



* 2 1 4 5 7 8 *

Name : Mr. MOHAMMAD ASIM
 Lab ID. : 214578
 Age/Sex : 20Years / Male
 Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS
 Consulting Dr. : DR. MAYUR JAIN

Collected On : 22/11/2024 11:14 am
 Received On : 22/11/2024 11:24 am
 Reported On : 22/11/2024 7:48 pm
 Report Status : FINAL

***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	186.0	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)	37.6	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	131.2	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)	26	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	122	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)	3.24		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.95		<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
 Priyanka_Deshmukh

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





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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	15	gm/dl	13 - 18
HEMATOCRIT (PCV)	43.9	%	42 - 52
RBC COUNT	4.39	x10 ⁶ /uL	4.70 - 6.50
MCV	100	fl	80 - 96
MCH	34.2	pg	27 - 33
MCHC	34	g/dl	33 - 36
RDW-CV	14.6	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	8720	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	60	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	287000	/cumm	150 to 410
MPV	8.9	fl	6.5 - 11.5
PDW	16	%	9.0 - 17.0
PCT	0.260	%	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 -----

Checked By
 Rajashri_Dumbre

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IMMUNO ASSAY

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

SPECIMEN	Serum		
T3	134	ng/dl	84.63 - 201.8
T4	8.81	µg/dl	5.13 - 14.06
TSH	1.81	µIU/ml	0.35 - 4.94

DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3

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	4-12months	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.

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

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

Checked By
Rajashri_Dumbre

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
----- END OF REPORT -----			

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Pathologist

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*** BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>CREATININE, SERUM</u>			
* SERUM CREATININE	0.75	mg/dL	0.7 - 1.3
METHOD	Enzymatic Colourimetric Method		

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

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

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	12	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	89.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	115.6	mg/dL	70 - 140

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

INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

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

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms + Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 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.

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.1	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	99.7	mg/dL	NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5
METHOD	Particle Enhanced Immunospectrometry		

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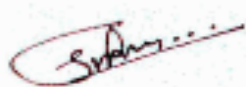
BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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.			
<u>BLOOD UREA NITROGEN, SERUM</u>			
* BLOOD UREA NITROGEN	9.8	mg/dL	7 - 18
<u>TOTAL PROTEIN</u>			
S. TOTAL PROTIEN	8.22	g/dl	6.4 - 8.3
S. ALBUMIN	4.02	g/dl	3.2 - 5.0
S. GLOBULIN	4.20	g/dl	1.9 - 3.5
A/G RATIO	0.96		0 - 2
Method: Biuret			
* SERUM URIC ACID	8.4	mg/dL	2.6 - 7.2
Method: Uricase -POD			
<u>BILIRUBIN (TOTAL,DIRECT,INDIRECT)</u>			
TOTAL BILLIRUBIN	1.53	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.65	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	0.88	mg/dL	0.0 - 1.1
Method(Diazo)			
*S.ALKALINE PHOSPHATASE	66	U/L	53 - 128
Method: PNP AMP KINETIC			

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

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

Checked By
 Pathologist



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ECG report

ID : 20241122101334

Name : mohammad, asim

Gender : M

Age : 20 Years

Dept :

Bed No.:

HR : 58 bpm

PR : 126 ms

QRS : 80 ms

QT/QTc : 384/398 ms

P/QRS/T : 112/137/139 °

RV5/SV1 : 1.58/1.038 mV

RV5+SV1 : 2.568 mV

<< Interpretations >>

Sinus arrhythmia

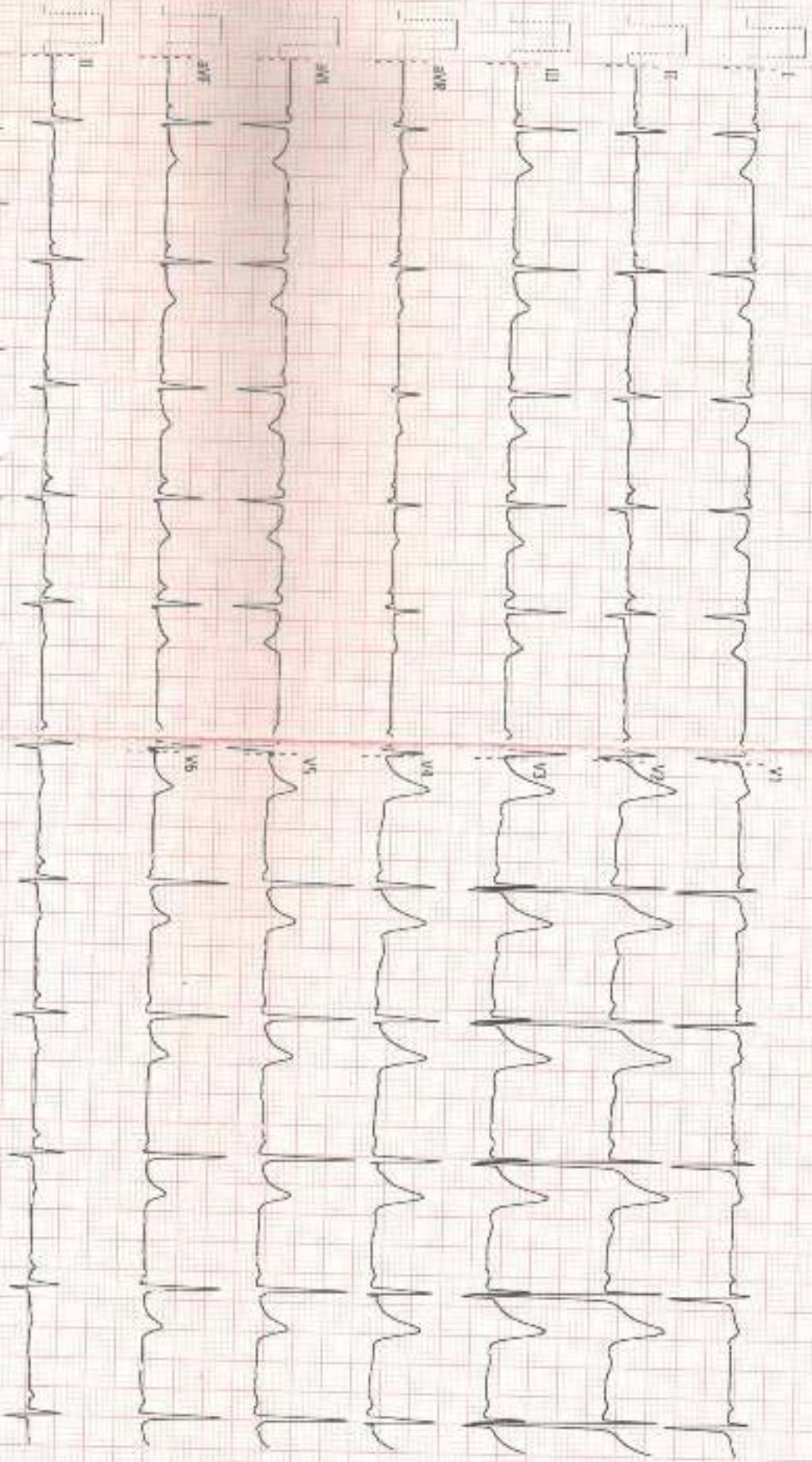
Normal ECG base on available leads

Confirm and sign:

0.3Hz - 35Hz - AC 50Hz 25mm/s 10mm/mV

V1.0.76 Sequential

Examination time: 2024-11-22 10:15:42



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. MOHAMMAD ASIM	AGE / SEX 20 YRS / M
REF BY DR: JINKUSHAL HOSPITAL	DATE : 22/11/2024

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	Mohamed Asim.		
Sex	20 / M.	Male/ Female	
Age (yrs.)	20	UHID :	
Date	22/11/2024	22/11/2024	Bill No. :
Marital Status	Married/ No. of Children / <u>Unmarried</u> / Widow :		
Present Complaints	NO any new cp.		
Past Medical History : Surgical :	NO any present		
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> ; Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> / Any Other NO.		
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other } NO Mother = HT / DM / IHD / Stroke / Any Other } Siblings = HT / DM / IHD / Stroke / Any Other }	
History of Allergies	Drug Allergy } NO any allergy Any Other }		
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other		
On Examination (O/E)	G. E. : Fair R. S. : clear C. V. S. : S, L ⊙ C. N. S. : unremarkable & oriented P/A : soft Any Other Positive Findings :		

Height	158	cms	Weight	51.8	Kgs
BMI	20.43				
Pulse (per min.)	78	mm	Blood Pressure (mm of Hg)	110/70	mm of Hg
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	He is fit & he can resume his normal duties.				
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight				