

Patient Name : Mrs. RAZIA BANO	Visit No : CHA250034771
Age/Gender : 45 Y/F	Registration ON : 26/Feb/2025 12:58PM
Lab No : 10132067	Sample Collected ON : 26/Feb/2025 01:00PM
Referred By : Dr. MOHD RIZWANUL HAQUE	Sample Received ON : 26/Feb/2025 01:13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 01:40PM
Doctor Advice : HBA1C (EDTA), 2D ECHO COLOUR, ECG, TSH, FT4, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	10.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	8.4	%	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)	23.5	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 26-02-2025 18:10:40

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 02:13PM
Doctor Advice : HBA1C (EDTA), 2D ECHO COLOUR, ECG, TSH, FT4, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	7.89	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -2010)

CHARAK

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 01:45PM
Doctor Advice : HBA1C (EDTA), 2D ECHO COLOUR, ECG, TSH, FT4, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.3	%	36 - 45	Pulse height detection
MCV	83.4	fL	80 - 96	calculated
MCH	28.1	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	13570	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	246,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	246000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	8,685	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	4,207	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	407	/cmm	20-500	Calculated
Absolute Monocytes Count	271	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show leucocytosis. Platelets are adequate. No parasite seen.



[Checked By]



Sham

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

TSH	Result	Unit	Bio. Ref. Range	Method
TSH	0.43	uIU/ml	0.47 - 4.52	ECLIA

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(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



Sham

DR. NISHANT SHARMA PATHOLOGIST DR. SHADAB PATHOLOGIST Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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ECG REPORT

* RATE : 78 bpm.

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Increased LV Voltages

* ST-T Changes : ST-T Changes L1,L2,avL ,V4-V6

* QT interval :

* QTc interval : Sec.

Other

OPINION: LEFT VENTRICULAR HYPERTROPHY WITH STRAIN

(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 : 1.5 cm.
 (d) EF : 76 mm/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 : 2.5cms (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 : 2.5 cms Clot : - Others :
 Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.7 cm (s) 1.1 cm

Motion : normal

LVPW (D) 0.8cm (s) 1.4 cm

Motion : Normal

LVID (D) 4.1 cm (s) 2.5cm

Ejection Fraction : 71%

Fractional Shortening : 40 %

Parasternal Long axis view :

TOMOGRAPHIC VIEWS

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

Mitral valve level :

MV - NORMAL

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 = 0.6 a = 0.8	a > e	-	-	-
AORTIC	1.7	Normal	-	-	-
TRICUSPID	0.4	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 = 71 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM



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SKIAGRAM CHEST PA VIEW

- Trachea is shifted towards left side.
- Homogeneous opacity is seen in right para-tracheal region.
- Both lung fields are clear.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

ADV: CECT THORAX

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

*** End Of Report ***

