

Agency Area, AB Road, Geeta Bhawan Square,  
20001, MP, INDIA. E:info@vonehospital.com  
3588888, 4238111 | M: +91 93299 22500  
Vone Healthcare Private Limited



**vone**  
Hospital  
Restoring Quality of Life

**ne**  
Hospital  
Quality of Life

Patient Name : MR. RAKESH RAGHUWANSHI [MRN-240801386]  
Age / Gender : 41 Yr / M  
Address : 2076, Shubh Aangam Omex 1 Indore , Indore GPO, Indore, MADHYA PRADESH  
Doctor: VONE HOSPITAL  
Phone No. ID: WALKIN.24-25-8744

Investigation Date : 24-08-2024 09:49 AM  
Report Date : 24-08-2024 09:51 AM | BIO7454  
Reporting Date : 24-08-2024 04:42 PM  
Reporting Status : Finalized  
Acceptance Date : 24-08-2024 09:52 AM | TAT: 06:50 [HH:MM]

**BIOCHEMISTRY**

Investigations	Result	Biological Reference Range
URIC ACID	6.7 mg/dL	M 3.5 - 7.2 mg/dL
BUN	10.97 mg/dL	5 - 20 mg/dL
CREATININE	0.93 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATININE RATIO	11.7	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)	23.0 U/L	M 11 - 60 U/L

END OF REPORT.

DR. QUTBUDDIN CHAHWALA  
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only,not for medico legal purpose.

both and

normal

variation is

normal.

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**nt Name :** MR. RAKESH RAGHUWANSHI [MRN-2408013861]  
**/ Gender :** 41 Yr / M  
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PRADESH  
VONE HOSPITAL  
**. Doctor:** WALKIN,24-25-8744  
**in. ID:**



**IMMUNOLOGY**  
**Reporting Date :** 24-08-2024 04:39 PM  
**Reporting Status :** Finalized

**uest Date :** 24-08-2024 09:49 AM  
**lection Date :** 24-08-2024 09:51 AM | PATH5214  
**ceptance Date :** 24-08-2024 09:52 AM | TAT: 06:47  
[HH:MM]

Investigations	Result	Biological Reference Range
PSA	1.02 ng / ml	0 - 4 ng / ml (Age 0 Y - 100 Y)

**Interpretation: INTERPRETATIONS:**  
Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary

per year.  
Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.  
Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer, PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology.  
Values >0.2 ng/ml are considered evidence of biochemical recurrence of cancer in men after prostatectomy

*Dr. Qutbuddin*  
**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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[HH:MM]

Vestigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	0.79 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	8.06 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	4.67 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroidstimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations. Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (mIU/L/ml)  
First trimester 0.24 - 2.00  
Second trimester 0.43-2.2

END OF REPORT.

DR. QUTBUDDIN CHAHWALA  
M.D. PATHOLOGIST

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**IMMUNOLOGY**

**Reporting Date :** 24-08-2024 07:11 PM  
**Reporting Status :** Finalized

**Test Date :** 24-08-2024 09:49 AM  
**Collection Date :** 24-08-2024 09:51 AM | PATH5214  
**Acceptance Date :** 24-08-2024 09:52 AM | TAT: 09:19  
[HH:MM]

Investigations	Result	Biological Reference Range
<b>VITAMIN B12</b>	514.49 pg / ml	120 - 914 pg / ml

**Interpretation :** Vitamin B12, a member of the cobalamin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

**Clinical Significance :** Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

**Decreased/lt:** Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

**Increased/ht:** Renal failure, liver disease and myeloproliferative diseases.  
Variations due to age increases: with age.  
Temporarily increased after Drug.  
Falsely high in Deferoxated sample.

END OF REPORT.

*Dr. Qutbuddin*  
**DR. QUTBUDDIN CHAHWALA**  
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Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microlU/ml)

First trimester 0.24 - 2.00  
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END OF REPORT.

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Decreased in: Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in: Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.  
Temporarily Increased after Drug.  
Falsely high in Deteriorated sample.

END OF REPORT.

  
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est Date : 24-08-2024 09:49 AM  
action Date : 24-08-2024 09:51 AM | ST-2729  
eptance Date : 24-08-2024 09:52 AM | TAT: 09:20  
[HH:MM]

Reporting Date : 24-08-2024 07:12 PM  
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
TAMIN D3	23.51 ng / ml	Deficiency : <20 Insufficiency : 20-30 Sufficiency : 30-100

erpretation: Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin  
in  
dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources.Both  
tolecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best  
indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is  
recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline  
phosphatase. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months  
if treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant  
seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic  
factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium  
or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically,  
repeat with fresh sample if indicated.

END OF REPORT.

DR. QUTBUDDIN CHAHWALA  
M.D. PATHOLOGIST

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**q. Doctor:** PRADESH  
**gn. ID:** VONE HOSPITAL  
WALKIN.24-25-8744



**CLINICAL PATHOLOGY**

**request Date :** 24-08-2024 09:49 AM  
**ollection Date :** 24-08-2024 11:17 AM | CP-2684  
**ceptance Date :** 24-08-2024 11:17 AM | TAT: 03:02  
[HH:MM]

**Reporting Date :** 24-08-2024 02:19 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.020	1.001 - 1.035
<b>CHEMICAL EXAMINATION</b>		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
<b>MICROSCOPY EXAMINATION</b>		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	1-2 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

*Qutbuddin*  
**DR. QUTBUDDIN CHAHWALA**  
M.D.PATHOLOGIST

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Restoring Quality of Life

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Age / Gender : 41 Yr / M

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Report Status : Finalized

### X-RAY CHEST AP

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

END OF REPORT

Dr. RADIOLOGIST



**Patient Name: MR. RAKESH RAGHUWANSHI / MRN-240801386**  
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### USG - WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

### IMPRESSION :-

**No significant abnormality detected.**

  
**DR. RAVINDRA SINGH**  
Consultant Radiologist





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**2D- & COLOR DOPPLER ECHO**

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	24mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	20mm	15-26 mm
Left atrial dimensions (LAs diam)	34mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	36mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	20mm	18-42 mm
Interventricular ED septal thickness (IVSd)	11mm	6-11 mm
LVPW (D) (LVPWD)	11mm	6-11 mm
LVEF	65%	55-70%

**Regional wall motion abnormalities** : No.

**IVS motion** : Normal

**CHAMBERS SIZE & SHAPE :-**

Left Ventricle : Normal.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

**PERICARDIUM** : Normal.

**IVC** : Normal.



24.08.2024 10:10:41 AM  
V-one Hospital  
AB Road Geeta Bhawan  
Indore

69 bpm  
- / - mmHg

QRS : 98 ms  
QT / QTcBaz : 424 / 454 ms  
PR : 144 ms  
P : 108 ms  
RR / PP : 866 / 869 ms  
P / QRS / T : 69 / 82 / 56 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

