

**TEST REPORT**

Reg. No : 2411100172      UHID : UHID27956      Reg. Date : 13-Nov-2024  
Name : CHAUDHARI VISHAL DILIPSHAI      Collected On : 13-Nov-2024 09:18  
Age/Sex : 30 Years / Male      Report Date : 13-Nov-2024  
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	15.5	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	48.2	%	40 - 54
RBC Count (Electrical Impedance)	6.41	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5800	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	263000	/cmm	150000 - 410000
MCV (Calculated)	75.2	fL	83 - 101
MCH (Calculated)	24.1	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	14.0	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	23	%	20 - 45
Monocytes (%)	16	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3480	/cmm	1800 - 7700
Lymphocytes (Absolute)	1334	/cmm	1000 - 3900
Monocytes (Absolute)	928	/cmm	200 - 800
Eosinophils (Absolute)	58	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.67	/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)	12	mm/hr	0 - 14
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----- End Of Report -----

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Approved by:

  
Dr. Yesha H. Shah  
(MD.Pathology)  
Mr. Akshay Parmar  
M.Sc(Biochemistry)

**TEST REPORT**

Reg. No : 2411100172      **UHID** : UHID27856      **Reg. Date** : 13-Nov-2024  
**Name** : CHAUDHARI VISHAL DILIPBHAI      **Collected On** : 13-Nov-2024 09:18  
**Age/Sex** : 30 Years / Male      **Report Date** : 13-Nov-2024  
**Ref. By** : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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**BLOOD GROUP & RH**


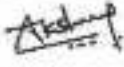
SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'A'
Rh (D)	Positive

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Name : CHAUDHARI VISHAL DILIPBHAI      Collected On : 13-Nov-2024 09:19  
Age/Sex : 30 Years / Male      Report Date : 13-Nov-2024  
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
<b>FBS</b>			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	95.8	mg/dL	70 - 110
<b>PPBS</b>			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	125.3	mg/dL	110 - 140

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<b>Ref. By :</b> MEDIWHEEL		

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.6	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	114.02	mg/dL	

**Criteria for the diagnosis of diabetes:**

- HbA1c  $\geq$  6.5 %Or
  - Fasting plasma glucose  $\geq$  126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  - Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
  - 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.

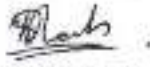
**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**


- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic 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.- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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**LIVER FUNCTION TEST**

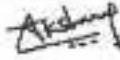
SGPT <i>Optimized UV-IFCC</i>	61.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	31.9	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	1.56	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.25	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	1.31	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	95	U/L	53 - 128
Total Protein	6.26	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.59	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.67	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.34		0.8 - 2.0
GGT	28.3	U/L	1 - 55

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Parameter	Result	Unit	Reference Interval
<b>RENAL FUNCTION TEST</b>			
Creatinine <i>Enzymatic, IDMS Tracable</i>	1.03	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	25.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	11.82	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBMA</i>	4.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	140.3	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>	4.78	mg/dL	4.4 - 5.4

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**LIPID PROFILE**


Cholesterol <small>CHOD-PAP method</small>	176	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic with GPO method</small>	124.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <small>Calculated</small>	24.94	mg/dL	15 - 35
LDL CHOLESTEROL	115.46	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <small>Magnetic Cholesterol Oxidase</small>	35.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <small>Calculated</small>	4.94		0 - 5.0
LDL / HDL RATIO <small>Calculated</small>	3.24		0 - 3.5
Total Lipids <small>Calculated</small>	561.40		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) CMM	0.89	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMM	4.89	µg/dL	4.5 - 12.5
TSH	0.965	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

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 stimulates 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


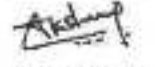
Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition.

