


TEST REPORT

Reg. No : 2409100168	UHID : uhid26711	Reg. Date : 07-Sep-2024
Name : MR.PRATIK ANILBHAI MACWAN		Collected On : 07-Sep-2024 09:35
Age/Sex : 35 Years / Male		Report Date : 07-Sep-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	15.8	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	47.7	%	40 - 54
RBC Count (Electrical Impedance)	5.69	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	8410	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	336000	/cmm	150000 - 410000
MCV (Calculated)	83.8	fL	83 - 101
MCH (Calculated)	27.7	Pg	27 - 32
MCHC (Calculated)	33.0	%	31.5 - 34.5
RDW (Calculated)	13.1	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	63	%	38 - 70
Lymphocytes (%)	26	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	06	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	5310	/cmm	1800 - 7700
Lymphocytes (Absolute)	2150	/cmm	1000 - 3900
Monocytes (Absolute)	390	/cmm	200 - 800
Eosinophils (Absolute)	540	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.46	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 14
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----- End Of Report -----

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Approved by:


Dr. Yesha H. Shah
(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)

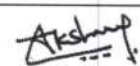
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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	106.9	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	125.3	mg/dL	110 - 140

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.3	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
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Mean Blood Glucose <i>Calculated</i>	105.41	mg/dL	
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Criteria for the diagnosis of diabetes:

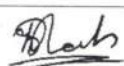
1. HbA1c \geq 6.5 *Or
 2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.


Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemc control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	42.9	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	16.5	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.67	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.20	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.47	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	54.0	U/L	53 - 128
Total Protein	6.14	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.85	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.29	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.68		0.8 - 2.0
GGT	28.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine	1.03	mg/dL	0.7 - 1.3
<i>Enzymatic ,IDMS Traceable</i>			
Urea	25.3	mg/dL	19.0 - 45.0
<i>Urease-GLDH, enzymatic UV</i>			
BUN	11.82	mg/dL	7 - 18
<i>Calculated</i>			
Uric Acid	4.2	mg/dL	3.5 - 7.2
<i>Enzymatic using TBHBA</i>			
Sodium	139.3	mmol/L	137 - 145
<i>Direct ISE</i>			
Potassium	4.52	mmol/L	3.6 - 5.1
<i>Direct ISE</i>			
Chloride	95.3	mmol/L	94 - 110
<i>Direct ISE</i>			
Ionized Calcium	4.56	mg/dL	4.4 - 5.4
<i>Direct ISE</i>			

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LIPID PROFILE


Cholesterol <i>CHOD-PAP method</i>	164	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	132.9	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	26.58	mg/dL	15 - 35
LDL CHOLESTEROL	97.42	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	40.0	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	4.10		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.44		0 - 3.5
Total Lipids <i>Calculated</i>	553.80		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMIA	0.67	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	4.89	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	1.010	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.


Philadelphia: WB Saunders, 2012:2170

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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)


pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

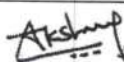
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)

Name: PRATIK MACWAN

Sex: Male

Age: 35Y

Clinic No.:

Bed No.:

Section:

Case No.:

Date: 07/09/2024 11:16:53

bpm

ms

76

782

79

754

75

792

72

824

78

762

69

868

73

816

67

884

82

726

76

782

85

702

72 ms

P Axis:

94 ms

QRS Axis:

156 ms

T Axis:

Frequency: 1000 Hz

Sample Time: 13 s

HR: 76 bpm

PR Interval:

QT Interval:

QTc Interval:

