



NIRMALA

MULTISPECIALITY HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI (HARYANA) - 123401

E-mail : nmhrewari2022@gmail.com | Mob.: 9719717567, 9090979759

Lab No.:	5243	Lab Date:	10/02/2024 10:07AM
Bill No.:	LAB.RCPT - 2634	Bill Date:	10/02/2024
Patient Name:	Mr. VIJAY KUMAR	Sex / Age:	Male / 36 Yr
S/o	LAXMAN SINGH	UHID :	5174
Address:	KHERI	Ref.By.:	
Ph.No.:	,9671349558		
Consultant:	Dr.RAVI YADAV		

TEST NAME	STATUS	RESULT	NORMAL RANGE
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THYROID PROFILE (HARMONE ASSAYS)

HARMONE ASSAYS			
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T3	0.91	0.8 - 1.9 ng/ml
T4	5.2	4.6 - 13.0 ug%
TSH	1.65	0.5 - 5.5 uIU/ml

- Our reference range applies the central 95th interval (2.5th - 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, heart disease, severe burns, trauma gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing Tsh.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low Tsh result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3, T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4(ug/dl)	TSH (uIU/ml)
1-6 days	73 - 288	5.04 - 18.5	0.7 - 15.0
6 days - 3 months	80 - 275	5.41 - 17.0	0.72 - 11.0
4-12 months	86 - 265	5.67 - 16.0	0.73 - 8.35
1-6 years	92 - 248	5.95 - 14.7	0.70 - 5.97
7-11 years	93 - 231	5.99 - 13.8	0.60 - 5.84
12-20 years	91 - 218	5.91 - 13.2	0.51 - 6.60
>20 years	60 - 181	4.50 - 12.6	0.13 - 6.33

TSH levels in pregnancy

First Trimester	0.10 - 2.5 uIU/ml
Second Trimester	0.20 - 3.0 uIU/ml
Third Trimester	0.30 - 3.0 uIU/ml

Continued on Page 2

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COMPLETE BLOOD COUNT

HAEMATOLOGY

HB		15.5	(11-16) gm/dl
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
T.L.C.		9210	(4000-11000) /Cumm
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
DIFFERENTIAL LEUCOYTE COUNT			
NEUTROPHILS		60	(45-70) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
LYMPHOCYTES		20	(20-45) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
EOSINOPHILS	H	08	(1-5) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
MONOCYTE	H	12	(1-5) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
BASOPHILS		00	(0-2) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
T.R.B.C		4.95	(4-6) Million/cumm
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
HCT		47.1	(40-54) %
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
MCV	H	95.1	(80-93) fl
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
MCH		31.2	(28-32) pg
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
MCHC		32.8	(31-35) gm%
<i>Based on Cell Counter/Sample Type/Whole blood</i>			
PLATELET COUNTS	L	0.80	(1.5-4.5) Lacs/cumm
<i>Based on Cell Counter/Sample Type/Whole blood</i>			

Continued on Page 3

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LIPID PROFILE

BIO-CHEMISTRY

TRIGLYCERIDE		41.49	UPTO 160 mg%
TOTAL CHOLESTEROL	L	45.63	130 TO 250 mg%
LDL CHOLESTEROL	L	21.90	30 TO 70 mg%
HDL CHOLESTEROL		15.43	LESS THAN 190 mg%
LDL CHOLESTEROL		8.3	LESS THAN 80 mg%
TOTAL CHOLESTEROL, HDL RATIO		2.08	
LDL, HDL RATIO		0.7	

Total Cholesterol (mg/dL) < 200 - Desirable 200 - 239 - Borderline high > 240 - High
 HDL Cholesterol (mg/dL), < 40 - Low > 60 - High
 LDL Cholesterol (mg/dL) < 100 - Optimal
 (Primary Target of Therapy) 100-129 Near optimal /above optimal, 130-159 Borderline high, 160-189 High, > 190 very high. Serum Triglycerides (mg/dL)
 150 Normal, 150-199 Borderline high, 200-499 High, > 500 Very high
 AHA/ACC recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain > 200 mg/dL after LDL goal is Reached, set a secondary goal for non-HDL Cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Risk Category LDL Goal (mg/dL) Non-HDL Goal (mg/dL)

High and LDL Risk Equivalent		
10-year risk for CHD > 20%	<100	<130
Multiple (2+) Risk Factors and		
10-year risk < 20%	<130	<160
1 Risk Factor <160	<190	

Continued on Page 4 ...

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URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	30	ml
COLOR	PALE YELLOW	
APPEARANCE	CLEAR	CLEAR
pH	6.0	
SP.GRAVITY	1.020	

CHEMICAL EXAMINATION

PROTEIN	+	NEGATIVE
GLUCOSE	NEGATIVE	NEGATIVE
BILIRUBIN	NEGATIVE	NEGATIVE
UROBLINOGEN	NORMAL	NORMAL
KETONE	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
BLOOD	NEGATIVE	NEGATIVE

MICROSCOPIC EXAMINATION

RBC	NIL	/HPF - NIL
PUS CELLS	4-5	/HPF <5
EPITHELIAL CELLS	1-2	/HPF

BIO-CHEMISTRY

FASTING BLOOD SUGAR	90	60 - 110 mg%
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Interpretation (In accordance with the American diabetes association guidelines):

- * A fasting plasma glucose level below 100 mg/dL is considered normal.
- * A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- * A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL is on both the occasions is confirmatory of a diabetic state.

HAEMATOLOGY

ESR (Erythrocyte Sedimentation Rate)	12	(0 - 18) 1 Hr
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GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Continued on Page 5

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HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1c)
HbA1c (GHB) 4.8

EXPECTED VALUES :-

Metabolically healthy patients = < 5.7% HbA1c
Prediabetic = 5.7 - 6.4 % HbA1c
Diabetes = 6.5 and above

For Diabetic patients
Good Control = 5.5 - 6.8 % HbA1c
Fair Control = 6.8 - 8.2 % HbA1c
Poor Control = > 8.2 % HbA1c

REMARKS:-

In vitro quantitative of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c levels correlates with the mean glucose concentration prevailing in the patient's recent history (approx -6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

ESTIMATED AVERAGE GLUCOSE 91.06 mg/dL
(eAG)
ABO Group A
Rh Group Positive

Note: ABO Group and Rh Type blood - Slide Agglutination

Continued on Page 6 ...

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KIDNEY FUNCTION TEST

BIO-CHEMISTRY

BLOOD UREA	26.03	10-50 mg%
CREATININE	1.02	0.7 - 1.5 mg%
URIC ACID	4.59	2.0 - 7.0 mg%
SODIUM	141.4	135 - 145 mg%
POTASSIUM	5.26	3.5 - 5.5 mg%

Interpretation:-Kidney blood tests, or Kidney function tests, are used to detect and diagnose of the Kidney.

The higher the blood levels of urea and creatinine, the less well the Kidneys are working.

The level of creatinine is usually used as a marker as to the severity of Kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the Kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a cause for increases in urea level.

Hydration can also be a cause for increases in urea level. Some medicines occasionally cause Kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, Kidney Function is Often Checked Before And After Starting Treatment With Certain Medicines.

