



CLINICAL DIAGNOSTIC CENTRE COMPLETE PATHOLOGICAL SOLUTION

Name

: Mr. AKASH CHAUDHARY

Collected On

: 26/10/2024 11:38 am

Lab ID.

: 211833

Received On

. 26/10/2024 11:48 am

Age/Sex

Reported On

: 26/10/2024 6:59 pm

: 37Years / Male

Report Status

Ref By

: JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

: FINAL

Consulting Dr. : DR. MAYUR JAIN

	*LIP	ID PROFILE	
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TEST NAME  TOTAL CHOLESTEROL  (CHOLESTEROL  OXIDASE,ESTERASE,PEROXIDA  SE)	141.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	46.1	mg/dL	High blood cholesterol: - >239 mg/dl. Major risk factor for heart :<30 mg/dl. Negative risk factor for heart
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	116.0	mg/dL	disease: >=80 mg/dl. Desirable level: <161 mg/dl. High:>= 161 - 199 mg/dl. Borderline High: 200 - 499 mg/dl. Very high:>499mg/dl.
VLDL CHOLESTEROL	23	mg/dL	UPTO 40
(CALCULATED VALUE) S.LDL CHOLESTEROL (CALCULATED VALUE)	72	mg/dL	Optimal:<100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl High: 160 - 189mg/dl.
LDL CHOL/HDL RATIO	1.56		Very high :>= 190 mg/dl. UPTO 3.5
(CALCULATED VALUE) CHOL/HDL CHOL RATIO (CALCULATED VALUE)	3.06		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

-- END OF REPORT --

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) Consultant Histocytopathologist Regd.No.: 3401/09/2007

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Consulting Dr. ; DR. MAYUR JAIN

COMPLETE BLOOD COUNT					
TEST NAME	RESULTS	UNIT	REFERENCE RANGE		
HEMOGLOBIN	13.4	gm/dl	13 - 18		
HEMATOCRIT (PCV)	40.2	%	42 - 52		
RBC COUNT	5.00	x10^6/uL	4.70 - 6.50		
MCV	80	fl	80 - 96		
MCH	26.8	pg	27 - 33		
мснс	33	g/dl	33 - 36		
RDW-CV	13.2	%	11.5 - 14.5		
TOTAL LEUCOCYTE COUNT	8660	/cumm	4000 - 11000		
DIFFERENTIAL COUNT					
NEUTROPHILS	56	%	40 - 80		
LYMPHOCYTES	37	%	20 - 40		
EOSINOPHILS	02	%	0 - 6		
MONOCYTES	05	%	2 - 10		
BASOPHILS	00	96	0 - 1		
PLATELET COUNT	312000	/ cumm	150 to 410		
MPV	11.4	fl	6.5 - 11.5		
PDW	16.2	%	9.0 - 17.0		
PCT	0.360	%	0.200 - 0.500		
RBC MORPHOLOGY	Normocytic Norm	ochromic			
WBC MORPHOLOGY	Normal				
PLATELETS ON SMEAR	Adequate		The state of the second of the second		

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters,

Result relates to sample tested, Kindly correlate with clinical findings.

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			IMMUNO /	ASSAY	
TEST NAME		RESULT	S	UNIT	REFERENCE RANGE
TFT (THYROI	D FUNCTION T	EST )			
SPECIMEN		Serum			
T3		146.0		ng/dl	84.63 - 201.8
T4		7.55		µg/dl	5.13 - 14.06
TSH		1.24		µIU/ml	0.35 - 4.94
DONE ON FUL	LY AUTOMATED	ANALYSER COBAS	e411.	NESS CONTRACTOR	
T3 (Triiodo Th	yronine)	T4 (Thyroxi	ine)		
AGE	RANGE	AGE	RANGES		
1-30 days	100-740	1-14 Days	11.8-22.6		
1-11 months	105-245	1-2 weeks	9.9-16.6		
1-5 years	105-269	1-4 months	7.2-14.4		
6-10 years	94-241	4-12months	7.8-16.5		
11-15 years	82-213	1-5 years	7.3-15.0		
15-20 years	80-210	5-10 years	6.4-13.3		
		11-15 years	5.6-11.7		
TSH(Thyroid s	timulating horme				
AGE	RANGES	and the second			
0-14 Days	1.0-39				