Philadelphia: WB Saunders, 2012: 2170

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**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Quantity : 20 cc  
Colour : Pale Yellow  
Clarity : Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)**

pH : 7.0      4.6 - 8.0  
Sp. Gravity : 1.015      1.002 - 1.03  
Protein : Nil  
Glucose : Nil  
Ketone Bodies : Nil  
Urobilinogen : Nil  
Bilirubin : Nil  
Nitrite : Nil  
Leucocytes : Nil  
Blood : Nil


**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells) : Occasional/hpf  
Erythrocytes (Red Cells) : Nil  
Epithelial Cells : 1-2/hpf  
Amorphous Material : Nil  
Casts : Nil  
Crystals : Nil  
Bacteria : Nil  
Yeast : Nil  
T. Vaginalis : Nil  
Spermatozoa : Nil

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Name: VISHAL CHAUDHARI

Sex: Male

Age: 30Y

Clinic No.:

Bed No.:

SN: 0001153  
Date: 13/12/24 10:18:29  
Case No.

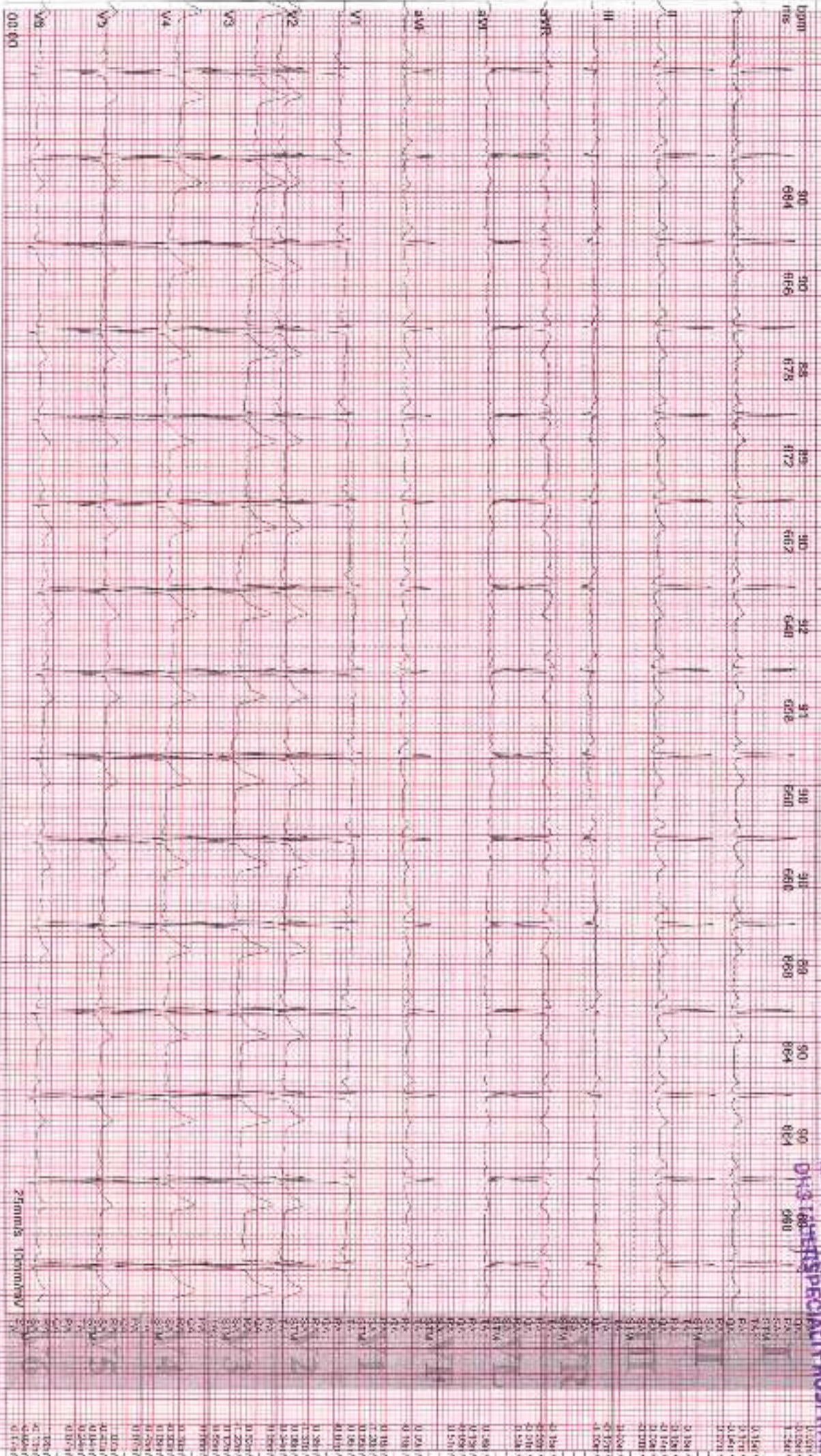
Frequency	1000 Hz	PR Interval:	144 ms
Sample Time	13 s	QT Interval:	312 ms
HR:	90 bpm	QTc Interval:	383 ms
P Interval:	74 ms	P Axis:	67.63°
QRS Interval:	82 ms	QRS Axis:	27.43°
T Interval:	174 ms	T Axis:	34.95°

