



कूट क्र. | E.C.No. 105529

नाम | Name **Dinesh Kumar**

पदनाम | Desi. **Officer**

Dinesh

धारक के हस्ताक्षर | Signature of Holder

01.02.2023

जारी करने की तारीख

Date of Issue

[Signature]
जारीकर्ता प्राधिकारी

Issuing Authority



Patient Name : Mr. DINESH KUMAR
Age / Gender : 34 / Male
Referred By : Dr. Aniket Saini
Req.No : 2433851
Patient Type : OPD

UHID : 33816
IPNO :
Requisitions : 14/03/2024
Reported on : 14/03/2024

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood (EDTA)

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Haemoglobin	15.5	g/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	6300	cells/cu.mm	4000 - 10000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	70	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	20	%	20.0 - 40.0	Flow Cytometry
Monocytes	07	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	03	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	210	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	4.76	millions/cum m	4.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	47.0	%	40 - 50	Calculated
MEAN CORPUSCULAR VOLUME	98.7	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	32.6	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	33.0	g/dl	32 - 36	Calculated
E.S.R.	15 mm	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 **29688**
Dr SEEMILY KAHMEI
MD (Pathology)

Salhotra
Dr. VISHAL SALHOTRA
MD (Pathology)

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BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type : Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
TOTAL BILIRUBIN	0.16	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.10	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.06	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	24.9	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	28.4	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	115.9	IU/L	50 - 136	Modified IFCC
Total Protein	6.90	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.15	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	2.75	gms%	2.3 - 4.5	Calculated

*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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Lab Technician

Dr. SEEMILY KAHMEI
MD (Pathology)

Dr. VISHAL SALHOTRA
MD (Pathology)

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BIOCHEMISTRY

LIPID PROFILE

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<u>LIPID PROFILE</u>				
SERUM CHOLESTROL	214.7	mg/dl	0 - 200	Cholestrol Oxidase - Peroxidase
Serum Triglycerides	130.1	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	40.50	mg/dl	0 - >50	Oxidase - Peroxidase
LDL Cholesterol	148.2	mg/dl	0 - >100	Calculated
VLDL Cholesterol	26.02	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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IMMUNOLOGY

THYROID PROFILE

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Tri-iodothyronine (T3)	1.42	ng/mL	0.69 - 2.15	CLIA
Thyroxine (T4)	130.0	ng/mL	52 - 127	CLIA
Thyroid Stimulating Hormone (TSH)	1.82	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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 MD (Pathology)
 23009

Dr. VISHAL SALHOTRA
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BIOCHEMISTRY

BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
FASTING PP				
Plasma glucose (Fasting)	95.27	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	132.2	mg/dl	90 - 140	GOD-POD Hexokinase

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BIOCHEMISTRY

HBA1C

Specimen Type : WHOLE BLOOD

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
Glycosylated Haemoglobin (HbA1c)	5.6	%	4.2 - 5.7	HPLC
Estimated Average Glucose (eAG)	114.02	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

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type : Urine	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<u>PHYSICAL EXAMINATION</u>				
Sample Volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific	1.030			Ion Exchange
Reaction.	Acidic		Acidic	
pH -Urine	6.5			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
<u>MICROSCOPIC EXAMINATION</u>				
PUS CELLS - URINE	1-2			
Red blood cells	Nil		NIL	
Epithelial Cells - Urine	Nil		4---5/HPF	
Casts	NIL		NIL	Microscopic
Crystals.	NIL		NIL	Microscopic

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COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

NAME:MR.DINESH KUMAR	AGE:33Y/M	MR.NO.33816
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 no 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)	16mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	53mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	34mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	11mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	15 mm	[0.9 – 1.8cm]
Aortic Root Diameter	24mm	[2.0 – 3.7cm]
Left Atrial Diameter	28mm	[1.9 – 4.0cm]
Ejection Fraction	62%	[54 – 76%]
Visual LVEF	62%	

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

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.6m/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

No clot seen.
No vegetation on any valve.
No intra cardiac mass.
IAS IVS intact
NO Pericardial Effusion

FINAL IMPRESSION: -

- NO LVID.
- NO RWMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =62%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION.
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI
MD PHYSICIAN, PG DCC
NON-INVASIVE CARDIOLOGIST
Ex Max Hospital Mohali
Ex Paras Hospital Panchkula
REGD NO-013983

Dr SHWETA VOHRA
MBBS MEDICINE
DR. SHWETA VOHRA
MD DM FACC FAPSC FSCAI(USA)
Interventional Cardiologist
Ex Asst Professor PGIMS
Ex SR KGMU Lucknow
REGD NO.-18541

Healing Touch Hospital



NAME	: MR. DINESH KUMAR	AGE / SEX	: 33 YRS /M
REF. BY	: DR. ANIKET SAINI	REG. DATE	: 14/03/2024
UHID	: 33816/OPD		

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.

PANCREAS:

Normal in size and echotexture

SPLEEN:

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

KIDNEYS:

Both kidneys are normal in size, shape and echotexture. No mass lesion is seen.

Cortical thickness and corticomedullary differentiations are maintained on both sides.

No hydronephrosis/calculus is seen.

URINARY BLADDER:

is distended. Mucosal wall is regular and normal in thickness. No calculus / mass lesion is seen.

PROSTATE:

Normal in size and shows normal echotexture.

No free fluid is seen in abdomen.

IMPRESSION:

- *Grade I fatty liver.*

Please correlate clinically & with other investigations.

Dr Ajay Chugh

MBBS, DNB (Radiodiagnosis)

DR. AJAY CHUGH

MBBS, DNB (RADIOLOGIST)

CONSULTANT RADIOLOGIST

REGD NO. HN 21689

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

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Healing Touch Hospital



Patient Name : DINESH KUMAR	Gender : Male
Age : 33 Y	Date : Mar 14, 2024
Referring Doctor : .	Patient ID : 33816

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

FINDINGS

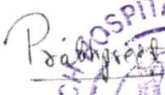
- The heart is normal in size and contour.
- The aorta is normal.
- The mediastinum, hila and pulmonary vasculature are also normal.
- Trachea is central. Tracheo-bronchial tree is normal.
- No focal lung lesion is seen.
- No pneumothorax is seen.
- The costophrenic sulci and hemidiaphragms are preserved.
- Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

IMPRESSION

- **No gross chest abnormality is seen.**

RECOMMENDATION

Kindly correlate with other clinical parameters.


Dr. Prabhpreet R Singh
MD (Radiodiagnosis)
Reg - 98579