Continued on Page 7

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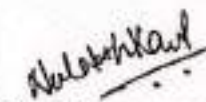
LIVER FUNCTION TEST

BIO-CHEMISTRY

S.BILIRUBIN TOTAL		0.84	0.2 - 1.2 mg%
Based on: Method: Modified Jendrassik & Grof's / Sample Type: Serum			
S.BILIRUBIN DIRECT		0.38	0.0 - 0.4 mg%
Based on: Method: Modified Jendrassik & Grof's / Sample Type: Serum			
S.BILIRUBIN INDIRECT		0.46	0.2 - 0.6 mg%
Based on: Method: Modified Jendrassik & Grof's / Sample Type: Serum			
S.G.O.T.	H	53.04	6 - 50 U/L
Based on: Method: DNPH / Sample Type: Serum			
S.G.P.T.	H	143.2	8 - 45 U/L
Based on: Method: DNPH / Sample Type: Serum			
S.ALK.PHOSPHATE	H	165.03	65 - 130U/L
TOTAL PROTEIN		7.02	5.4 - 8.7 mg%
ALBUMIN		4.26	3.5 - 5.0 mg%
GLOBULIN		2.76	2.5 - 3.0 mg%
A/G RATIO		0.65	1.5:1 - 3.0:1

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT,AST) level are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels. Liver blood tests, or liver function tests, are used to detect and diagnose diseases or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT AND AST include hepatitis A,B,AND C, cirrhosis, iron overload, any Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

*** END OF REPORT ***


Dr. NEELAKSH KAUL
MBBS, MD
CONSULTANT PATHOLOGIST

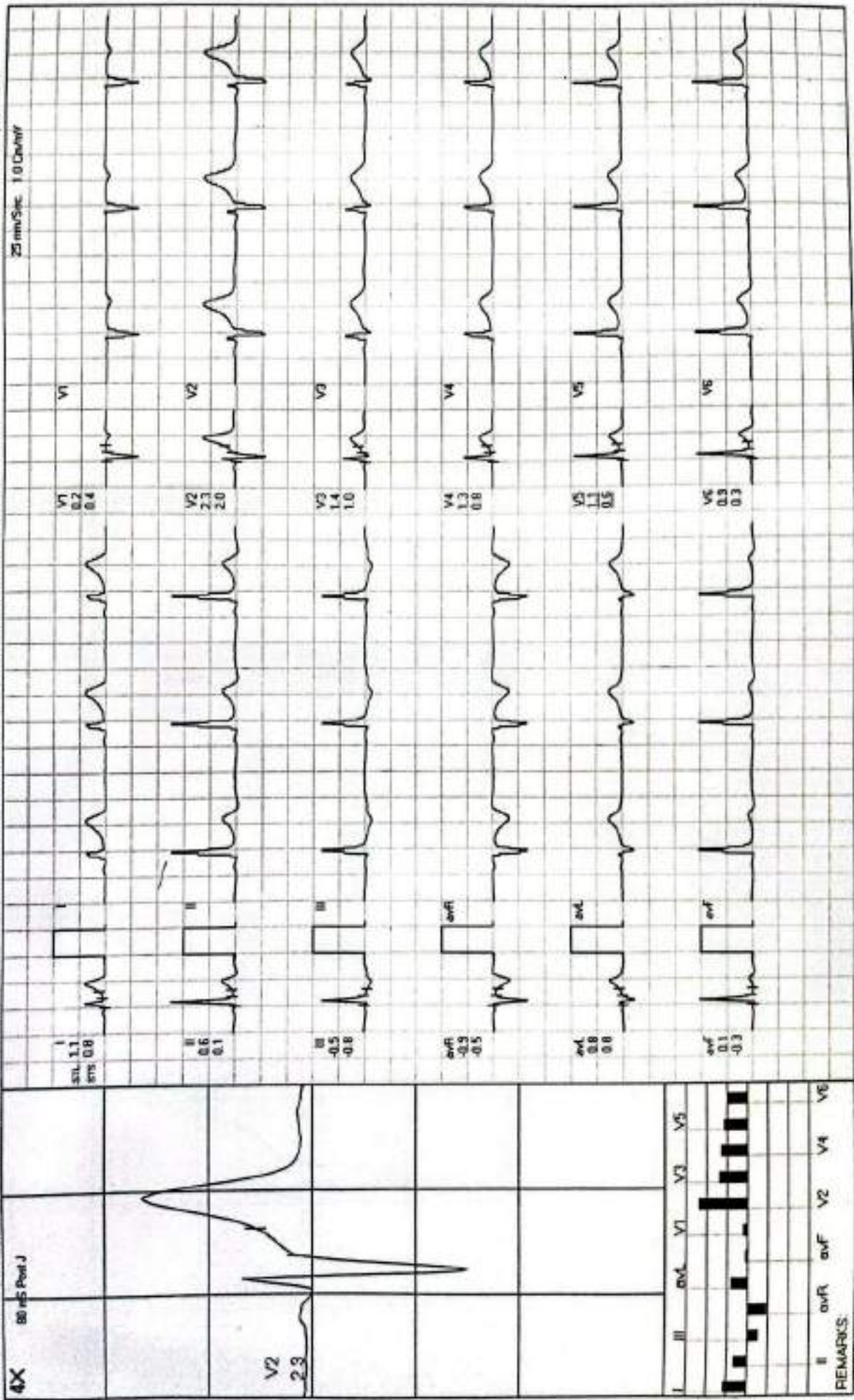

Verified by
Sr. Lab Technologist

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Date: 10/02/2024 11:32:22 AM METS: 1.0/65 bpm 35% of THR BP: 120/80 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00:0.0 mph. 0.0%





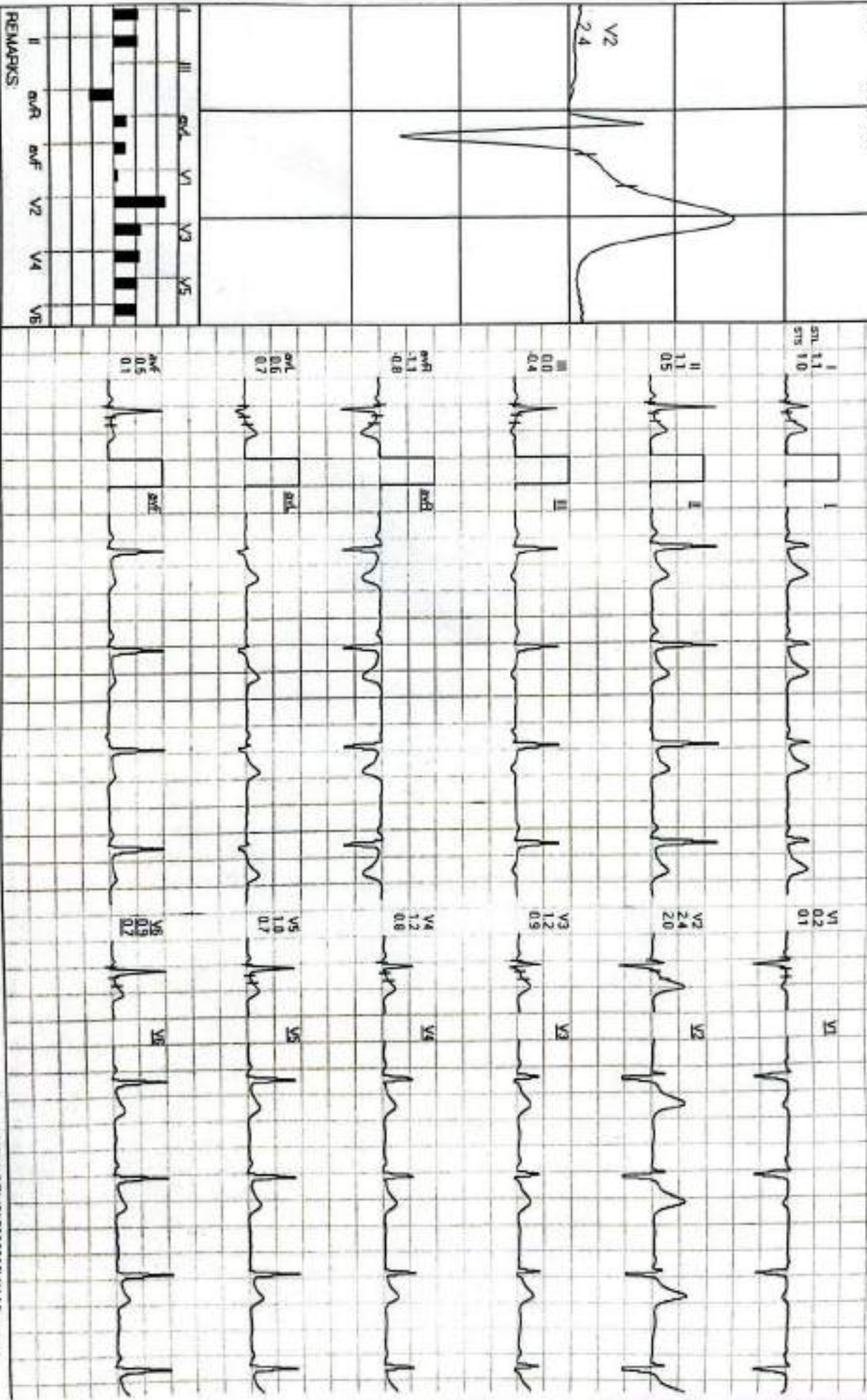
272 / vijay kumar / 36 Yrs / M / 157 Cms / 72 Kg / HR 75

