


Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 09:21 AM	Sample Receiving DATE	: 24-Feb-2024 10:22 AM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 10:56 AM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 12:15 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen : EDTA)

Date	Status	24/Feb/24 12:15PM	Unit	Bio Ref Interval
Haemoglobin <i>(whole blood/photometric method)</i>		15.1	g/dl	13.0-17
Total Leucocyte Count (TLC) <i>(whole blood/impedence method)</i>		10000	cells/c.mm	4000-10000
Neutrophil	L	42.4	%	45-70
Lymphocyte	H	50.5	%	20-40
Eosinophils		2.9	%	1.0-5.0
Monocytes		4.1	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV) <i>(whole blood,calculation)</i>		44.7	%	40.0-50.0
Red Blood Cell Count <i>(whole blood,impedence method)</i>		5.0	million/c.mm	4.5-5.5
Mean Cell Volume (MCV) <i>(whole blood,calculated)</i>		88.6	fl	83.0-101.0
Mean Cell Haemoglobin (MCH) <i>(whole blood,calculated)</i>		30.0	pg	27.0-32.0
MCHC <i>(whole blood,calculated)</i>		33.9	g/dl	31.0-34.5
RDW - CV		12.5	%	11.0-16.0
Platelet Count <i>(whole blood,impedence method)</i>		3.9	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		7.9	fL	6.5-12.0
ESR	H	18	mm/Hr	0-10

Interpretation :


Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedence method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

These values are only indicative not confirmatory of diagnosis; Kindly correlate clinically.

(*) Test conducted under NABL scope MC-3302,Neo Hospital Laboratory, Noida.

Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 09:21 AM	Sample Receiving DATE	: 24-Feb-2024 10:22 AM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 12:00 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 01:29 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY


BLOOD GROUPING (ABO AND RH) *(Specimen : EDTA)*

Date	Status	24/Feb/24 01:29PM	Unit	Bio Ref Interval
Blood Group <i>(agglutination method)</i>		"O"		-
Rh Type <i>(agglutination method)</i>		POSITIVE		-

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 01:05 PM	Sample Receiving DATE	: 24-Feb-2024 01:12 PM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 02:08 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 02:26 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)

Date	Status	24/Feb/24 02:08PM	Unit	Bio Ref Interval
Blood Sugar Fasting		87.0	mg/dl	70-100


Blood Sugar Post Prandial* (Specimen : FLUORIDE)

Date	Status	24/Feb/24 02:26PM	Unit	Bio Ref Interval
Blood Sugar Post Prandial		111.0	mg/dl	70.0-140.0

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 09:21 AM	Sample Receiving DATE	: 24-Feb-2024 10:22 AM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 02:50 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 03:24 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY


Urine for Sugar Fasting* (Specimen : URINE)

Date	Status	24/Feb/24 08:25PM	Unit	Bio Ref Interval
Urine for Sugar Fasting		NIL		-

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 01:05 PM	Sample Receiving DATE	: 24-Feb-2024 01:12 PM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 08:25 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 09:01 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY


Urine for Sugar PP* *(Specimen : URINE)*

Date	Status	24/Feb/24 09:01PM	Unit	Bio Ref Interval
Urine for Sugar PP		NIL		-

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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UHID	: 282611	Reporting DATE	: 24-Feb-2024 12:05 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 12:10 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	24/Feb/24 02:08PM	Unit	Bio Ref Interval
HbA1c		5.2	%	<5.7
AVERAGE BLOOD SUGAR		103.0	MG/DL	<116

Interpretation :

HbA1c :

Hba1c:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.


Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well as B12 or folate deficiency anemia may cause A1C to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

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Printed By : Mrs. Mala

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Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
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UHID	: 282611	Reporting DATE	: 24-Feb-2024 11:58 AM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 12:13 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	24/Feb/24 12:13PM	Unit	Bio Ref Interval
FT3		3.61	pg/ml	1.4-5.6
FT4		1.12	ng/dL	0.67-1.71
TSH		1.26	µIU/ml	0.25-5.0

Interpretation :

Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-


TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule .Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum

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Printed By : Mrs. Mala

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DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness
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Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

Lipid Profile* (Specimen : SERUM)

Date	Status	24/Feb/24 02:08PM	Unit	Bio Ref Interval
Total Cholesterol (serum/enzymatic(che,cho/pod))		118.0	mg/dl	<200
Triglyceride (serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)		71.0	mg/dl	<150.0
HDL Cholesterol (serum/phosphotungstic acid/mgcl2+enzymatic)	L	38.0	mg/dl	>40.0
LDL (calculation)		65.8	mg/dl	<100
VLDL (calculation)		14.2	mg/dl	<30
LDL/HDL Ratio (calculation)		1.73		<3.6
Total Cholesterol : HDL Ratio (calculation)		3.11		<5.0

Interpretation :

Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:


- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from

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DEPARTMENT OF BIOCHEMISTRY

peripheral tissues.

