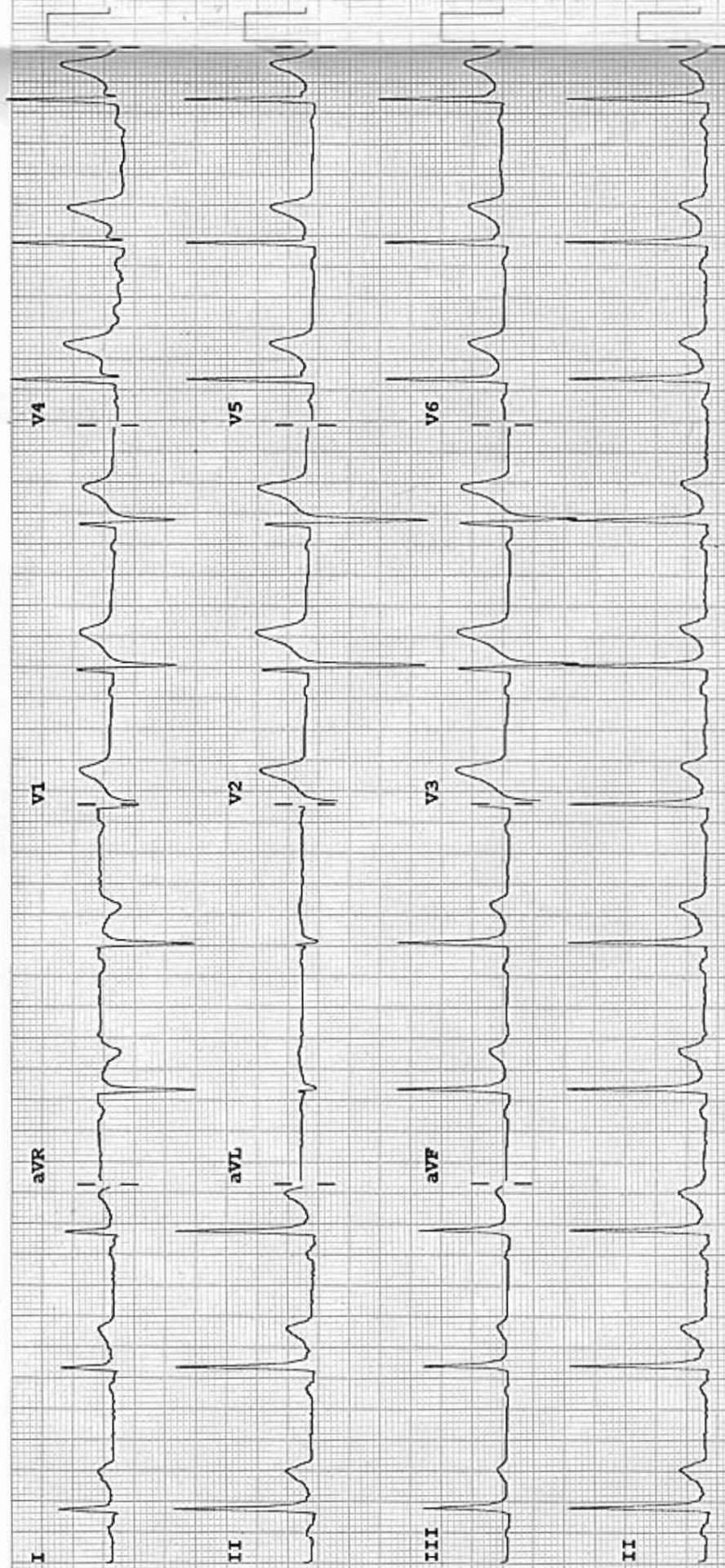
--AXIS--

P 48
 QRS 68
 T 50

12 Lead; Standard Placement

- ABNORMAL ECG -
 >>> Acute MI <<<

Unconfirmed Diagnosis



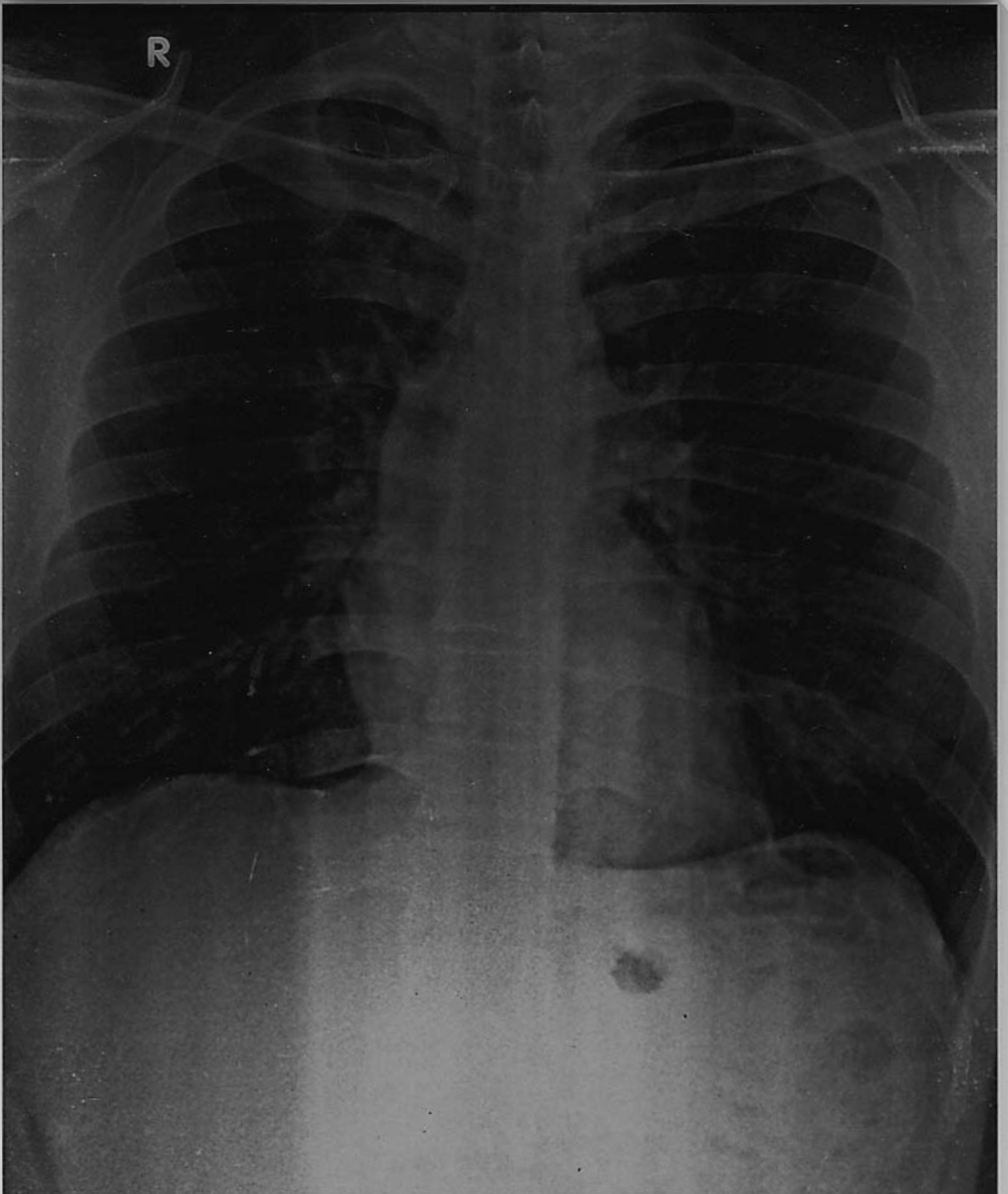
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60-- 0.15-100 HZ

100B CL

P?

R



MR. AZHARUDDIN 36YRS BOB M CHEST PA 09-Mar-24 09:21
ARAVALI HOSPITAL, 332 AMBAMATA SCHEME, UDAIPUR



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Age 36 Yrs Sex Male	Test Authenticated at : 09/03/2024 18:12:57	Ref. By



HAEMATOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
HAEMOGLOBIN (HB)	14.1		gm %	11.0 - 16.0
RBC Count	4.78		X10 ⁶ /UL	3.50 - 5.50
PCV	39.9		%	36.0 - 48.0
MEAN CORP. VOLUME (MCV)	83.4		fL	80.0 - 99.0
MEAN CORP. HB (MCH)	29.5		pg	27.0 - 32.0
MEAN CORP. HB CON. (MCHC)	35.3		g/dL	32.0 - 36.0
RDW-CV	12.7		%	11.0 - 16.0
RDW-SD	40.6		fl	35.0 - 56.0
TLC Count	5.03		/cmm	4.00 - 11.00
Differential Leucocyte Count (DLC)				
POLYMORPH	56		%	45 - 75
LYMPHOCYTE	37		%	20 - 45
EOSINOPHIL	03		%	01 - 06
MONOCYTE	04		%	01 - 10
BASOPHIL	00		%	00 - 01
TOTAL PLATELET COUNT	179		x10 ³ /uL	150 - 450
MPV	11.4	H		7.4 - 10.4
PDW	15.5		%	10.0 - 17.0
PCT	0.2		%	0.1 - 0.3
P-LCR	38.5		%	11.0 - 45.0
P-LCC	69.0			30.0 - 90.0
ESR	52	H	mm/Ist hr.	0 - 20