Date: 10/02/2024 11:32:22 AM METS: 1.0/75 bpm 41% of THR BP: 120/80 mmHg Combined Meds/ BLC On/ Nuch On/ HF 0.05 Hg/LF 35 Hz

ExtTime: 00:00 0.0 mph 0.0%

4X 00:00 Pwr 1

ZS mm/Sec 1.0 Cm/Sec



REMARKS:



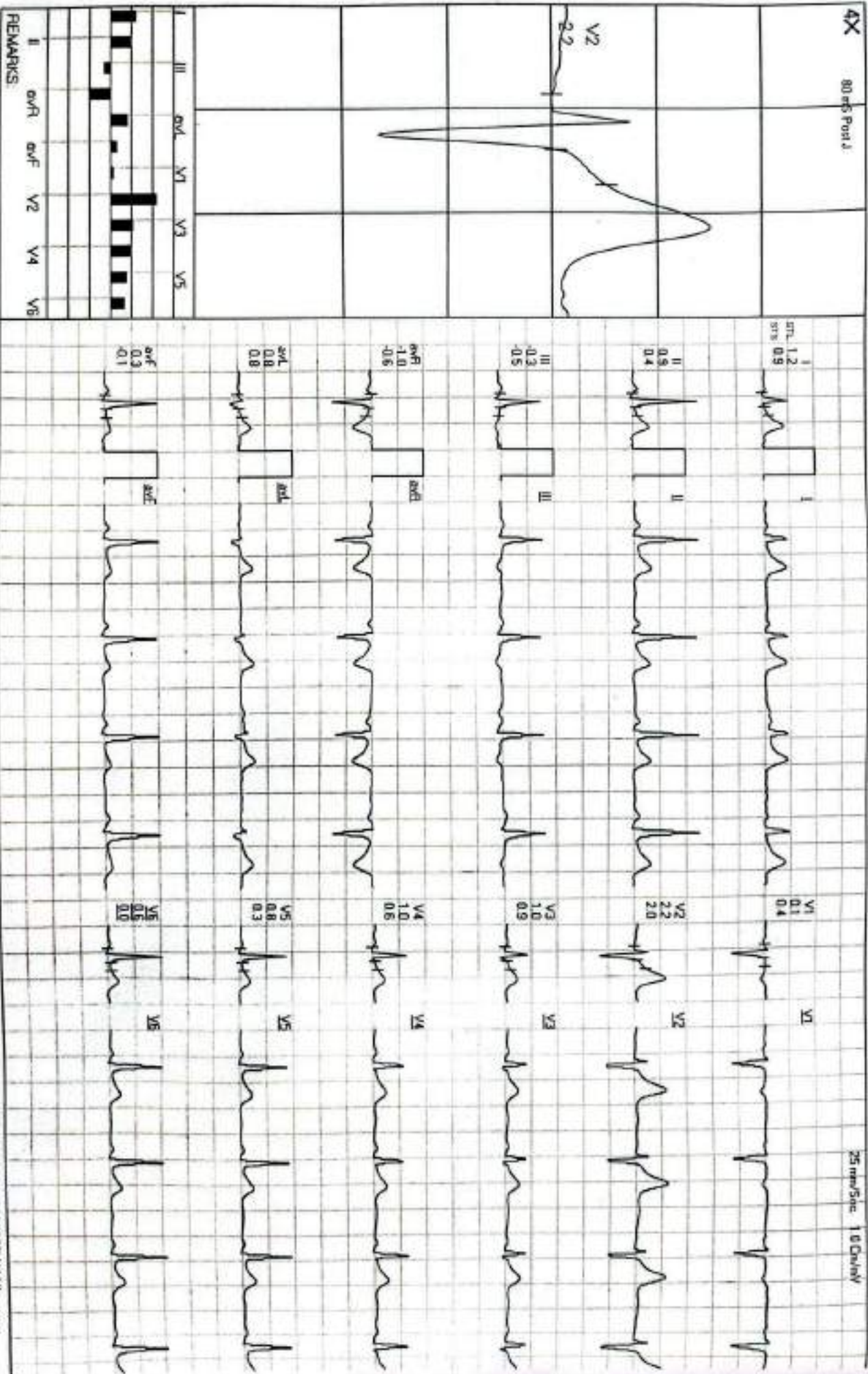
272 / *Gay Kumar* / 36 Yrs / M / 167 Cms / 72 Kg / HR : 76

Date: 10/02/2024 11:32:22 AM METS: 1.0/76 bpm 41% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Naich On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 1.0 mpr, 0.0%

