

Patient Name : Mr. SHIVAM KUMAR	Visit No : CHA250033944
Age/Gender : 23 Y/M	Registration ON : 25/Feb/2025 12:12PM
Lab No : 10131240	Sample Collected ON : 25/Feb/2025 12:16PM
Referred By : Dr. SAURABH AGARWAL	Sample Received ON : 25/Feb/2025 12:16PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02:15PM
Doctor Advice : 2D ECHO, ECG, USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, TSH, URIC ACID, PROTEIN, HBA1C (EDTA), RANDOM, BUN, CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	30.09	mg/dL	7-21	calculated

NOTE – Findings checked twice. Please correlate clinically..

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	7.2	mg/dL	2.40 - 5.70	Uricase, Colorimetric

PROTEIN				
PROTEIN Serum	5.00	mg/dl	6.8 - 8.5	



[Checked By]

Print.Date/Time: 25-02-2025 18:30:12

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	600 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	7-8		< 3/hpf	

CHARAK

[Checked By]



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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Referred By : Dr. SAURABH AGARWAL	Sample Received ON : 25/Feb/2025 12:32PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 01:36PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	71.9	mg/dl	70 - 170	Hexokinase

SERUM CREATININE				
CREATININE	2.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

FINDING CHECKED TWICE. PLEASE CORRELATE CLINICALLY

TSH				
TSH	3.90	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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ECG -REPORT

RATE : 77 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



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2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm² (PHT)

Anterior Mitral Leaflet:

(a) **Motion**: Normal (b) **Thickness** : Normal (c) **DE** : 2.1 cm.

(d) **EF** : 150mm/sec (e) **EPSS** : 06 mm (f) **Vegetation** : -

(g) **Calcium** : -

Posterior mitral leaflet : Normal

(a). **Motion** : Normal (b) **Calcium**: - (c) **Vegetation** : -

Valve Score : Mobility	/4	Thickness /4	SVA /4
Calcium	/4	Total /16	

2. **AORTIC VALVE STUDY**

(a) **Aortic root** : 2.8cms (b) **Aortic Opening** : 1.7cms (c) **Closure**: Central

(d) **Calcium** : - (e) **Eccentricity Index** : 1 (f) **Vegetation** : -

(g) **Valve Structure** : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

(a) **EF Slope** : - (b) **A Wave** : + (c) **MSN** : -

(D) **Thickness** : (e) **Others** :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY** 6. **AORTIC MITRAL CONTINUITY**

Left Atrium : 3.2 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0 cm (s) 1.6 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.7 cm

Motion : Normal

LVID (D) 4.4 cm (s) 2.7 cm

Ejection Fraction :70%

Fractional Shortening : 40 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.7 a = 0.5	Normal	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.5	Normal	-	-	-
PULMONARY	1.1	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver is mildly enlarged in size and shows increased echotexture of liver parenchyma.** No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. **Bilateral raised renal parenchymal echogenicity with attenuated cortico-medullary differentiation.** No scarring is seen. Right kidney measures 90 x 34 mm in size. Left kidney measures 96 x 42 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size, measures 29 x 38 x 35 mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 280cc.
- Post void residual urine volume – Nil.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **BILATERAL RAISED RENAL PARENCHYMAL ECHOGENICITY WITH ATTENUATED CORTICO-MEDULLARY DIFFERENTIATION...Adv: RFT correlation.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***

