



\* 2 1 3 9 7 8 \*

Name : Mr. VANSH YENGUPATLA

Collected On : 16/11/2024 11:42 am

Lab ID. : 213978

Received On : 16/11/2024 11:52 am

Age/Sex : 22Years / Male

Reported On : 16/11/2024 5:35 pm

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

Report Status : FINAL

Consulting Dr. : DR. MAYUR JAIN

**\*LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	140.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	<b>34.1</b>	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	110.4	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	22	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	84	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	2.46		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	4.11		<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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**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	14.5	gm/dl	13 - 18
HEMATOCRIT (PCV)	43.5	%	42 - 52
RBC COUNT	<b>4.51</b>	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	96	fl	80 - 96
MCH	32.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.5	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	5170	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	49	%	40 - 80
LYMPHOCYTES	36	%	20 - 40
EOSINOPHILS	<b>07</b>	%	0 - 6
MONOCYTES	08	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	304000	/cumm	150 to 410
MPV	10.9	fl	6.5 - 11.5
PDW	16.7	%	9.0 - 17.0
PCT	0.330	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

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.**

----- END OF REPORT -----

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	20ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly hazy		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	2-3	/ HPF	0 - 5
CASTS	Absent		
CRYSTALS	Absent		

Checked By  
 Rajashri\_Dumbre

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		

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

----- END OF REPORT -----

Checked By  
Rajashri\_Dumbre

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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>TFT (THYROID FUNCTION TEST )</u></b>			
SPECIMEN	Serum		
T3	151.0	ng/dl	84.63 - 201.8
T4	9.06	µg/dl	5.13 - 14.06
TSH	1.34	µIU/ml	0.35 - 4.94
DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3			
T3 (Triiodo Thyronine)		T4 (Thyroxine)	
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 stimulating hormone)			
AGE	RANGES		
0-14 Days	1.0-39		
2 weeks -5 months	1.7-9.1		
6 months-20 years	0.7-6.4		
Pregnancy			
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 triiodothyronine (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.

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

----- END OF REPORT -----

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SHAISTA Q

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### HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD GROUP</b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'A'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>			
----- END OF REPORT -----			

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**\* BIOCHEMISTRY**

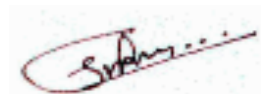
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>CREATININE, SERUM</u></b>			
* <b>SERUM CREATININE</b>	0.87	mg/dL	0.7 - 1.3
METHOD	Enzymatic Colourimetric Method		

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

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

----- END OF REPORT -----

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	05	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	98.4	mg/dL	70 - 110
BLOOD GLUCOSE PP	85.5	mg/dL	70 - 140

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

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

**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms + Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  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.

**GLYCOCELATED HEMOGLOBIN (HBA1C)**

<b>HBA1C (GLYCOSALATED HAEMOGLOBIN)</b>	5.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	105.0	mg/dL	NON - DIABETIC : $\leq 5.6$ PRE - DIABETIC : 5.7 - 6.4 DIABETIC : $> 6.5$
METHOD	Particle Enhanced Immunospectrometry		

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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.			
<b><u>BLOOD UREA NITROGEN, SERUM</u></b>			
* BLOOD UREA NITROGEN	7.71	mg/dL	7 - 18
<b><u>TOTAL PROTEIN</u></b>			
S. TOTAL PROTIEN	6.90	g/dl	6.4 - 8.3
S. ALBUMIN	4.30	g/dl	3.2 - 5.0
S. GLOBULIN	2.60	g/dl	1.9 - 3.5
A/G RATIO	1.65		0 - 2
Method: Biuret			
* SERUM URIC ACID	4.1	mg/dL	2.6 - 7.2
Method: Uricase -POD			
GAMMA GT	15.8	U/L	13 - 109
<b><u>BILIRUBIN (TOTAL,DIRECT,INDIRECT)</u></b>			
TOTAL BILLIRUBIN	1.88	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.78	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	1.10	mg/dL	0.0 - 1.1
Method(Diazo)			
*S.ALKALINE PHOSPHATASE	55.0	U/L	53 - 128
Method: PNP AMP KINETIC			