4X 80 mc Post J

25 mm/Sec 1.5 Cm/mV



REMARKS

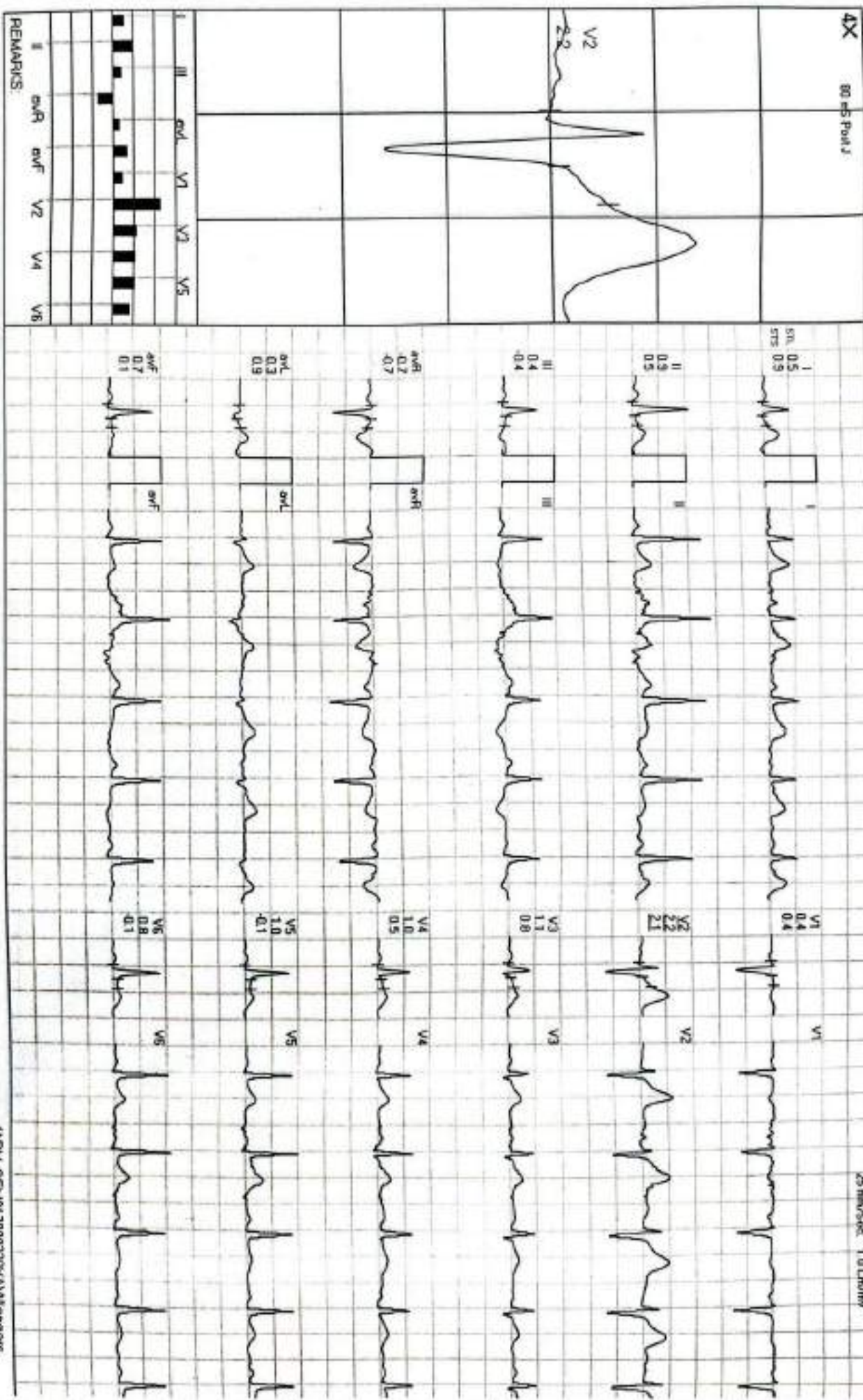
AMAN DIAGNOSTIC CENTRE

272 / 99y Kumar / 36 Yrs / M / 157 Cms / 72 Kg / HR : 90

Date: 10 / 02 / 2024 11:32:22 AM METS: 1.07 90 bpm 49% of THR BP: 120/80 mmHg Combined Medians/ ECG On/ Noct: On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/sec 1.0 Cm/Div



Liver 2

ELIRA

Levac

ExStrt





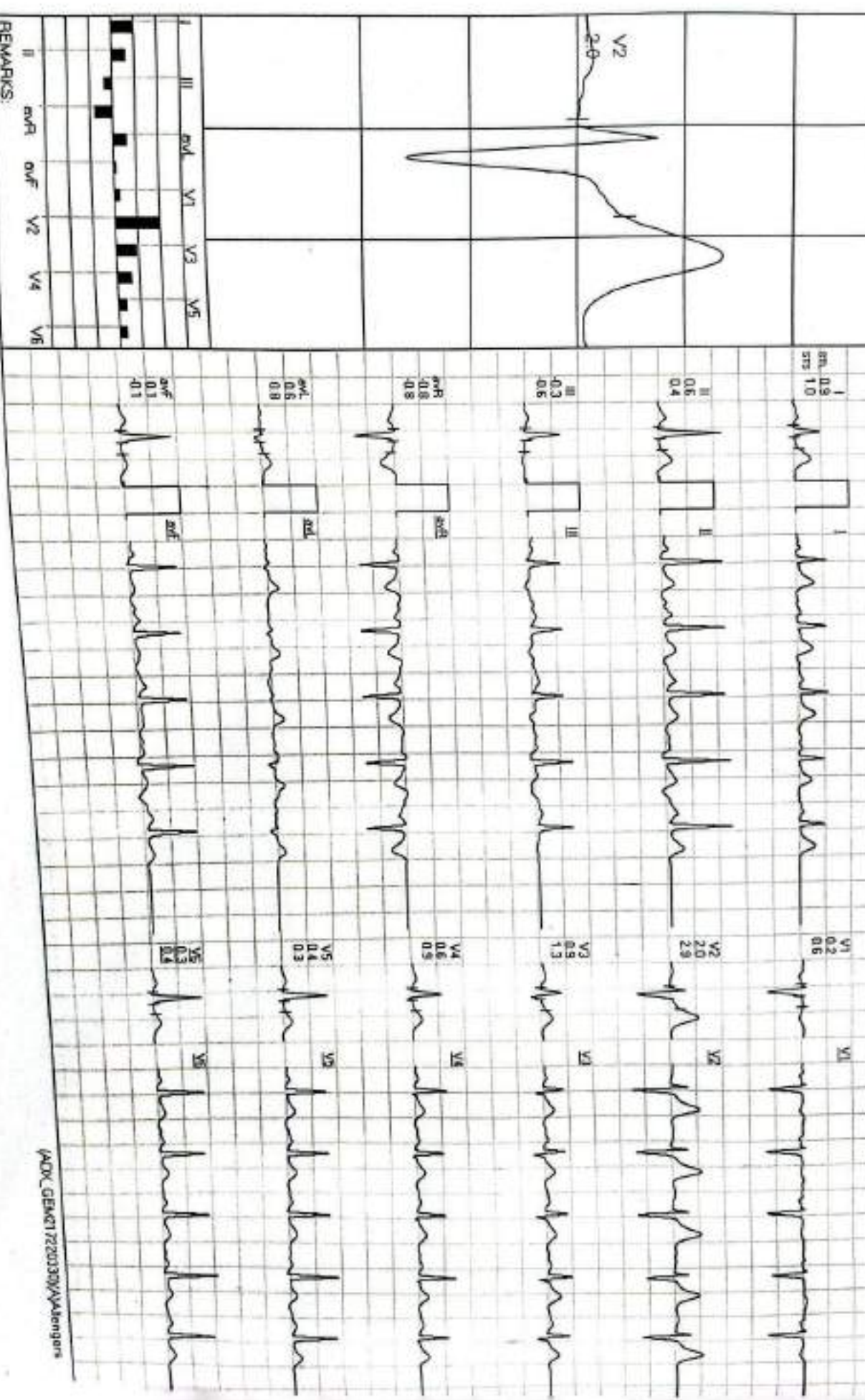
272 / 193y kumar / 36 Yrs / M / 157 Cms / 72 Kg / HR : 111

Date: 10/02/2024 11:32:22 AM METS: 4.7/111 bpm 50% of THR BP: 130/90 mmHg Combined Medians/BLC Ov/Noch Ov/HF 0.05 HxALF 35 Hx

EXTime: 03:00 1.7 mph, 100%

4X 90 r/s Post J

25 mm/Sec 1.5 Cm/mV



REMARKS:

ADX GENCT 72201330VAAhengers

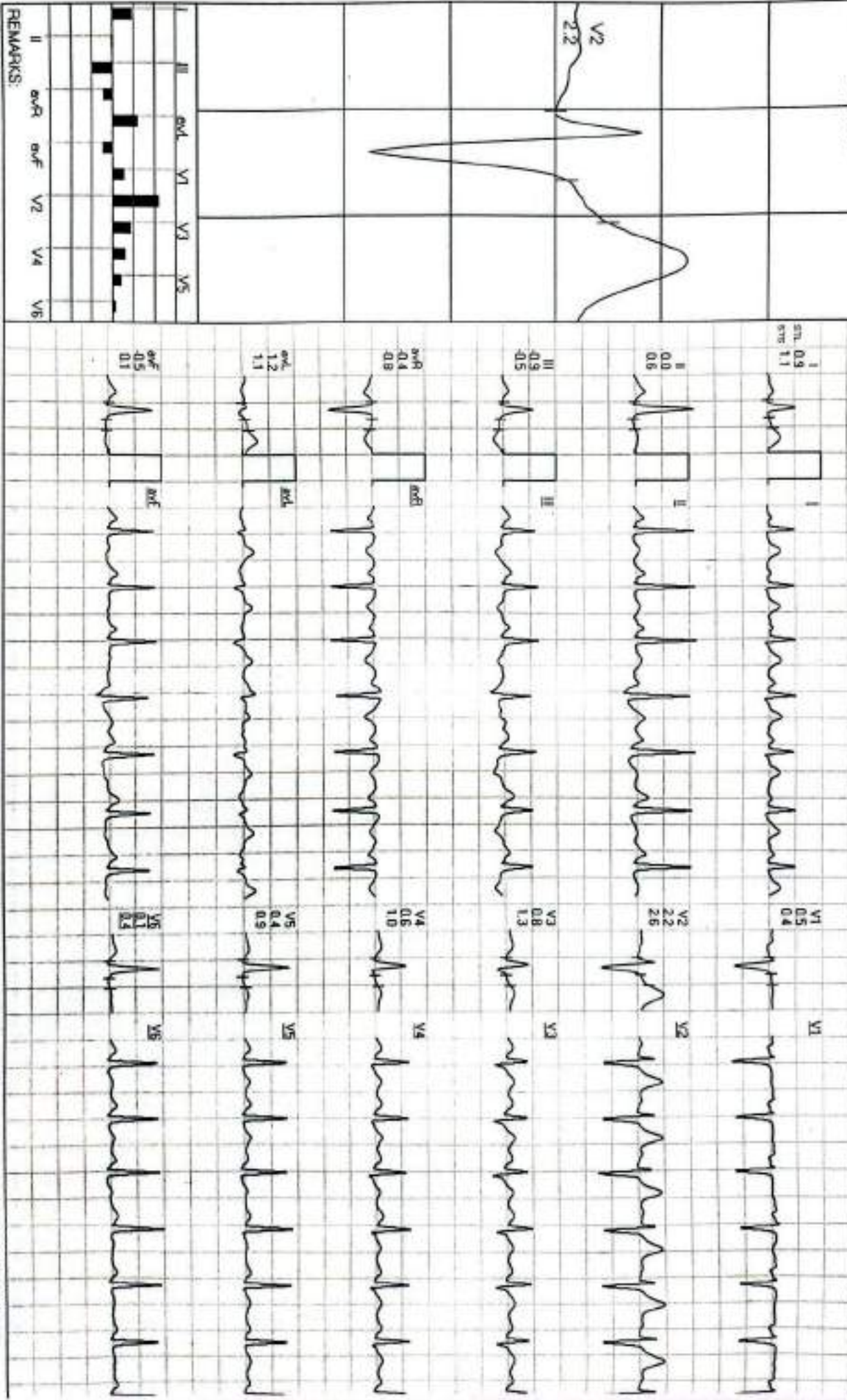


222 / Vijay Kumar / 36 Yrs / M / 157 Cms / 72 Kg / HR : 134

Date: 10 / 02 / 2024 11:32:22 AM METS: 7.1 / 134 bpm 73% of THR BP: 138/92 mmHg Combined Meds: / SGLT Inj / Natch Inj / HF 0.05 H2LF 35 Hz EXTIME: 06:00 2.5 mph 12.0%

4X 50 ms Pouch J

25 mm/Sec: 1.0 Cm/Div



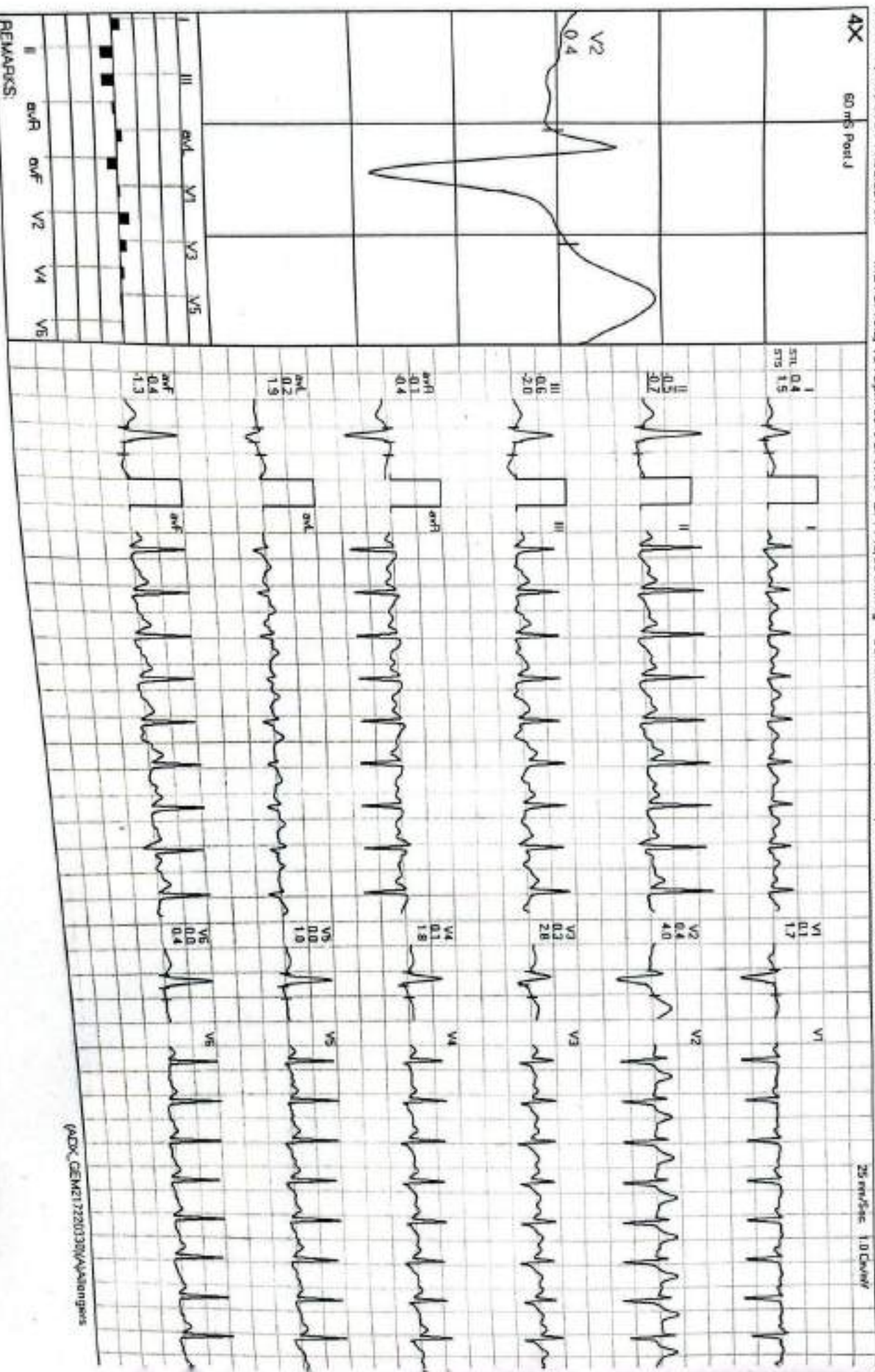
REMARKS:



272 / Vijay Kumar / 38 Yrs / M / 157 Cms / 72 Kg / HR : 164

Date: 10 / 02 / 2024 11:32:22 AM METS: 10.2 / 164 bpm 89% of THR BP: 145/96 mmHg Combined Modem/ BLC On/Noth On/ HF 0.05 HbA1c 35 Hr