4. **NLA-2014** identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

KFT (Kidney Function Test)* (Specimen : SERUM)

Date	Status	24/Feb/24 02:08PM	Unit	Bio Ref Interval
Blood Urea (urease with indicator dye)		27.0	mg/dl	19.0-43.0
Serum Creatinine (enzymatic(creatinine amidohydrolase))		0.7	mg/dl	0.66-1.25
Uric Acid (uricase/peroxidase)		5.6	mg/dl	3.5-8.5
Sodium (Na+) (direct ion selective mode)		141.0	mmol/L	137.0-145.0
Potassium (K+) (direct ion selective mode)		4.3	mmol/L	3.5-5.1
Chloride (Cl-) (direct ion selective mode)		105.0	mmol/L	98.0-107.0
Serum Calcium (arsenazo dye)		9.2	mg/dl	8.4-10.2
Phosphorus Serum (phosphomolybdate reduction)		3.2	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnpp)/amp)	H	133.0	U/L	38.0-126.0
Total protein (biuret(alkaline cupric sulphate))		7.0	gm/dl	6.3-8.2
Albumin (bromocresol green dye binding)		4.4	gm/dl	3.5-5.0
Globulin (Calculated) (calculated)		2.6	gm/dl	2.0-3.5
Albumin/Globulin Ratio (Calculated) (calculated)	H	1.6		0.8-1.1
eGFR (calculated)		126.1	mL/min	-

LFT (Liver Function Test) -Spectrophotometry* (Specimen : SERUM)


Date	Status	24/Feb/24 02:08PM	Unit	Bio Ref Interval
Aspartate Transaminase (SGOT, AST) (serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)		36.0	U/l	17.0-59.0

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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DEPARTMENT OF BIOCHEMISTRY

SGPT, ALT (Alanine Transaminase) <i>(serum/kinetic with pyridoxal 5phosphate/lactate dehydrogenase)</i>		42.0			U/L	<50.0
Alkaline Phosphatase (ALP) <i>(serum/4-nitrophenyl phosphate(pnpp)/amp)</i>	H	133.0			U/L	38.0-126.0
Total Protein <i>(serum/biuret(alkaline cupric sulphate))</i>		7.0			gm/dl	6.3-8.2
Albumin <i>(serum/bromocresol green dye binding)</i>		4.4			gm/dl	3.5-5.0
Globulin (Calculated) <i>(calculated)</i>		2.6			gm/dl	2.0-3.5
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	H	1.6				0.8-1.1
GGT (Gamma Glutamyl Transpeptidase) <i>(serum/L-gamma-glutamyl-4-nitroanalide)</i>		69.0			U/L	15.0-73.0

Interpretation :

LFT (Liver Function Test) -Spectrophotometry* : Note:


1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. AMIT KUMAR GARG			
Sample Coll. DATE	: 24-Feb-2024 10:51 AM	Sample Receiving DATE	: 24-Feb-2024 12:02 PM	
UHID	: 282611	Reporting DATE	: 24-Feb-2024 08:16 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Feb-2024 09:01 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE


SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<u>PHYSICAL EXAMINATION</u>			
VOLUME(visual observation)	30	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.010		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
<u>CHEMICAL EXAMINATION</u>			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH,sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlchs aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELLS(light microscopy)	1-2	/hpf	0-5
RED BLOOD CELLS(light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	1-2	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT
CRYSTALS(light microscopy)	ABSENT		ABSENT

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DEPARTMENT OF CLINICAL PATHOLOGY

OTHERS(light microscopy) | | | |

Note: **1.**Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle),Glucose (GOD-POD),Ketone(Legals Test), Bilirubin(Azo-Diazo reaction),Urobilinogen (Diazonium ion Reaction).All abnormal results of chemical examination are confirmed by manual methods.

2.Pre-test conditions to be observed while submitting the sample-First void,mid-stream urine,collect in a clean,dry,sterile container is recommended for routine urine analysis.,avoid contamination with any discharge from vaginal ,urethra,perineum,as applicable ,avoid prolonged transist time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,exercice,high protein diet.False positive reactions for bile pigments,proteins,glucose can be caused by peroxidase like activity by disinfectants,therapeutic dyes,ascorbic acid and certain drugs.

4.All urine samples are checked for adequacy and suitability before examination.