2 weeks -5 months 6 months-20 years

1.7-9.1

Pregnancy

0.7-6.4

1st Trimester

0.1 - 2.5

2nd Trimester

0.20-3.0

3rd Trimester

0.30-3.0

## INTERPRETATION:

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and trilodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a ... classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

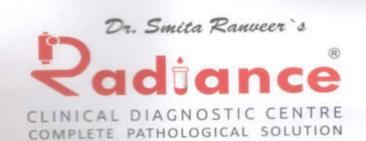
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Sylmin DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum)

Consultant Histocytopathologist Regd.No.: 3401/09/2007

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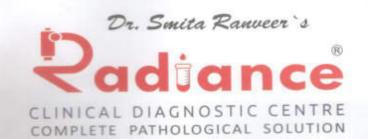
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: FINAL

Consulting Dr. : DR. MAYUR JAIN

HA				

REFERENCE RANGE UNIT TEST NAME RESULTS

**BLOOD GROUP** 

SPECIMEN

WHOLE BLOOD EDTA & SERUM

\* ABO GROUP

101

RH FACTOR

POSITIVE

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

END OF REPORT

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*RENAL FUNCTION TEST						
TEST NAME	RESULTS	UNIT	REFERENCE RANGE			
BLOOD UREA	26.0	mg/dL	19 - 45			
(Urease UV GLDH Kinetic)						
BLOOD UREA NITROGEN	12.15	mg/dL	5 - 20			
(Calculated)						
S. CREATININE	0.94	mg/dL	0.6 - 1.4			
(Enzymatic)						
S. URIC ACID	6.7	mg/dL	3.5 - 7.2			
(Uricase)						
S. SODIUM	137.9	mEq/L	137 - 145			
(ISE Direct Method)						
S. POTASSIUM	4.19	mEq/L	3.5 - 5.1			
(ISE Direct Method)						
S. CHLORIDE	99.2	mEq/L	98 - 110			
(ISE Direct Method)						
S. PHOSPHORUS	3.49	mg/dL	2.5 - 4.5			
(Ammonium Molybdate)						
S. CALCIUM	9.1	mg/dL	8.6 - 10.2			
(Arsenazo III)						
PROTEIN	6.84	g/di	6.4 - 8.3			
(Biuret)						
S. ALBUMIN	4.29	g/dl	3.2 - 4.6			
(BGC)						
S.GLOBULIN .	2.55	g/dl	1.9 - 3.5			
(Calculated)						
A/G RATIO	1.68		0 - 2			
calculated						
BIOCHEMISTRY TEST DONE ON	FULLY AUTOMATED ( EM 2	200) ANALYZER.				

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED ( EM 200) ANALYZER. Result relates to sample tested, Kindly correlate with clinical findings.

- END OF REPORT -

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# Dr. Smita Ranveer's



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Report Status

1.90 - 3.50

: FINAL

Consulting Dr. : DR. MAYUR JAIN

(Method-BCG)

S. GLOBULIN

Calculated A/G RATIO

Calculated

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL BILLIRUBIN	0.55	mg/dL	0.1 - 1.2	
(Method-Diazo)				
DIRECT BILLIRUBIN	0.29	mg/dL	0.0 - 0.4	
(Method-Diazo)				
INDIRECT BILLIRUBIN	0.26	mg/dL	0 - 0.8	
Calculated				
SGOT(AST)	21.9	U/L	0 - 37	
(UV without PSP)				
SGPT(ALT)	15.2	U/L	UP to 40	
UV Kinetic Without PLP (P-L-P)				
ALKALINE PHOSPHATASE	72.0	U/L	53 - 128	
(Method-ALP-AMP)				
S. PROTIEN	6.84	g/dl	6.4 - 8.3	
(Method-Bluret)				
S. ALBUMIN	4.29	g/dl	3.5 - 5.2	

LIVER FUNCTION TEST

Result relates to sample tested, Kindly correlate with clinical findings.