146 ms

314 ms

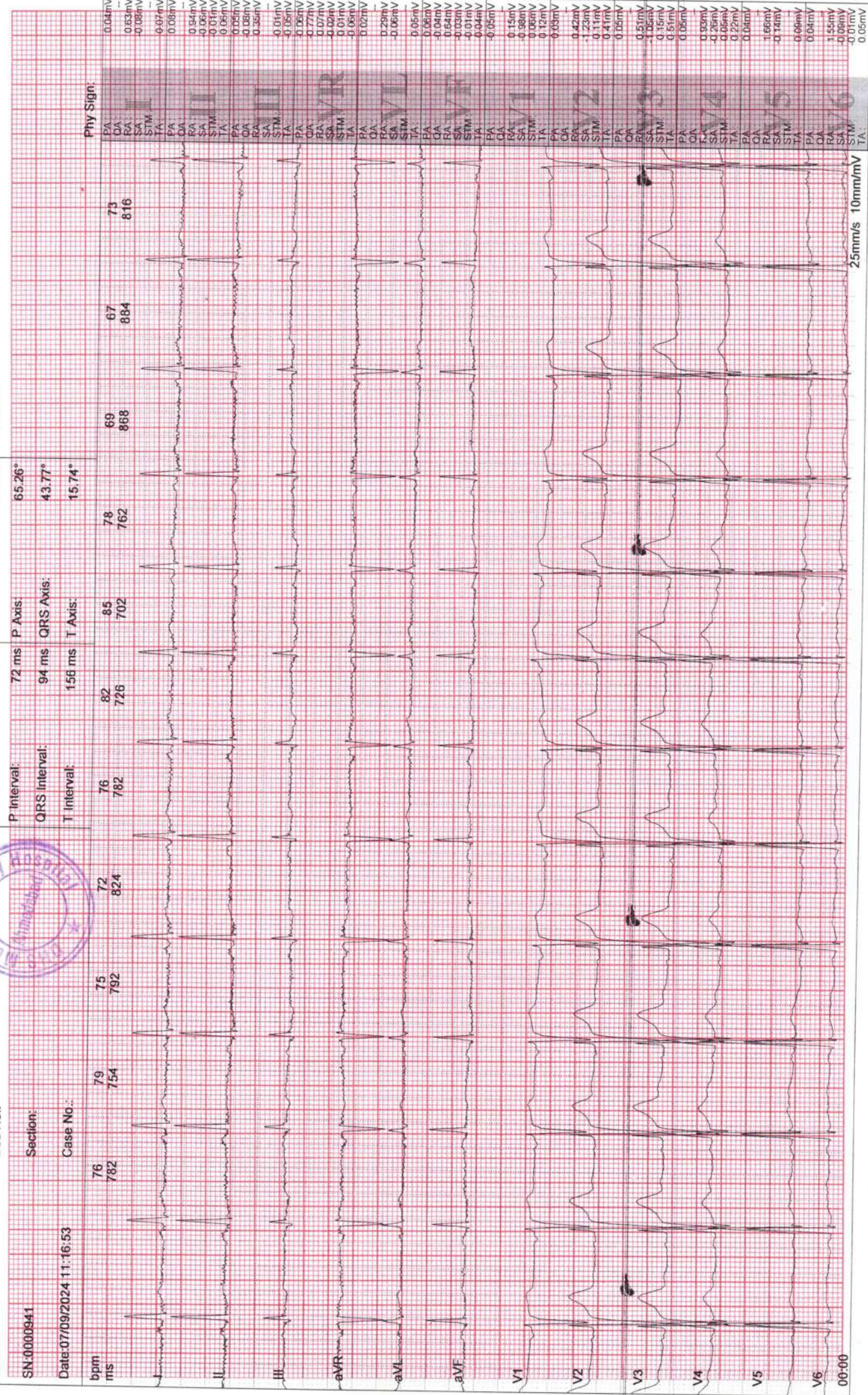
353 ms

Prompt:

Total Beats 14, Normal Beats 14, SVE 0, VE 0.
Normal Heart Rate(HR between 60 and 100 bpm);
Normal cardiac electric axis(QRS axis between 30 degree and 90 degree);

Phy Sign:

PA	0.04mV
DA	0.63mV
RA	-0.08mV
SA	-
STM	-
TA	-
PA	0.67mV
DA	0.08mV
RA	-
SA	0.94mV
STM	-0.06mV
TA	0.01mV
PA	0.66mV
DA	-
RA	0.05mV
SA	-0.08mV
STM	0.35mV
TA	-
PA	-0.01mV
DA	-0.05mV
RA	0.06mV
SA	-0.77mV
STM	0.07mV
TA	-0.02mV
PA	0.04mV
DA	-0.06mV
RA	-
SA	0.02mV
STM	-
TA	-
PA	0.29mV
DA	-0.06mV
RA	-
SA	0.05mV
STM	-
TA	-
PA	0.06mV
DA	0.06mV
RA	-0.04mV
SA	0.64mV
STM	-0.03mV
TA	0.01mV
PA	0.04mV
DA	-0.04mV
RA	-
SA	0.15mV
STM	-0.98mV
TA	0.05mV
PA	0.12mV
DA	-
RA	0.05mV
SA	-
STM	0.42mV
TA	-1.23mV
PA	0.11mV
DA	0.41mV
RA	-
SA	0.05mV
STM	-
TA	-
PA	0.51mV
DA	1.05mV
RA	-
SA	0.15mV
STM	-
TA	0.05mV
PA	0.93mV
DA	-0.28mV
RA	0.05mV
SA	0.05mV
STM	-
TA	0.22mV
PA	0.04mV
DA	-
RA	1.56mV
SA	-0.14mV
STM	-
TA	0.06mV
PA	0.04mV
DA	-
RA	1.55mV
SA	0.06mV
STM	-0.01mV
TA	0.05mV



00:00

Patient Name	PRATIK A MACWAN	Patient ID	UHID26711
Age/Gender	35 Years / M	Study Date	07-Sep-2024
Referred By		Reported Date	07-Sept-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 07-Sept-2024



This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

PATIENT NAME

MR. PRATIK MACWANA

AGE / SEX

35 YRS/MALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

07/09/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with Normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Reduced LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 24 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	44.0 mm	AO	26.0mm
LVIDS	24.0 mm	LA	33.0mm
LVEF	65%		
IVSD/LVPWD	0.9.0mm/10.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.8			No AR
Mitral	E:0.4 A: 0.6				Trivial MR
Pulmonary	0.9	3.5			No PR
Tricuspid	0.5	1.1			Trivial TR



Dr. Archit Parikh

PRATIK MACWAN
35 Y/M
HEALTH CHECK UP
07/09/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Left kidney is not seen – likely absent / atrophied.

Right kidney shows compensatory hypertrophy. 12.6 x 5.5 cm

Right Kidney appears normal in position and echopattern.

C-M differentiation is well preserved on right side.

No calculus or hydronephrosis on right side.

Cortical thickness appears normal on right side.

No focal lesion is seen.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Prostate appears normal in size and echopattern.

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF.

No ascites is seen.

IMPRESSION:

- **Left kidney not seen – likely absent / atrophied**
- **Compensatory hypertrophy of right kidney**

Clinical correlation suggested. Thanks for reference.



DR. BHADRESH CHUDASAMA
MD RADIOLOGY