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Patient Name	: Mr. AMIT KUMAR GARG		Registration Date	: 24-Feb-2024 08:58 AM
IPD No.	:		Reporting Date	: 24-Feb-2024 01:03 PM
UHID	: 282611		Approved Date	: 24-Feb-2024 03:00 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**. Score: _____

Doppler Normal/**Abnormal** E/A=64/93, E>A **A>E** S>D
Mitral Stenosis Present/**Absent** RR Interval _____msec
EDG _____mmHg MDG _____mmHg MVA _____cm²
Mitral Regurgitation Absent/**Trivial**/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler **Normal**/Abnormal TRICUSPID VALVE= 143cm/s.
Tricuspid Stenosis Present/**Absent** RR Interval _____msec.
EDG _____mmHg MDG _____mmHg
Tricuspid regurgitation Absent/**Trivial**/Mild/Moderate/Severe Fragmented Signals
Velocity _____msec Pred.RVSP =10+10 mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
Doppler **Normal**/Abnormal PULMONARY VALVE= 65 cm/s.
Pulmonary Stenosis Present/**Absent** Level
PSG _____mmHg Pulmonary annulus _____mm
Pulmonary regurgitation Present/**Absent**
Early diastolic gradient _____mmHg End diastolic gradient _____mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/3/4
Doppler **Normal**/Abnormal AORTIC VALVE= 96cm/s.
Aortic Stenosis Present/**Absent** Level
PSG _____mmHg Aortic annulus _____mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient Name	: Mr. AMIT KUMAR GARG		Registration Date	: 24-Feb-2024 08:58 AM
IPD No.	:		Reporting Date	: 24-Feb-2024 01:03 PM
UHID	: 282611		Approved Date	: 24-Feb-2024 03:00 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

<u>Measurements</u>		<u>Normal Valves</u>	<u>Measurements</u>		<u>Normal Valves</u>
Aorta	2.9	(2.0-3.7 cm)	LA es	2.7	(1.9-4.0 cm)
LV es	2.4	(2.2-4.0 cm)	LV ed	4.0	(3.7-5.6 cm)
IVSed	1.2/1.8	(0.6-1.1 cm)	PW (LV)	1.2/1.9	(0.6-1.1 cm)
RVed		(0.7-2.6 cm)	RV Anterior Wall		(upto 5 cm)
LVVd (ml)			LVVs (ml)		
EF	60%	(54%-76%)	IVS motion		Normal/Flat/Paradoxical
IVS			Any Other		

CHAMBERS


LV	Normal/Enlarged/ Clear /Thrombus/ Hypertrophy , Contraction, Normal /Reduced/Regional wall motion abnormality: nil,
LA	Normal /Enlarged/Clear/Thrombus
RA	Normal /Enlarged/ Clear /Thrombus
RV	Normal /Enlarged/ Clear /Thrombus
PERICARDIUM	Normal /Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
Normal LV systolic function
Mild concentric LVH
Trivial MR/Trivial TR (Normal PASP)
No AR/AS
MIP=A>E
Intact IAS/IVS
No LA/LV clot
No pericardial effusion.

IMPRESSION

Normal LV/RV systolic function
Mild concentric LVH
Grade-I Diastolic dysfunction

Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient Name	: Mr. AMIT KUMAR GARG		Registration Date	: 24-Feb-2024 08:58 AM
IPD No.	:		Reporting Date	: 26-Feb-2024 02:17 PM
UHID	: 282611		Approved Date	: 26-Feb-2024 02:17 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Rotation+

Bronchovascular markings appear prominent bilaterally.


Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Bony thorax is normal.

Please correlate clinically.

Barcode No.	: M308233		Age / Sex	: 38.1 YRS / Male
Patient Name	: Mr. AMIT KUMAR GARG		Registration Date	: 24-Feb-2024 08:58 AM
IPD No.	:		Reporting Date	: 24-Feb-2024 09:52 AM
UHID	: 282611		Approved Date	: 24-Feb-2024 09:52 AM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

USG WHOLE ABDOMEN

Liver is normal in size, measures 12.0 cm and **shows generalized increased echogenicity**. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture, measures 7.1 cm.

Pancreatic head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Right kidney – 8.8 x 4.4 cm

Left kidney – 8.8 x 4.6 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Prostate is normal in size, shape and echogenicity, volume 20.7 cc. No focal lesion noted.

No free fluid seen in the peritoneal cavity.

IMPRESSION:

- **GRADE I FATTY LIVER.**

Please correlate clinically.

*** End Of Report ***

Dr. Vijay Singh Rawat
DMRD, MD Radiodiagnosis
Consultant Radiologist

Dr. Sagar Tomar
MD Radiodiagnosis, Fellow MSK MRI
(Consultant Radiologist)

Dr. Rohit Kundra
MD Radiodiagnosis
(Consultant Radiologist)

Shivam

Dr. Shivam Rastogi
MD Radiodiagnosis
(Consultant Radiologist)

Dr. Harshita Tripathi
MD Radiodiagnosis
(Consultant Radiologist)

Prepared By : Mrs. Anita

Printed By : Mrs. Mala