

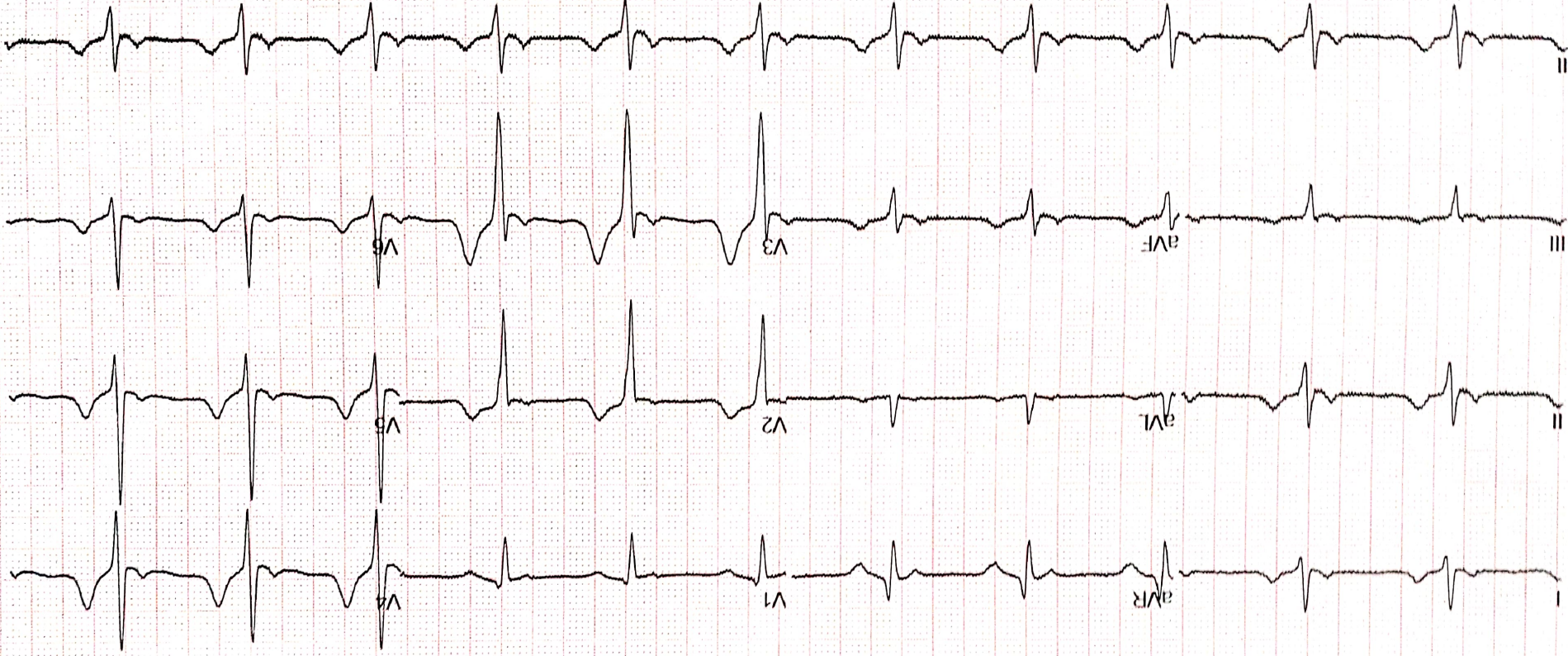
07.08.2024 10:43:47 AM

V-one Hospital
A8 Road Geeta Bhawan
Indore

70 bpm
-- / -- mmHg

Normal sinus rhythm
 Incomplete right bundle branch block
 Borderline ECG

QRS:	102 ms	QT/QTcBaz:	370 / 399 ms
PR:	170 ms	P:	120 ms
RR/PP:	856 / 857 ms	P / QRS / T:	34 / -20 / 50 degrees





Patient Name: MR. SANDEEP
MRN-240800393
Age / Gender : 31 Yr / M
Doctor: V ONE HOSPITAL
Regn. Number: WALKIN.24-25-7757

USG - WHOLE ABDOMEN

Liver is normal in size (13 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is post operative.

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: 10.3cm

Lt. Kidney Length: 9.9 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



Patient Name : MR. SANDEEP [MRN-240800393]
Age / Gender : 31 Yr / M
Address : Bujjyanau, Sikar, RAJASTHAN
Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-7757



BIOCHEMISTRY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | BIO6874
Acceptance Date : 07-08-2024 10:32 AM | **TAT:** 06:28 [HH:MM]

Reporting Date : 07-08-2024 05:00 PM

Reporting Status : Finalized

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	96.4 mg/dL	70 - 110 mg/dL
PPBS	98.4 mg/dL *	100 - 140 mg/dL

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

Result relate to the sample as received.

