


**TEST REPORT**

<b>Reg. No :</b> 2409100338	<b>UHID :</b> UHID26869	<b>Reg. Date :</b> 16-Sep-2024
<b>Name :</b> MR.NARENDRA KUMAR		<b>Collected On :</b> 16-Sep-2024 09:49
<b>Age/Sex :</b> 35 Years / Male		<b>Report Date :</b> 16-Sep-2024
<b>Ref. By :</b> MEDIWHEEL		

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Reference Interval</b>
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	13.9	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	41.8	%	40 - 54
RBC Count (Electrical Impedance)	4.71	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5120	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	168000	/cmm	150000 - 410000
MCV (Calculated)	88.7	fL	83 - 101
MCH (Calculated)	29.5	Pg	27 - 32
MCHC (Calculated)	33.3	%	31.5 - 34.5
RDW (Calculated)	13.5	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	47	%	38 - 70
Lymphocytes (%)	<b>46</b>	%	20 - 45
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2390	/cmm	1800 - 7700
Lymphocytes (Absolute)	2370	/cmm	1000 - 3900
Monocytes (Absolute)	290	/cmm	200 - 800
Eosinophils (Absolute)	50	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.01	/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.

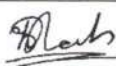
**ERYTHROCYTE SEDIMENTATION RATE**

ESR (After 1 hour)	10	mm/hr	0 - 14
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----- End Of Report -----

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(MD.Pathology)

 **Mr. Akshay Parmar**  
M.Sc(Biochemistry)

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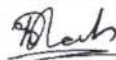
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Parameter	Result	Unit	Reference Interval
<b>FBS</b>			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	94.1	mg/dL	70 - 110
<b>PPBS</b>			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	121.3	mg/dL	110 - 140

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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.0	%	>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>	96.80	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  $\geq 200$ mg/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.

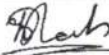
**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control( also called glyceic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyceic 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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<b>LIVER FUNCTION TEST</b>			
SGPT <i>Optimized UV-IFCC</i>	25.3	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	21.3	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.62	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.26	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.36	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58	U/L	53 - 128
Total Protein	<b>6.10</b>	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.75	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.35	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.60		0.8 - 2.0
GGT	18	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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<b>RENAL FUNCTION TEST</b>			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.91	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	28.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	13.22	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	6.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	138.6	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.52	mg/dL	4.4 - 5.4

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**LIPID PROFILE**


Cholesterol <i>CHOD-PAP method</i>	143	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	130.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	26.14	mg/dL	15 - 35
LDL CHOLESTEROL	66.56	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>	50.3	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	2.84		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.32		0 - 3.5
Total Lipids <i>Calculated</i>	507.40		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	1.12	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	7.61	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	2.054	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

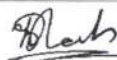
Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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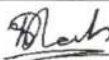
**PHYSICAL EXAMINATION**


Height	166.50	cm	
Weight	66.30	kg	
BMI	23.95	kg / m <sup>2</sup>	>18.5 – underweight 18.5 and 24.9 – healthy weight 25 and 29.9 – overweight 30 and 39.9 – obese
Blood Pressure	123/84	mmHg	
Pulse Rate	71	/min	

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*Pravish*

Name: NARENDRA KUMAR

Sex: Male

Clinic No.:

Age: 35Y

Bed No.:

SN: 0000958

Section:

Date: 16/09/2024 10:37:46

Case No.:



Frequency:	1000 Hz	PR Interval:	158 ms
Sample Time:	12 s	QT Interval:	360 ms
HR:	63 bpm	QTc Interval:	367 ms
P Interval:	74 ms	P Axis:	64.52°
QRS Interval:	102 ms	QRS Axis:	13.09°
T Interval:	190 ms	T Axis:	15.37°

Prompt:  
 Total Beats 11, Normal Beats 11, SVE 0, VE 0.  
 Normal Heart Rate (HR between 60 and 100 bpm),  
 Light left cardiac electric axis deviation (QRS axis between 0 degree  
 and 30 degree).

Lead	PA	RA	SA	TA	PA	RA	SA	TA	PA	RA	SA	TA
I	0.06mV	0.90mV	0.14mV	0.12mV	0.77mV	0.10mV	0.06mV	0.08mV	0.02mV	0.14mV	0.62mV	0.05mV
II	0.02mV	0.14mV	0.62mV	0.05mV	0.04mV	0.24mV	0.92mV	0.05mV	0.02mV	0.14mV	0.62mV	0.05mV
III	0.02mV	0.14mV	0.62mV	0.05mV	0.04mV	0.24mV	0.92mV	0.05mV	0.02mV	0.14mV	0.62mV	0.05mV
aVR	0.10mV	0.09mV	0.33mV	0.10mV	0.05mV	0.24mV	0.92mV	0.05mV	0.02mV	0.14mV	0.62mV	0.05mV
aVL	0.10mV	0.09mV	0.33mV	0.10mV	0.05mV	0.24mV	0.92mV	0.05mV	0.02mV	0.14mV	0.62mV	0.05mV
aVF	0.10mV	0.09mV	0.33mV	0.10mV	0.05mV	0.24mV	0.92mV	0.05mV	0.02mV	0.14mV	0.62mV	0.05mV
V1	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV
V2	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV
V3	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV
V4	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV
V5	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV
V6	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV	0.45mV	0.15mV	0.16mV	0.43mV	0.13mV

25mm/s 10mm/mV



**PATIENT NAME** NARENDRA KUMAR  
**AGE / SEX** 35 Y/ M  
**REF. DOCTOR** HEALTH CHECKUP  
**DATE** 16-Sep-24

**ULTRASOUND WHOLE ABDOMEN - PELVIS**

**LIVER :** Liver is normal in size and shows normal echopattern.  
No focal lesion is seen. Intra-hepatic biliary radicals are not dilated.  
**PORTAL VEIN:** appears normal in course and caliber. PV- 9 mm

**GALL BLADDER :** is distended and appears normal. No calculus or mass lesion seen.  
**CBD:** appears normal, 5mm.

**PANCREAS :** Pancreas appears normal in size and echo pattern.

**SPLEEN :** Spleen is normal in size (9.5 cm) and shows normal echo pattern.

**KIDNEYS :** Both kidneys are normal in size, shape.  
No calculus or hydronephrosis seen in either kidney.  
**Bilateral mild echogenic kidneys noted with preserved CMD.**

**URINARY BLADDER :** is full & normal.

**PROSTATE:** normal in size.

Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.  
No lymphadenopathy seen.  
No evidence of collection or mass lesion seen in RIF.  
No free fluid.

**IMPRESSION :**  
**Bilateral mild echogenic kidneys with preserved CMD.**  
**Suggest RFT correlation.**

**DR. JAY THAKKAR, MD**



Patient Name	NARENDRA KUMAR	Patient ID	UHID26869
Age/Gender	35 Years / M	Study Date	16-Sep-2024
Referred By		Reported Date	16-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 Shivilani  
MD Radiology REG-33548

Date Reported: 16-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