2.55

1.68

----- END OF REPORT --

g/dl

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TEST NAME

ESR ESR : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

RESULTS

17

Report Status

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Consulting Dr. : DR. MAYUR JAIN

HAEN	MATOLOGY		
	UNIT	REFERENCE RANGE	
	mm/1hr.	0 - 20	

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

--- END OF REPORT -

Checked By SHAISTA C

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Consulting Dr. : DR. MAYUR JAIN

	BIO	CHEMISTRY	
	RESULTS	UNIT	REFERENCE RANGE
TEST NAME			
GLYCOCELATED HEMOGLOBIN (HE HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.1	%	Hb A1c > 8 Action suggested < 7 Goal
AVERAGE BLOOD GLUCOSE (A. B. G. )	128.4	mg/dL	< 6 Non - diabetic level NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5
	particle Enhance	d Immunoturbidimetry	y

Particle Enhanced Immunoturbidimetry

HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c ; Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

## **BLOOD GLUCOSE FASTING & PP**

BLOOD GLUCOSE FASTING & P	E	mg/dL	70 - 110
BLOOD GLUCOSE FASTING	93.3	mg/ac	1000
URINE GLUCOSE FASTING	Absent		
URINE KETONE FASTING	Absent		70 140
BLOOD GLUCOSE PP	94.0	mg/dL	70 - 140
URINE GLUCOSE PP	Absent		
URINE KETONE PP	Absent		
OKTIVE KETOMETT	WALLTOMATED ANALY	SER (EM200).	

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

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## BIOCHEMISTRY

TEST NAME

RESULTS

UNIT

REFERENCE RANGE

## INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl

- Impaired Fasting glucose (IFG): 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

## POSTPRANDIAL/POST GLUCOSE (75 grams)

Normal glucose tolerance : 70-139 mg/dl

- Impaired glucose tolerance : 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

## CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >= 126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

Result relates to sample tested, Kindly correlate with clinical findings.

--- END OF REPORT --

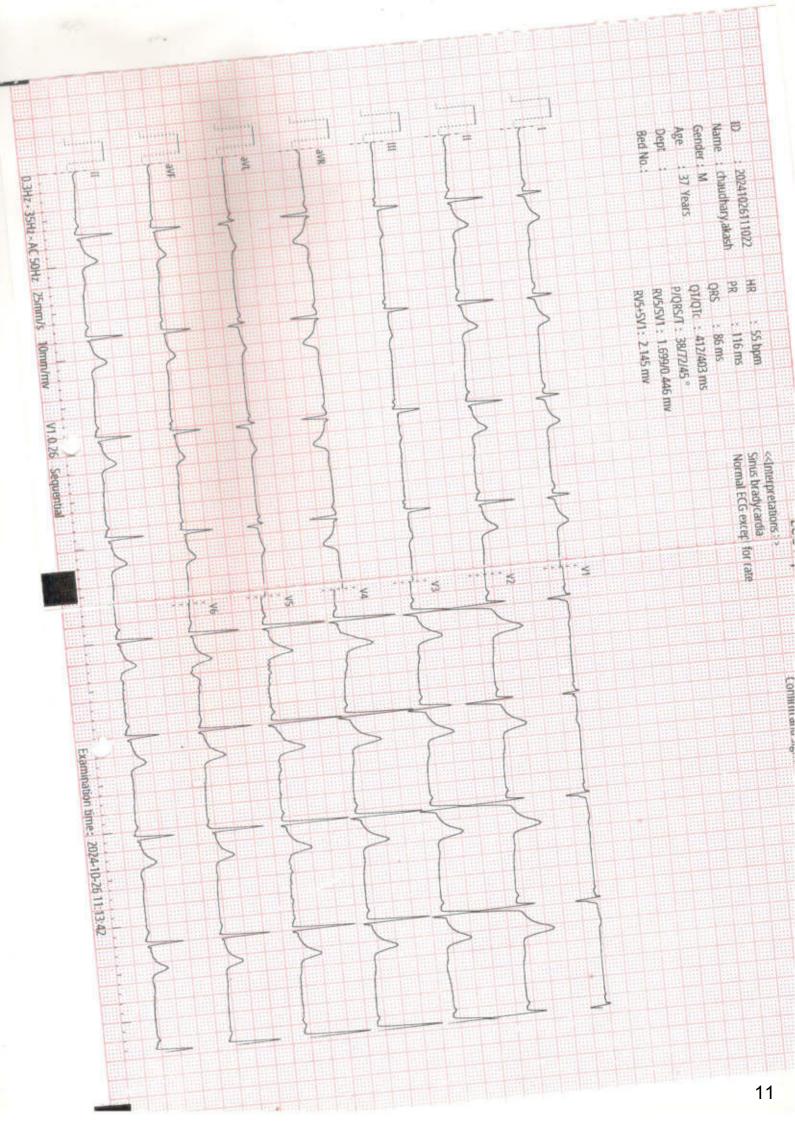
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# JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

Name: AKASH CHOUDHURY

Date: 26-10-2024 Time: 14:32

Gender: M

Height: 170 cms Weight: 76 Kg

ID: AKASH

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 183

Target HR: 155 (85% of Pr. MHR)

Exercise Time:

Max BP:

0:10:45 140/80 Achieved Max HR: 164 (90% of Pr. MHR)

Max BP x HR:

22960

Max Mets: 12.1

Test Termination Criteria:

# Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope
Standing	00:07	1	0	0	57	100/6	5700	-2.8 V2	-0.211
HyperVentilation	00:21	1	0	0.	66	100/6	6600	-3.2 V2	-0.1 1
PreTest	01:18	1	1.6	0	78	100/60	7800	-2.4 II	0,3 V5
Stage: 1	03:00	4.7	2.7	10	96	110/60	9900	1.4 II	0.3-1
Stage: 2	03:00	7	4	12	121	120/70	14520	111	0.4 V3
Stage: 3	03:00	10.1	5.5	14	133	130/70	17290	2 V5	0.7-V4
Peak Exercise	01:45	121	6.8	16	164	140/80	22960	2.8 11	3.2 V3
Recovery1	01:00	1	0	0	130	140/80	18200	1.7 V3	1.4 V3
Recovery2	01:00	1	0	0	105	140/80	14700	2911	1.111
Recovery3	00:06	1	0	0	105	140/80	14700	2.3 11	0.941

# Interpretation

GOOD EFFORT TOLERANCE

NO ARRYTHMIA

NO ANGINA OR DYSPNOEA

NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE / RECOVERY

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA @ 12.1 METS

Ref. Doctor: SELF

The Art of Diagnostics

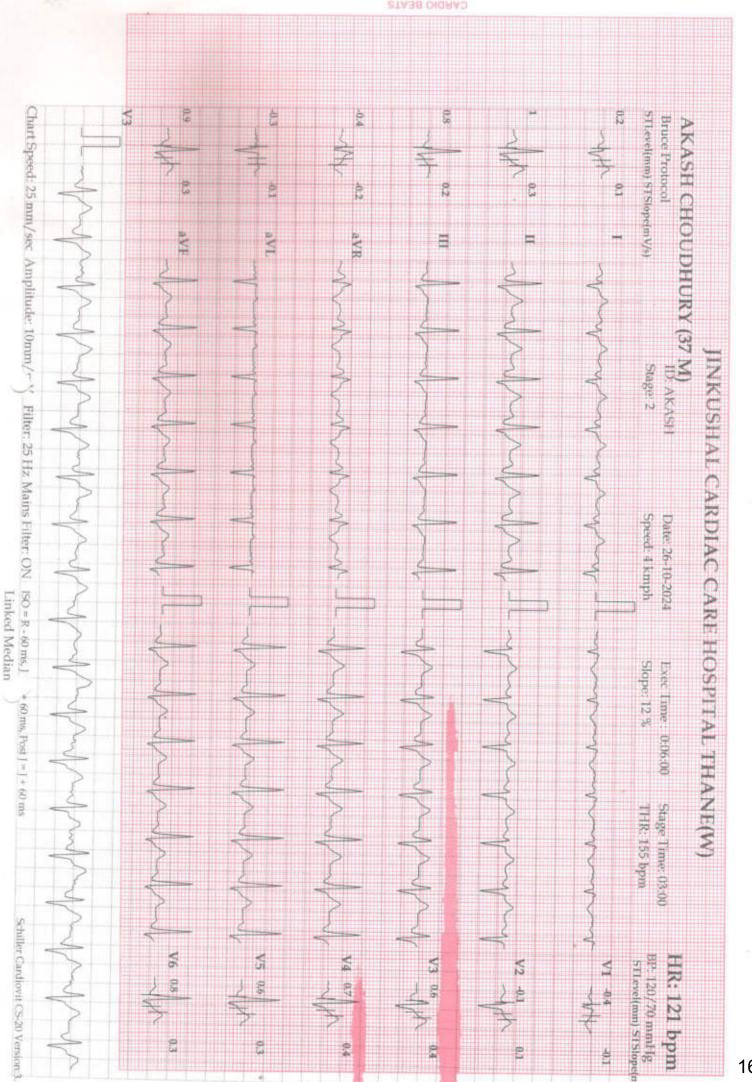
Doctor: DR MAYUR JAIN

(Summary Report edited by User) Cardiovit CS-20 Version: 3.4

# STLevel(mm) STSlope(mV/s) Bruce Protocol AKASH CHOUDHURY (37 M) Chart Speed: 25 mm/sec: Amplitude: 10mm/r | Filter: 25 Hz Mains Filter: ON 150 = R - 60 ms. J | 60 ms. Post J = J + 60 ms JINKUSHAL CARDIAC CARE HOSPITAL THANE(W) Stage: Standing Speed: 0 km/h Date: 26-10-2024 Linked Median Exec Time: 0:00:00 Stage Time: 00:07 THR: 155 bpm Schiller Cardiovit CS-20 Version-3. BP: 100/6gnmHg SILevel(mm) STStope(mV/: HR: 57 bpm VI 0.4