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BIOCHEMISTRY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | BIO6874
Acceptance Date : 07-08-2024 10:32 AM | TAT: 06:13
[HH:MM]

Reporting Date : 07-08-2024 04:45 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
BUN		
BUN	12.27 mg/dL	5 - 20 mg/dL
CREATININE		
CREATININE	0.90 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	13.63	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)	14.8 U/L	M 11 - 60 U/L
AST/ ALT RATIO	1.13 *	< 1

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2/1, Residency Area, AB Road, Geeta Bhavan Square,
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A unit of Mediheal Healthcare Private Limited



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Regn. ID: WALKIN.24-25-7757

IMMUNOLOGY

Reporting Date : 07-08-2024 04:44 PM

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | PATH5072
Acceptance Date : 07-08-2024 10:32 AM | TAT: 06:12
[HH:MM]

Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.80 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	5.86 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	1.72 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid stimulating 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, hyperthyroidism 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 (microIU/ml)
First trimester 0.24 - 2.00
Second trimester 0.43-2.2

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vone
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Restoring Quality of Life

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BIOCHEMISTRY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | BIO6874

Reporting Date : 07-08-2024 03:08 PM
Reporting Status : Revised And Finalized

Acceptance Date : 07-08-2024 10:32 AM | **TAT:** 04:36 [HH:MM]

Investigations	Result	Biological Reference Range
LFT		
SGOT	14.2 U/L	0 - 40 U/L
SGPT	12.5 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.83 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.33 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.50 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.38 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.93 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.45 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.43	1.1 - 1.5
ALKALINE PHOSPHATASE	83.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	13.1 sec	13 - 15 sec
CONTROL	12.8 sec	
INR	1.03	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	0.88	< 1.5
AST / ALT RATIO	1.13 *	< 1
URIC ACID	4.7 mg/dL	M 3.5 - 7.2 mg/dL

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BIOCHEMISTRY

Reporting Date : 07-08-2024 03:05 PM

Reporting Status : Finalized

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | BIO6874
Acceptance Date : 07-08-2024 10:32 AM | TAT: 04:33
[HH:MM]

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	224 mg/dL *	0 - 200 mg/dL
Tryglyceride	117.1 mg/dL *	150 - 200 mg/dL
HDL Cholesterol	44.5 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	23.42 mg/dL	5 - 40 mg/dL
LDL	156.0 mg/dL *	0 - 130 mg/dL
Total Cholesterol /HDL	5.03 *	0 - 5
LDL/HDL	3.51	0.3 - 5

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CLINICAL PATHOLOGY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | CP-2481
Acceptance Date : 07-08-2024 10:32 AM | **TAT:** 04:32 [HH:MM]

Reporting Date : 07-08-2024 03:04 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	20 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
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.

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HAEMATOLOGY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | H-5727
Acceptance Date : 07-08-2024 10:32 AM | TAT: 04:32
[HH:MM]

Reporting Date : 07-08-2024 03:04 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	A	
RH FACTOR	Positive	
HBA1C		
Glyco Hb (HbA1C)	4.5 %	4 - 6 %
Estimated Average Glucose	82.45 mg/dL	mg/dL
Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2.Low glyated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.		
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %		

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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HAEMATOLOGY

Request Date : 07-08-2024 10:24 AM
Collection Date : 07-08-2024 10:31 AM | H-5727
Acceptance Date : 07-08-2024 10:32 AM | TAT: 04:31 [HH:MM]
Reporting Date : 07-08-2024 03:03 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	16.4 gm%	M 14 - 18 gm% (Age 1 - 100)
RBC Count	5.36 mill./cu.mm *	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	47.0 %	M 40 - 54 % (Age 1 - 100)
MCV	87.6 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	30.7 pg	27 - 32 pg (Age 1 - 100)
MCHC	35.0 % *	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	233 10 ³ /uL	150 - 450 10 ³ /uL (Age 1 - 100)
Total Leukocyte Count (TLC)	5.67 10 ³ /uL	4.5 - 11 10 ³ /uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	60 %	40 - 70 % (Age 1 - 100)
Lymphocytes	36 %	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	08 mm/hr	M 0 - 12 mm/hr

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