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HAEMATOLOGY

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Blood Group (ABORH)	'O'	POSITIVE		
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LIPID PROFILE

CHOLESTEROL TOTAL	238.00	H	mg/dl	<200.00
TRIGLYCERIDES	106.10		mg/dl	0.00 - 200.00
HDL CHOLESTEROL	39.87		mg/dl	30.00 - 65.00
LDL CHOLESTROL	177.00	H	mg/dl	35.00 - 100.00
VLDL CHOLESTEROL	21.00		mg/dl	12.00 - 35.00
CHOLESTEROL TOTAL / HDL RATIO	5.97	H		0.00 - 4.90
CHOLESTEROL LDL / HDL RATIO	4.44			0.00 - 5.00



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LIVER FUNCTION TEST (LFT)

BILIRUBIN-TOTAL	0.38		mg/dl	0.20 - 1.20
BILIRUBIN-DIRECT	0.11		mg/dl	0.00 - 0.25
BILIRUBIN-INDIRECT	0.27		mg/dl	0.10 - 0.40
SGOT-AST	28.38		U/L	0.00 - 35.00
SGPT-ALT	34.75		U/L	0.00 - 45.00
ALKALINE PHOSPHATASE	74.00		IU/L	35.00 - 129.00
PROTIEN-TOTAL	7.10		gm/dl	6.00 - 8.50
ALBUMIN	4.25		gm/dl	3.50 - 5.20
GLOBULIN	2.85		gm/dl	2.50 - 4.00
A:G RATIO	1.49			1.10 - 2.20



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BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
BLOOD SUGAR (FASTING)	88.4		mg/dl	60.0 - 110.0
CREATININE	0.90		mg/dl	0.50 - 1.30
URIC ACID	5.61		mg/dl	2.60 - 7.20
BUN	13.10		mg/dl	7.00 - 22.00



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BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
HBA1C				
GLYCOSYLATED HAEMOGLOBIN-A1C	4.50		%	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% Poor Control
AVERAGE BLOOD GLUCOSE (ABG) Method: Derived from HbA1c Value	82.45	L	%	90 - 120 Good Control 121 - 150 Fair Control 151 - 180 Unsatisfactory Control > 180 Poor Control



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IMMUNOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
T3	1.04		ng/ml	0.87 - 1.78
T4	11.38		ug/dl	4.82 - 15.65
TSH	2.858		micro U/ml	0.340 - 5.600

TSH levels may be affected by acute illness and drugs like dopamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave's disease

TSH between 5.5 to 15.0 with normal T3,T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3,T4 with slightly low TSH suggests subclinical hyperthyroidism

TSH suppression does not reflect severity of hyperthyroidism therefore, measurement of FT3,FT4 is important.

Free T3 is first hormone to increase in early hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment.

Therefore Free T3, Free T4 along with TSH should be checked.
During pregnancy clinically T3T4 can be high and TSH can be slightly low.



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IMMUNOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
PSA	0.43		ng/ml	0.00 - 4.00
				40-49 years = 0 to 2.5 ng/ml 50-59 years = 0 to 3.5 ng/ml 60-69 years = 0 to 4.5 ng/ml 70-79 years = 0 to 6.5 ng/ml

Note:

1. This test is not solely recommended to screen prostate cancers in the general population.
2. False negative/ positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. PSA Total and free levels may appear consistently elevated/ depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
4. PSA Total and free values obtained with different assay methods or kits cannot be used interchangeably.
5. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as it falsely elevates Total and Free PSA levels.
6. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence of the presence or clinical finding and results of other investigations.



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CLINICAL PATHOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
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URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	20
COLOUR	PALE YELLOW
SPECIFIC GRAVITY	QNS
APPEARANCE	CLEAR
DEPOSITS	NIL
PH	ACIDIC

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPY EXAMINATION

EPITHELIAL CELLS	1-2	/HPF
PUS CELLS	4-5	/HPF
RBC'S	NIL	/HPF
CASTS	ABSENT	
CRYSTALS	ABSENT	
BACTERIA	NIL	
YEAST CELLS	NIL	
TRICHOMONAS VAGINALIS	NIL	
SPERMATOZOA	NIL	
OTHERS	NIL	



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CLINICAL PATHOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
URINE SUGAR FASTING SampleType URINE	NIL			

*** End of Report ***



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