Prompt

Total Beats: 17, Normal Beats: 17, SVE: 0, VE: 0  
 Normal Heart Rate (HR) between 60 and 100 bpm,  
 Leftward deviation of axis deviation (QRS axis between 0 degree  
 and 90 degree)



**DR. ARCHIT PARIKH**  
 0-30352  
 M.D. (General Medicine)  
 DR. ARCHIT PARIKH HOSPITAL  
 D-31, 1st FLOOR, PATEL NAGAR





PATIENT NAME

MR. VISHAL CHAUDHRI

AGE / SEX

30 YRS/MALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

13/11/2024

**2D ECHO CARDIOGRAPHY REPORT****Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 26 mmHg.
8. No clot/vegetation / pericardial effusion.
9. Doppler: Trivial MR, Mild TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

**Conclusion:**

Normal LV systolic function.  
No RWMA.  
No PAH.

**Measurements :**

LVIDD	44.0 mm	AO	21.0mm
	26.0 mm	LA	27.0mm
LVIDS			
LVEF	65%		
IVSD/LVPWD	09.0mm/08.0mm		

**DOPPLER STUDY:**

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.2	5.0			No AR
Mitral	E:0.2 A: 0.1				Mild MR
Pulmonary	0.2	3.0			No PR
Tricuspid	0.4	1.1			Trivial TR

Dr.ARCHIT PARIKH  
**DR. ARCHIT PARIKH**  
G - 30352  
M. D.(General Medicine)  
DHS MULTI SPECIALTY HOSPITAL

Vastrapur Lako-Himalaya Mall Link Road, Sunrise Park, Vastrapur, Ahmedabad-380054. • Phone: 079-2684 4444, 2684 5555

PHONE: (079) 2684 4444 FOR EMERGENCY (079) 2684 5555 • Email: dhshospitals@gmail.com • Web: www.dhshospitals.com

FOR OPD APPOINTMENT : +91 9081 610 444, FOR LABORATORY &amp; HEALTH CHECK UP 9081 620 444



**CHAUDHARI VISHAL**  
30 Y/M  
HEALTH CHECK UP  
13/11/2024

**U.S.G. OF ABDOMEN AND PELVIS**

**Liver:** appears normal in size & shows normal echopattern. No focal lesion is seen, No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen.

**Both Kidneys** appear normal in size, position and echopattern. C-M differentiation is well preserved on either side. No calculus or hydronephrosis on either side. Cortical thickness appears normal on both sides. No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.


**Prostate** appears normal in size and echopattern.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen. Bowel loops appear normal in caliber & show normal peristalsis. No abnormal dilatation of bowel loops or wall thickening is seen. No fluid collection or lump formation is seen in RIF. No ascites is seen.

**IMPRESSION:**

**Normal USG abdomen**

Clinical correlation suggested. Thanks for reference.

  
**DR. BHADRISH CHUDASAMA**  
MD RADIOLOGY