EXTime: 09:00 3.4mph 140%
25 mm/Sec 1.0 Cm/mV



REMARKS:

(ADX: GEM217220330VAJA@jagraws)

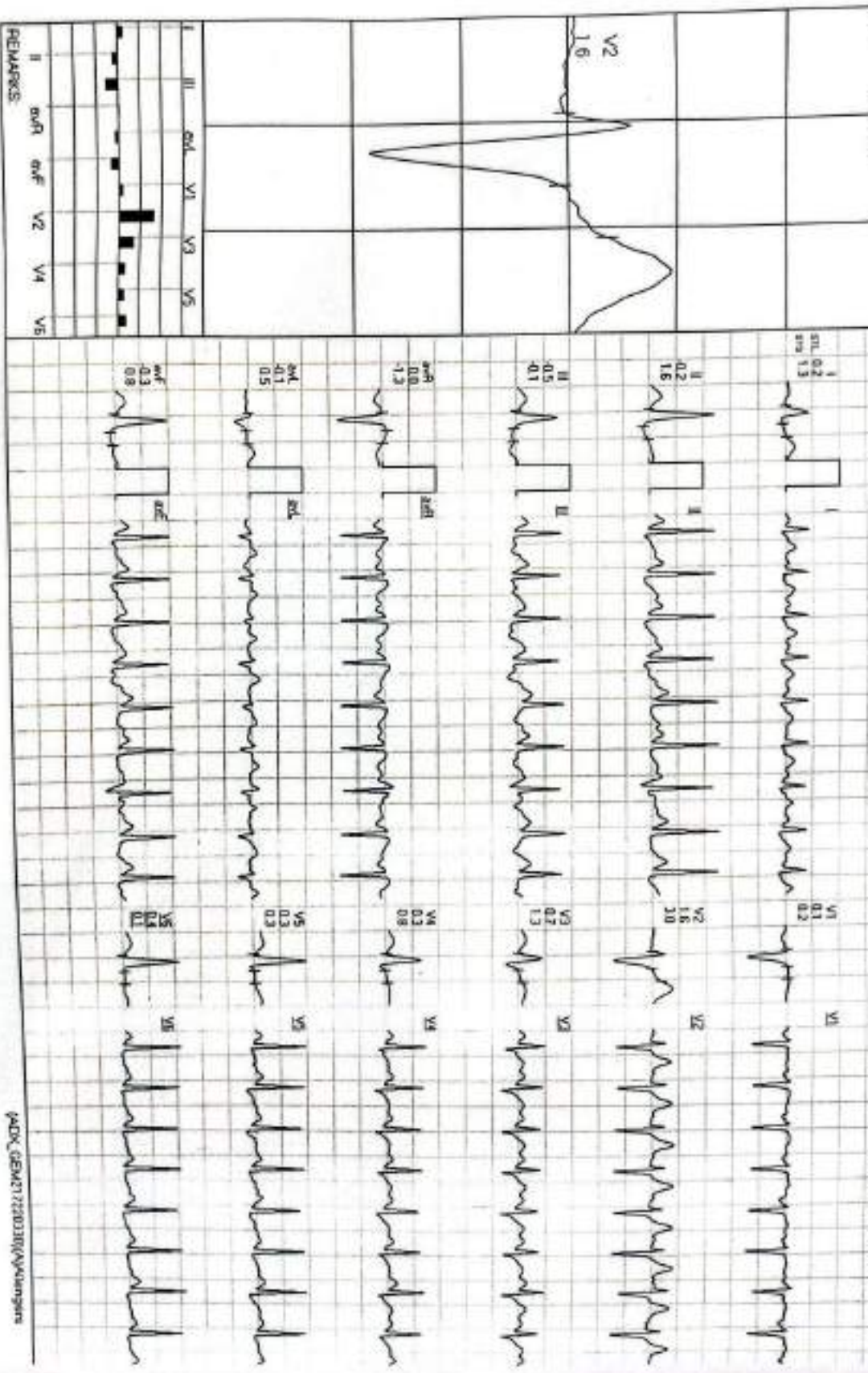


Date: 10/02/2024 11:32:22 AM METS: 10.4/167 bpm 91% of THR BP: 145/95 mmHg Combined Modemw/BLC Ov/Noth Ov/HF 0.05 HOLF 35 Hz

EXTma 08:11 42 mph 16.0%

4X 60 dB Feed

25 sec/Sec 1.8 Cm/Sec



PADK_GEM217220386/AN/Kumarjagan

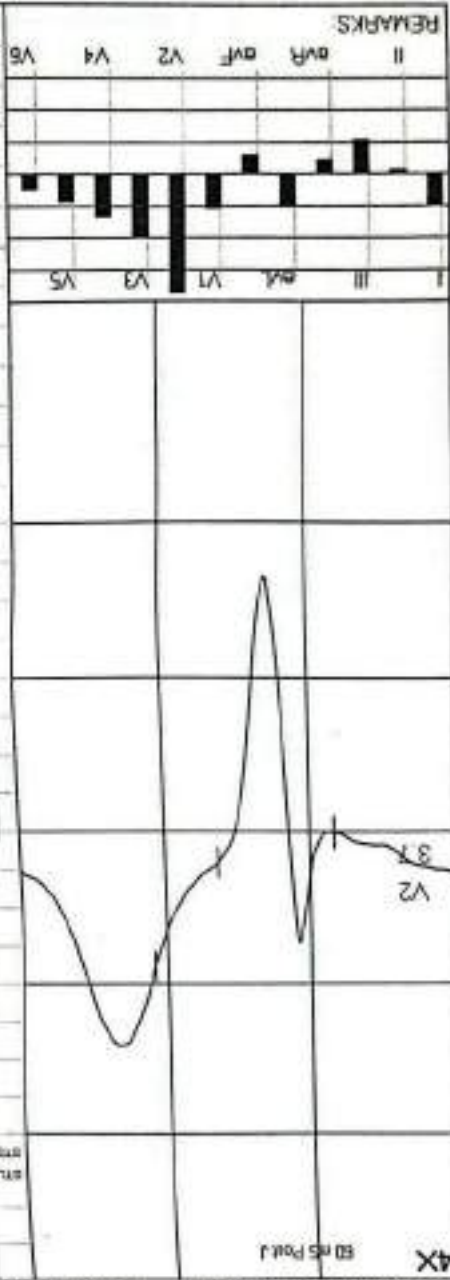
Disclaimer: This is a professional opinion and the final diagnosis and correlation with relevant bio chemical / lab / Histopathological reports is advised. If needed further opinions are always advised. Not for MLC. This report is typed by pooja

ALL FINDINGS SHOULD BE CORRECTED FROM USUAL 24 HRS

Recovery : (01:00)