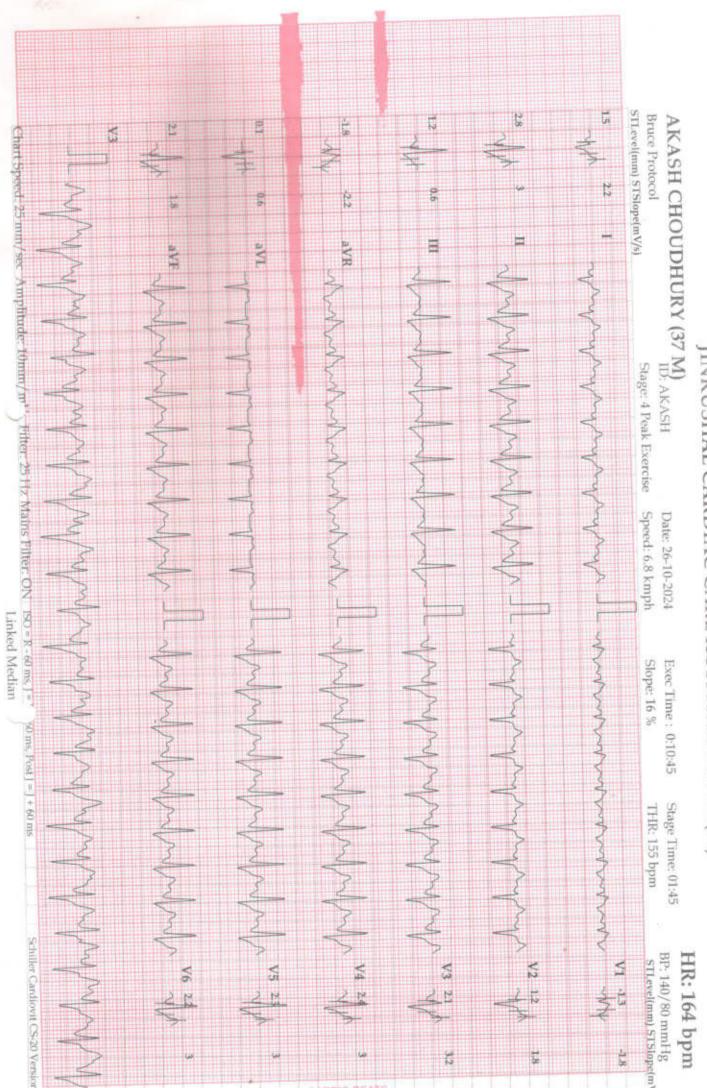
# SILevel(mm) SISlope(mV/s) Chart Speed: 25 mm/sec Amplitude: 10mm/r Bruce Protocol AKASH CHOUDHURY (37 M) JINKUSHAL CARDIAC CARE HOSPITAL THANE(W) Stage: HyperVentilation Speed: 0 km/h Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J+ Date: 26-10-2024 Linked Median Slope: 0% Exec Time: 0:00:00 1 60 ms, Post J = J + 60 ms Stage Time: 00:21 THR: 155 bpm Schiller Cardiovit CS-20 Version:3. BP: 100/6 mmHg SILevel(mm) SISlope(mV, HR: 66 bpm V1 0.6

# STLevel(mm) STSlope(mV/s) Chart Speed: 25 mm/sec: Amplitude: 10mm/r Bruce Protocol AKASH CHOUDHURY (37 M) ID: AKASH JINKUSHAL CARDIAC CARE HOSPITAL THANE(W) Stage: 1 Filter: 25 Hz Mains Filter: ON 150 = R - 60 ms, J = Speed: 2.7 kmph Date: 26-10-2024 Linked Median Slope: 10 % Exec Time: 0:03:00 60 ms, Post ] = J + 60 ms Stage Time: 03:00 THR: 155 bpm Schiller Cardiovit CS-20 Version:3 BP: 110/60 mmHg STLevel(mm) STSlope(mV/ HR: 90 bpm



# " WE WANT ON THE CONTRACT OF T We as a short of the south of t STLevel(mm) STSlope(mV/s) Bruce Protoco AKASH CHOUDHURY (37 M) Chart Speed: 25 mm/sec. Amplitude: 10mm/m\* | Filter: 25 Hz Mains Filter: ON ISO - R - 60 ms, J = 60 ms, Post J - J + 60 ms In the the testing the the testing testing the testing testing the testing testing to the testing testing testing to the testing testi We as affected that I will that the way " AND TO THE IN STANDARD TO SOME THE SAME OF THE SAME - Andry Andry Andry An THE SAME OF THE SA JINKUSHAL CARDIAC CARE HOSPITAL THANE(W) Speed: 5.5 kmph Date: 26-10-2024 Linked Median Exec Time: 0:09:00 Stage Time: 03:00 THR: 155 bpm Schiller Cardiovit CS-20 Version 3 BP: 130/70 mmHg HR: 133 bpm STLevel(mm) STSlope(mV/

# JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

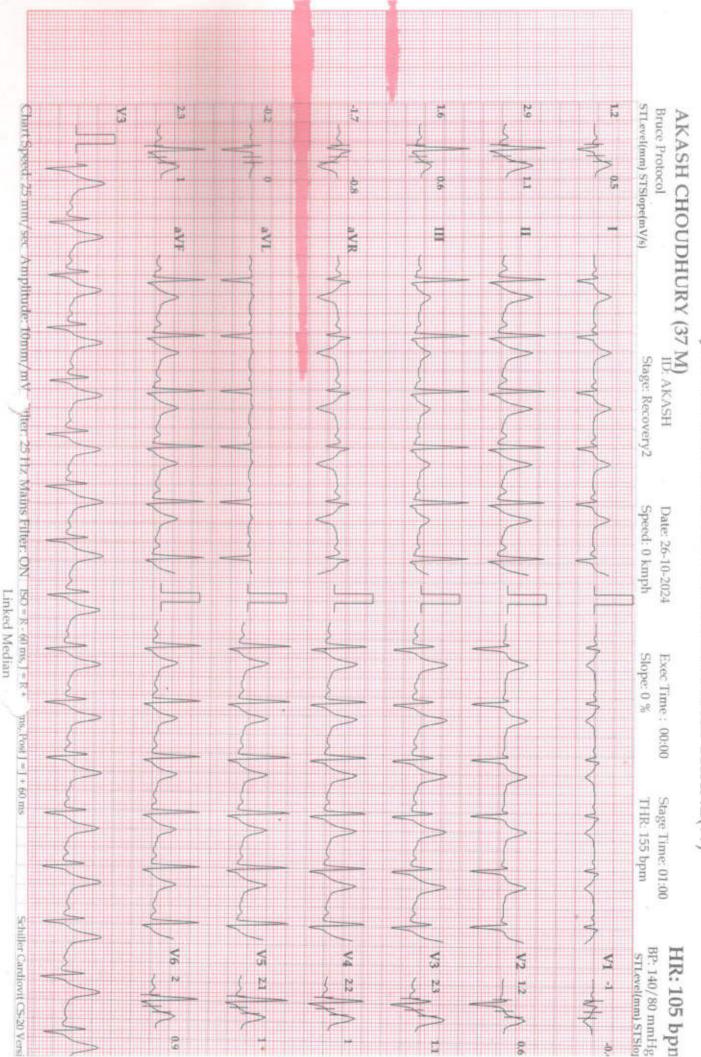


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# [INKUSHAL CARDIAC CARE HOSPITAL THANE(W)

# " The ex the forther the Total of the so " Wit as strated that I The I will all the same of the " WE IN VINDAMINATION IN THE TOWN AND AND IN THE TOWN THE THE TOWN STLevel(mm) STSlope(mV/s) hart Speed: 25 mm/sec Amplitude: 10mm/mV filter: 25 Hz Mains Filter: ON 150 = R - 60 ms, J = R A MANAMAN MANAMAN MANAMAN MANAMAN MANAMAN TE Bruce Protoco AKASH CHOUDHURY (37 M) " The is In the second of the the the the the tenth of the in the INKUSHAL CARDIAC CARE HOSPITAL THANE(W) Stage: Recovery? Speed: 0 kmpl Linked Median Slope: 0 % Exec Time: 00:00 \ms, Post ] = ] + 60 ms Stage Time: 01:00 THR: 155 bpm BP: 140/80 mmHg HR: 130 bpm STLevel(mm) STSlope(m)

# JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)



NAME : MR. AKASH CHOUDHARY	AGE: 37YRS/MALE
REF BY: C/O JINKUSHAL HOSPITAL	DATE: 17.10.2024

## **FULL ABDOMEN USG**

**LIVER: Normal in (14.4 cm) and shows bright echotexture.** No focal lesion is seen. Hepatic vasculature appears normal. No evidence of IHBR dilatation seen.