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

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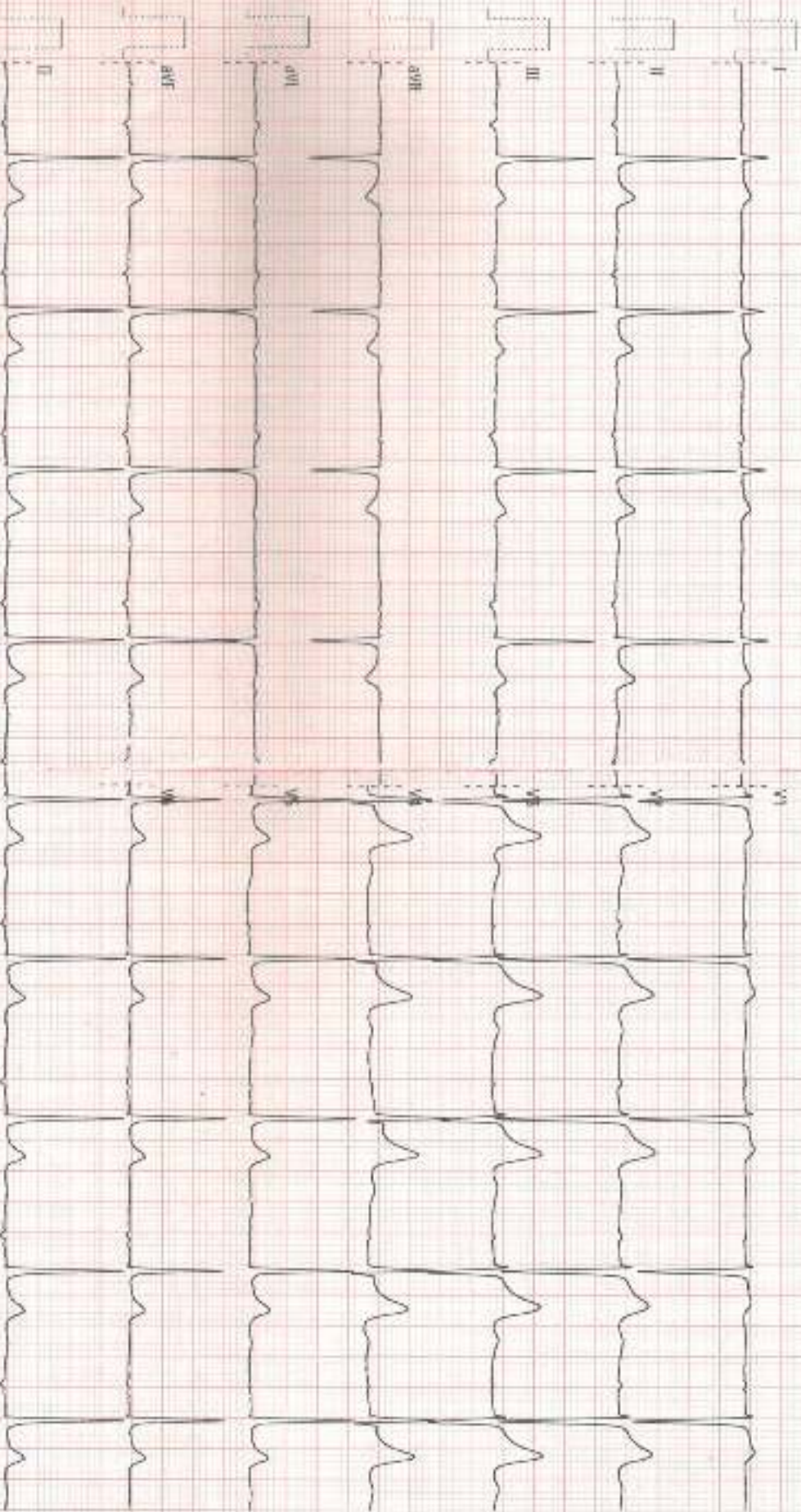
# ECG report

ID : 20241116085942  
Name : yengupatibavansh  
Gender : M  
Age : 22 Years  
Dept :  
Bed No.:

HR : 59 bpm  
PR : 224 ms  
QRS : 98 ms  
QT/QTc : 378/376 ms  
QTc/ST : -76/80/61 °  
RV5/SV1 : 1.65/1.794 mv  
RV5/AV1 : 3.44/7 mv

<<Interpretations >>  
Possible ectopic /trial bradycardia  
Poor R wave progression  
Borderline ECG

Confirm and sign:





## MEDICAL EXAMINATION REPORT

Name Mr./Mrs./Miss	Vansh Bhasker yegupta.		
Sex <u>M</u>	Male/Female		
Age (yrs.) <u>22</u>	UHID:		Bill No.:
Date	<u>16 / 11 / 2024</u>		
Marital Status	Married/ No. of Children / Unmarried/ Widow :		
Present Complaints	No any more do.		
Past Medical History Surgical :	No any medical H/O.		
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> Any Other <u>No</u>		
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other HT / DM / IHD / Stroke / Any Other HT / DM / IHD / Stroke / Any Other	
History of Allergies	Drug Allergy } <u>no</u> Any Other		
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other <u>no</u>		
On Examination (O/E)	G.E.: <u>fair</u> R.S.: <u>clear</u> C.V.S.: <u>3, 5 @</u> C.N.S.: <u>muscles</u> P/A: <u>soft</u> Any Other Positive Findings :		

} Not signed

Height	cms	Weight	46.3 kg	Kgs
BMI	Underweight		17.31	
Pulse (per min.)	72/ min	Blood Pressure ( mm of Hg)	110/70	mm of Hg
Gynaecology				
Examined by	Dr.			
Complaint & Duration				
Other symptoms (Mict, bowels etc)				
Menstrual History	Menarche	Cycle	Loss	
	Pain	I.M.B.	P.C.B.	
	L.M.P.	Vaginal Discharge		
	Gx. Smear	Contraception		
Obstetric History				
Examination :				
	Breast			
	Abdomen			
	P.S.			
	P.V.			
Gynaecology Impression & Recommendation				
Recommendation				
Physician Impression				
He is fit & he can join his medical duties.				
Examined by :				
- Overweight = To Reduce Weight - Underweight = To Increase Weight ✓				

# 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. VANSH YENGUPTA	AGE / SEX 22 YRS / M
REF BY DR: JINKUSHAL HOSPITAL	DATE : 26/11/2024

## 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

**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.