96041716
mail.com

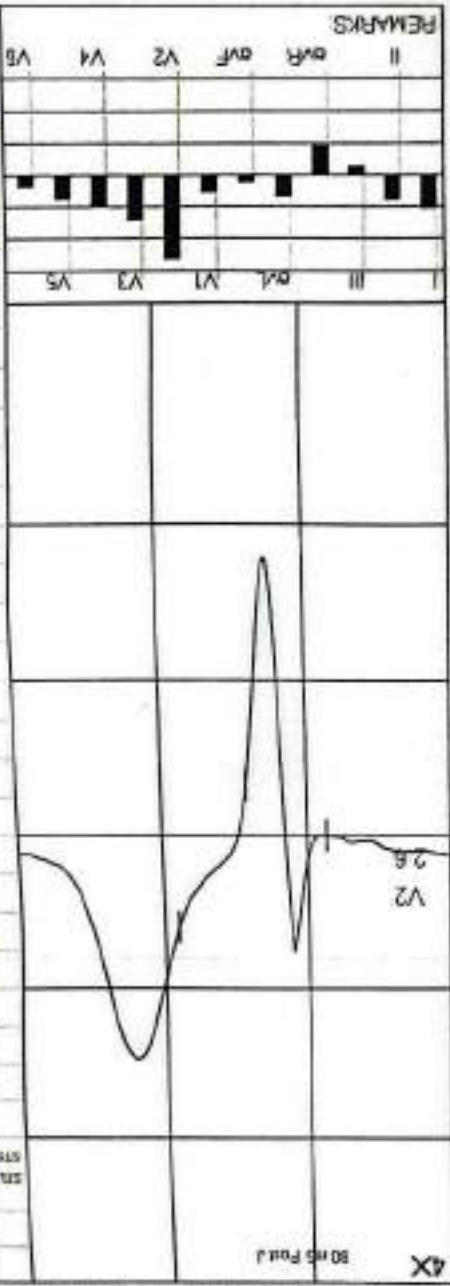


(ADX_GEM21722030)(A)allengers

Recovery : (02:00)



ARI
6041716
mail.com



VDX_GEM21722030(A)Aylengers

272 / vijay kumar / 56 yrs / M / 157 Cms / 72 Kg / HR : 112

Date: 10 / 02 / 2024 11:22:22 AM

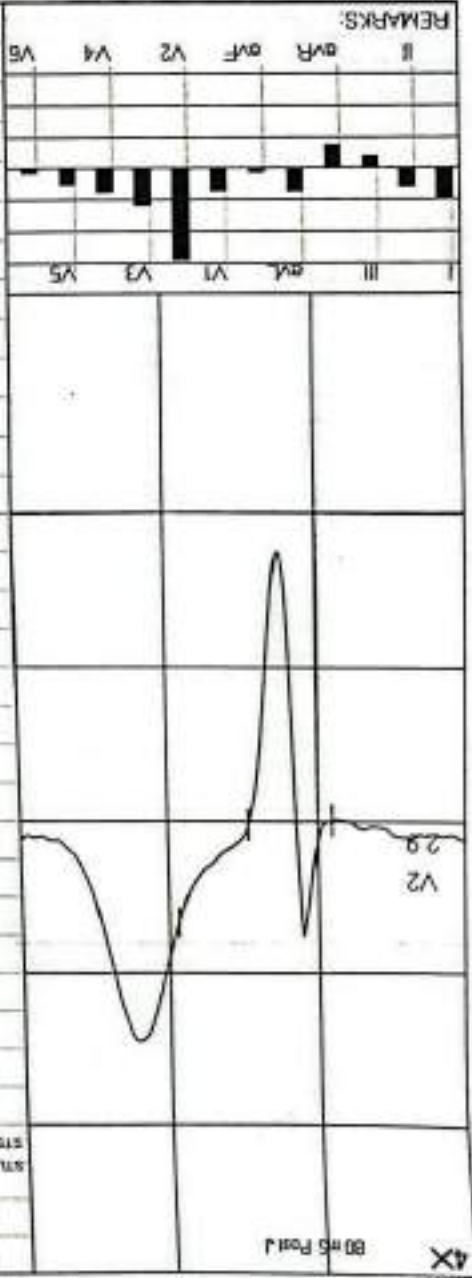
METS: 1.0 / 112 bpm 61% of THR BP: 127/89 mmHg Combined Medians/ BLC On/Noch On/ HF 0.05 Hx/LF 35 Hz

EXTIME 09:11 0.0 mph 0.0%

Recovery : (03:00)

ACIPL

ARI 6041716
mail.com



(ADX_GEM217220330)(A)Allengers

Patient's Name	Vijay Kumar	Date	10 February, 2024
Referred By	Dr. Ravi Yadav	Age & Sex	36Yrs/M

ULTRASOUND ABDOMEN

Findings-

Liver is normal (12 cm) in size and shows moderate fatty changes. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated.

Portal vein is normal in calibre. The CBD is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Visualized pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No hydronephrosis is seen on left side. Tiny concretion seen at upper pole.

Urinary bladder is distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is normal for age.

No ascites is seen.

No enlarged abdominal lymphadenopathy seen.

IMPRESSION:

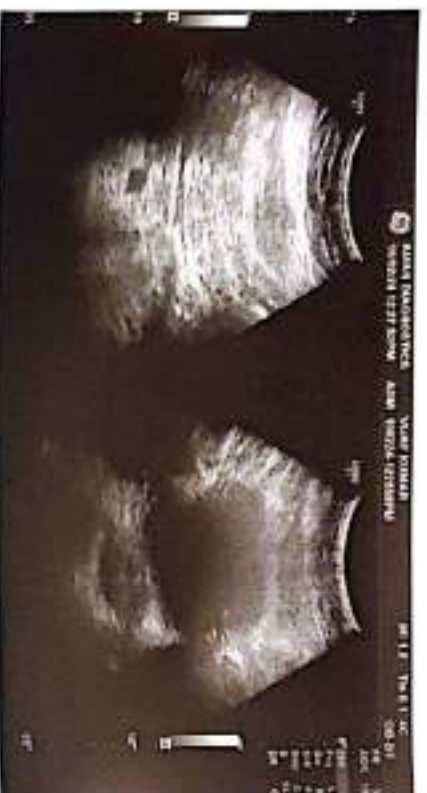
- Grade II fatty liver.

Please correlate clinically.



Dr. Rachna
MBBS, MD (Radio-diagnosis)
Consultant Radiologist

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NIRMALA MULTISPECIALITY HOSPITAL
RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REARI-123401 (HARYANA)
 Ph.: 9719717567, 9090979759 nmhrewari2022@gmail.com

LAB BILL/RECEIPT

Page 1 of 2

Bill/Receipt No.: 2,634	Bill/Receipt Date: 10/02/2024 10:07AM
Patient Name: Mr. VIJAY KUMAR	Sex / Age: Male / 36 Yr
S/o LAXMAN SINGH	UHID: 5174
Address: KHERI	TYPE/CATEGORY: CASH
Ph.No.: ,9671349558	PAYMENT MODE: Credit
Consultant: Dr.RAVI YADAV	PAYMENT REF.:

TEST NAME	RATE (X UNIT)	Discount	AMOUNT
LAB TESTING CHARGES			
CBC	300.00		300.00
ESR	100.00		100.00
BLOOD GROUP	100.00		100.00
FBS (BLOOD SUGAR FASTING)	100.00		100.00
LIPID PROFILE	500.00		500.00
LFT (LIVER FUNCTION TEST)	500.00		500.00
KFT/RFT (RENAL/KIDNEY FUNCTION TEST)	500.00		500.00
HBA1C TEST	450.00		450.00
URINE ROUTINE/COMPLETE	100.00		100.00
T3,T4,TSH (THYROID PROFILE)	700.00		700.00
X-RAY (RADIOLOGY)			
X-RAY CHEST	300.00		300.00
RADIOLOGY			
ECG	200.00		200.00
ECHO.	2500.00		2500.00
USG (ABD.)	1500.00		1500.00



Continued on Page 2 ...