**PORTAL VEIN / SPLENIC VEIN / CBD:** are normal in caliber.

**GALL BLADDER:** Is well distended. No calculi/wall thickening / sludge.

**SPLEEN:** Is normal in size, shape, position and shows normal homogeneous echotexture. No focal lesion seen.

**PANCREAS:** visualised head is normal in size and echotexture. Rest is obscured by bowel gas.

**KIDNEYS: Right kidney: 10.2 x 3.7 cm Left kidney: 10.4 x 4.5 cm** Both kidneys are normal in size, shape, position, and echotexture. No focal lesion is seen. Both kidneys show normal cortico-medullary differentiation. No evidence of calculus or hydronephrosis is seen.

**URINARY BLADDER:** Is well distended and appears normal. No SOL/wall thickening.

**PROSTATE:** Is normal in size and echotexture. No focal lesion is seen. No e/o median lobe hypertrophy.

**PERITONEAL CAVITY:** No ascites or enlarged lymph nodes. **Bowel gas++** 

## **OPINION**:

• GRADE I FATTY LIVER.

Deary

DR. DEVENDRA PATIL (M.D.Radiology)
CONSULTANT RADIOLOGIST

Please co-relate the findings with clinical examination, history & blood investigations.

# **SEFRA DIGITAL X-RAY**

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W)
Mob.: 7678031047 / 9833520607 | Time: 9 am. to 9 pm. | SUNDAY ON CALL)

# PORTABLE X-RAY AVAILABLE

PATIENT NAME : MR. AKASH CHOUDHARY	AGE / SEX 37 YRS / M
REF BY DR: JINKUSHAL HOSPITAL	DATE: 26/10/2024

# X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Draw

Dr. Devendra Patil MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.

MEDIC	AL EXAMINATION RE	PORT
Name Mr./Mrs./ Miss	Axeesh Cherelhery	
Sex	Male/ Female	
Age (yrs.) 57	UHID:	
Date	26/10/2024.	Bill No. :
Marital Status	Married/ No. of Children / Unmarried/ Widow :	
Present Complaints	no any new do.	
Past Medical: History Surgical:	No any surgices ill nero.	
Personal History	Diet: Veg □ / Mixed □.  Addiction: Smoking □ / Tobacco Chewing □ / Alcohol □/  Any Other № 0.	
Family History Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other  Mother = HT / DM / IHD / Stroke / Any Other - Aculai a Co  Siblings = HT / DM / IHD / Stroke / Any Other	
History of Allergies	Drug Allergy sound day allegy to supply	
History of Medication	For HT / DM / IHD / Hypothyroidism  Any Other No cy mediculium	
On Examination (O/E)	G.E.: Feure  R.S.: Viere.  C.V.S.: Six O  C.N.S.: Consider desired  P/A: Set  Any Other Positive Findings:	

eight 170 cms	Weight 75-9 Kgs	
Pulse (per min.) 55 min	Blood Pressure ( mm of Hg)   60 ,mm of Hg	
uise (per min.)	Gynaecology	
Examined by	Dr.	
Complaint & Duration		
Other symptoms (Mict, bowels etc)		
Menstrual History	MenarcheCycleLoss	
	Pain I.M.B P.C.B	
	L.M.P. Vaginal Discharge	
	had 1 to 1 to 1	
	Cx. Smear Contraception	
Obstetric History		
Examination:		
Breast		
Abdomen		
P.S.		
P.V		
Gynaecology Impression & Recommendation		
Recommendation	tav. roccho. 5MT.	
Physician Impression	Genecely your he is fit of he can februe his no dutie	
Examined by:	- Overweight = To Reduce Weight - Underweight = To Increase Weight	

No. 16 Parwati