

Patient Name : Mr. AMIT GOEL
 Age / Gender : 45 / Male
 Referred By : Dr. Aniket Saini
 Req.No : 2433847
 Patient Type : OPD

UHID : 41801
 IPNO :
 Requisitions : 14/03/2024
 Reported on : 15/03/2024

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood (EDTA)

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Haemoglobin	16.7	g/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	9200	cells/cu.mm	4000 - 10000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	68	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	22	%	20.0 - 40.0	Flow Cytometry
Monocytes	06	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	04	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	242	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	6.04	millions/cum m	4.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	51.2	%	40 - 50	Calculated
MEAN CORPUSCULAR VOLUME	84.8	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	27.6	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	32.6	g/dl	32 - 36	Calculated
E.S.R.	21mm	mm at the end of 1st hr	0 - 15	Westergren

**** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI
 MD PATHOLOGY

Lab Technician 23609 Dr SEEMILY KAHMEI
 MD (Pathology)

Salhotra
 Dr. VISHAL SALHOTRA
 MD (Pathology)

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Reported on : 15/03/2024 / 10.08 AM

SEROLOGY

BLOOD GROUP and RH TYPE

Specimen Type TEST NAME	WHOLE BLOOD	BIOLOGICAL		METHOD
	RESULT	UNITS	REFERENCE INTERVAL	
Blood Group	" O " RH POSITIVE			Hemagglutination
Internal Autocontrols are satisfactory.				

**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr SEEMILY KAHMEI
MD PATHOLOGY
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the health care providers the health care providers

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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
<u>Urea Creatinine</u>				
Serum Urea	28.2	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	1.46	mg/dL	0.6 - 1.4	Modified JAFFEs
Serum Uric Acid	6.5	mg/dl	3.5 - 7.2	Uricase Trinder, End Point (Toos)
Serum Sodium	141.2	meq/l	135 - 155	ISE Indirect
Serum Potassium	5.02	meq/l	3.5 - 5.6	ISE Indirect

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

**** End of Report ****

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BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
TOTAL BILIRUBIN	1.09	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.48	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.61	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	17.4	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	35.7	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	223.0	IU/L	50 - 136	Modified IFCC
Total Protein	7.46	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.53	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	2.93	gms%	2.3 - 4.5	Calculated

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BIOCHEMISTRY

LIPID PROFILE

Specimen Type : Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
LIPID PROFILE				
SERUM CHOLESTROL	192.27	mg/dl	0 - 200	Cholestrol Oxidase - Peroxidase
Serum Triglycerides	190.6	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	56.69	mg/dl	0 - >50	Oxidase - Peroxidase
LDL Cholesterol	97.92	mg/dl	0 - >100	Calculated
VLDL Cholesterol	38.12	mg/dL	0 - <30	Calculated

Recommended cut points for lipid profile
 Category : Acceptable : Borderline : High
 Cholestrol : <200 : 200-239 : >=240
 Triglycerdes : <150 : 150-199 : 200-499
 LDL cholestrol:<100 : 100-129 : 160-189

**** End of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

TEST NAME

RESULT

UNITS

BIOLOGICAL

REF. INTERVAL METHOD

FASTING PP

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Plasma glucose (Fasting)	91.5	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	140.2	mg/dl	90 - 140	GOD-POD Hexokinase

-**** End of Report ****-

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BIOCHEMISTRY

HBA1C

Specimen Type : WHOLE BLOOD

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Glycosylated Haemoglobin (HbA1c)	6.0	%	4.2 - 5.7	HPLC
Estimated Average Glucose (eAG)	125.5	mg/dL		Calculated

Interpretation for HbA1c% as per American Diabetes Association (ADA)
 Non diabetic adults: <5.7
 At risk (Prediabetes): 5.7-6.4
 Diagnosing Diabetes: >=6.5
 Therapeutic goals for glycemic control: Age > 19 years, Goal of therapy: <7.0
 Age <19 years, Goal of therapy: <7.5

**** End of Report ****

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IMMUNOLOGY

THYROID PROFILE

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Tri-iodothyronine (T3)	1.50	ng/mL	0.69 - 2.15	CLIA
Thyroxine (T4)	150	ng/mL	52 - 127	CLIA
Thyroid Stimulating Hormone (TSH)	3.37	μIU/mL	0.3 - 4.5	CLIA

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. Certain conditions like pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids may cause false thyroid values.

Reference ranges of TSH in pregnancy

1st Trimester = 0.1-2.5

2ed Trimester = 0.2-3.0

3rd Trimester = 0.3-3.0

TSH levels are subject to circadian variation peaking early morning and a low level in the evening. The time of the day has influence on the measured serum TSH concentrations.

-**** End of Report ****

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IMMUNOLOGY

PSA (PROSTATE SPECIFIC ANTIGEN TOTAL)

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
PROSTATE SPECIFIC ANTIGEN(PSA)	0.444	ng/mL	0 - 4.00	CLIA

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the epithelial cells lining the prostatic ducts and acini. PSA is used as a tumor marker for the early detection of prostate cancer.

Limitation:-

PSA value results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. The PSA value should be used in conjunction with information from clinical evaluation and other diagnostic procedures. PSA levels can be elevated in patients with prostatitis, Benign Prostatic Hyperplasia, urethral or prostatic trauma, Cystoscopy. Prostate biopsy can cause substantial elevation of PSA levels. Ejaculation and DRE have been reported to increase PSA levels but studies have shown the effects to be variable or insignificant.

-** End of Report ****-**

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type : Urine

TEST NAME

RESULT

UNITS

BIOLOGICAL

REF. INTERVAL METHOD

PHYSICAL EXAMINATION

TEST NAME	RESULT	UNITS	BIOLOGICAL	REF. INTERVAL	METHOD
Sample Volume	20	ml			
colour	Pale Yellow		Pale Yellow		
Appearance	Clear		Clear		
Specific	1.030				Ion Exchange
Reaction.	Acidic		Acidic		
pH -Urine	5.0				Double Indicator
Albumin.	NIL		Absent		Acid/Base Exchange
Glucose	NIL		Absent		Oxidase/Peroxidase
Bile Salt	NIL		NIL		
Bile Pigment	NIL		NIL		Diazo/Fouchets Test
Urobilinogen	NIL		NIL		Ehrlich Reaction

MICROSCOPIC EXAMINATION

PUS CELLS - URINE	3-4				
Red blood cells	Nil		NIL		
Epithelial Cells - Urine	1-2		4---5/HPF		
Casts	NIL		NIL		Microscopic
Crystals.	NIL		NIL		Microscopic

-**** End of Report ****-

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COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

NAME:MR.AMIT GOEL

AGE:45Y/M

MR.NO.41801

REFD.BY:DR.ANIKET

DATED:14/03/2024

On 2D examination
MITRAL VALVE

AML- Thin, no anterior mitral leaflet
Flutter, There is no prolapse of AML
PML – Thin, no prolapse moves posteriorly during
Diastole
No Mitral Annular Calcification,
No Subvalvular Pathology.

TRICUSPID VALVE

Thin. Opening well, no prolapse

AORTIC VALVE

Normal, Opening well
Morphology - Tricuspid

PULMONARY VALVE

Thin. Opens well. Pulmonary Artery not dilated.

LEFT VENTRICLE

There is mild left ventricular hypertrophy.
There is no regional wall motion abnormality.

LEFT ATRIUM

Normal in size

RIGHT ATRIUM

Normal in size

RIGHT VENTRICLE

Normal in size

PERICARDIUM

Normal

MEASUREMENTS

(NORMAL VALUES)

M-MODE

Inter Vent. Septum Thickness (D)	11mm	[0.6 – 1.2cm]
INTER VENT. SEPTUM THICKNESS (S)	15mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	50mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	30mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	11mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	16 mm	[0.9 – 1.8cm]
Aortic Root Diameter	26mm	[2.0 – 3.7cm]
Left Atrial Diameter	30mm	[1.9 – 4.0cm]
Ejection Fraction	60%	[54 – 76%]
Visual LVEF	60%	

ON INTERROGATING WITH PULSE & CONTINUOUS WAVE DOPPLER IT WAS FOUND THAT THERE IS

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.5m/sec
E>A

Aortic Forward Velocity: 1.20 m/sec

Pulmonary Forward velocity : 0.70 m/sec

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

ON COLOR FLOW IMAGING THERE WAS →

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

COMMENTS

None seen.
No vegetation on any valve.
No intra cardiac mass.
IAS IVS intact
NO Pericardial Effusion

FINAL IMPRESSION: -

- MILD LVH.
- NO RVMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =60%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION.
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI
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NON-INVASIVE CARDIOLOGIST
Ex Max Hospital Mohali
Ex Paras Hospital Panchkula
REGD NO-013983

Dr SHWETA VOHRA
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DR. SHWETA VOHRA
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Healing Touch Hospital



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REF. BY	: DR. ANIKET SAINI	REG. DATE	: 14/03/2024
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USG WHOLE ABDOMEN

LIVER:

Normal in size and shows raised echogenicity with normal outline. No focal lesion is seen. Intrahepatic biliary radicals are normal. Portal vein is normal.

GALL BLADDER:

is partially distended. Wall thickness is normal. No mass/calculus seen in its lumen. CBD is normal in caliber

PANCREAS:

Head and body appear normal. Tail is obscured by bowel gases.

SPLEEN:

Normal in size and echotexture. No focal lesion is seen.

KIDNEYS:

Both kidneys are normal in size, shape and echotexture.

Right kidney shows a thin walled cortical cyst of size ~ 1.3x1.2cm near upper pole

Cortical thickness and corticomedullary differentiations are maintained on both sides.

No hydronephrosis/calculus is seen.

URINARY BLADDER:

Empty.

PROSTATE:

Visualized prostate appears prominent in size and measures 25cc.

No free fluid is seen in abdomen.

IMPRESSION:

- **Grade I fatty liver.**
- **Right renal cortical cyst.**

Please correlate clinically & with other investigations.

DR. JASPREET SINGH
MBBS, M.D. & DNB, EDiR, FVIR
INTERVENTIONAL RADIOLOGIST
PMC 44907

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES
Thanks for the Referral, With Regards

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. : 74320 00000, 74969 79727

the health care providers the health care providers



Patient Name : AMIT GOEL	Gender : Male
Age : 45 Y	Date : Mar 14, 2024
Referring Doctor : .	Patient ID : 4180 1

X-RAY CHEST PA VIEW

CLINICAL HISTORY

FINDINGS :-

- Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.
- Both hila appear normal.
- Mediastinum is normal.
- Cardiac size is normal.
- Both domes of diaphragm are normal.
- Both CP angles are clear.
- Soft tissues and bony cage appear normal.

IMPRESSION :-

- Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.

ADVICE :- Clinical correlation and follow up.


Dr. Avinash Rathod
MBBS DMRD RADIOLOGIST
Reg - Reg No. 2011/95/1616