NIRMALA MULTISPECIALITY HOSPITAL
RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REARI-123401 (HARYANA)
 Ph.: 9719717567, 9090979759 nmhrewari2022@gmail.com

LAB BILL/RECEIPT

Page 2 of 2

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Consultant: Dr.RAVI YADAV	PAYMENT REF.:

TEST NAME	RATE (X UNIT)	Discount	AMOUNT

Amount in Words: Rupees seven thousand eight hundred fifty Only	Net Amount:	7850.00
	Due Amount	7850.00



Authorized Signatory

NEERAJ YADAV

Aman Diagnostic Centre

240 L, Model Town Near Vardan Hospital, Rewari 123401

Contact No. 01274-223353, 9896041716

BILL CUM RECEIPT

SLIP NO./BILL NO. 522211	DATE: 10/02/24
PATIENTS'S NAME : VIJAY KUMAR	AGE : 36Y/M
REFFRING'S HOSPITAL - DR. RAVI YADAV	MOBILE NO. 96713449558

Sr.no.		Rate
01.	USG + TMT	2500/-
Slip Amount Details		
	Discount :-	NA
	Net Amount	2500

For Aman Diagnostic Centre
Smriti
Director

10 Name: MR. VIJAY KUMAR

Sex: Male

Divisions:

HR: 71 bpm

P Dur/PR int: 101/134ms

QRS Dur: 89 ms

QT/QTc int: 366/399 ms

P-QRS-T axis: 48-52-30°

Age: 36 Years

BP: mmHg

Bed No.:

RV5-SVT amp: 1.425 0.934mV

RV5+SV1 amp: 2.359mV

RV6-SV2 amp: 1.502 1.155mV

Hospital:

Height:

Weight:

Hospital No.:

Minnesota Code

8-9-1

Diagnosis Info
821 sinus Arrhythmia

II

IaVL

III

IaVF

aVR

V3

V6

RHY II

V1

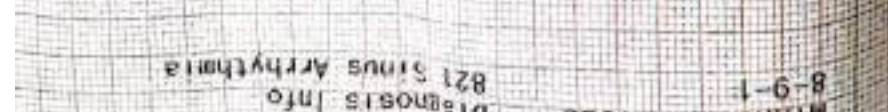
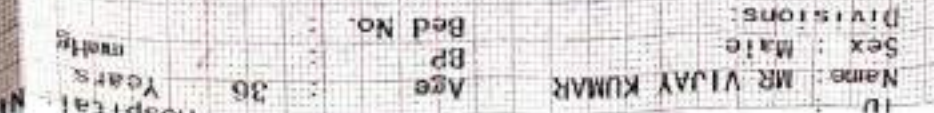
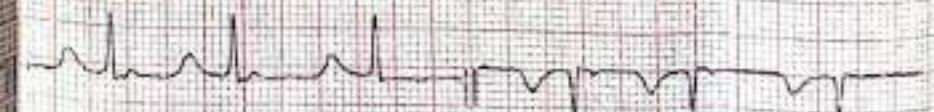
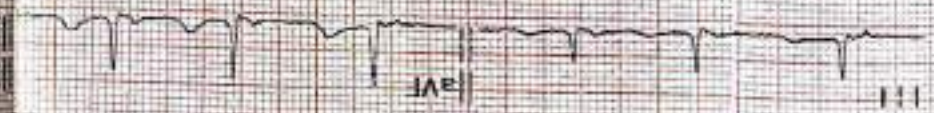
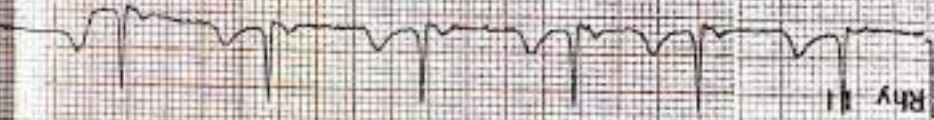
V4

V2

V5

V3

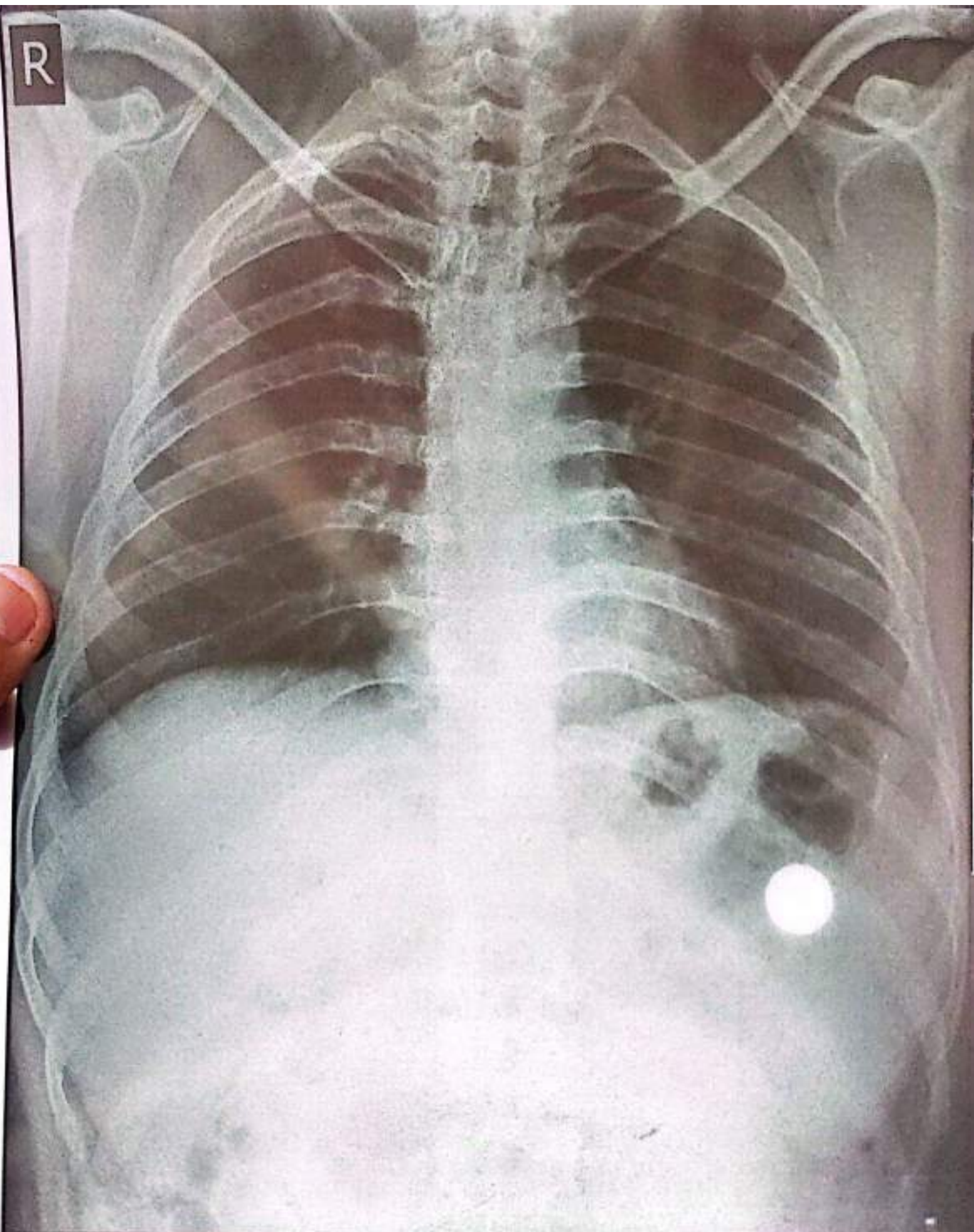
V6



Diagnosis for reference, ask your doctor to confirm
AUTO PRINT 3X4+R 71bpm 10 mm/mV 0.50Hz-25Hz
25 mm/s 50Hz

Continued by:

R



MR, VIJAY KUMAR 36 YER Male

Chest PA

NIRMALA MULTISPECIALITY HOSPITAL, RAJESH PILOT CHOWK, GARHI BOLNI RD REWARI (HR)

10/02/2024

DR, RAVI YADAV