

Patient Name : Mr. SHAUKAT ALI	Visit No : CHA250035514
Age/Gender : 71 Y/M	Registration ON : 27/Feb/2025 01:59PM
<b>Lab No : 10132810</b>	Sample Collected ON : 27/Feb/2025 02:00PM
Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 27/Feb/2025 02:37PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 03:51PM
Doctor Advice : 2D ECHO, LIPID-PROFILE, T3T4TSH, NA+K+, CREATININE, RANDOM, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	4.09	Ratio		Calculated
LDL / HDL RATIO	1.68	Ratio		Calculated

Desirable / low risk - 0.5  
-3.0  
Low/ Moderate risk - 3.0-  
6.0  
Elevated / High risk - >6.0  
Desirable / low risk - 0.5  
-3.0  
Low/ Moderate risk - 3.0-  
6.0  
Elevated / High risk - > 6.0



**CHARAK**

[Checked By]

Print.Date/Time: 27-02-2025 17:00:29

\*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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*Aditi D Agarwal*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.6	%	36 - 45	Pulse hieght detection
MCV	94.4	fL	80 - 96	calculated
MCH	29.3	pg	27 - 33	Calculated
MCHC	31	g/dL	30 - 36	Calculated
RDW	<b>15.6</b>	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8470	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>22</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>125,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>140000</b>	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,098	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,863	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	85	/cmm	20-500	Calculated
Absolute Monocytes Count	424	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are just adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	105.6	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
<b>SERUM CREATININE</b>				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	189.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>327.80</b>	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	46.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	77.40	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	CO-PAP
VLDL	<b>65.50</b>	mg/dL	10 - 40	Calculated



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	139.63	n mol/l	63 - 177	ECLIA
TSH	1.86	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 mysedema 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 cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

\*\*\* End Of Report \*\*\*



[Checked By]



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

*Signature*

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### 2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm<sup>2</sup> (PHT)

#### Anterior Mitral Leaflet:

- (a) **Motion**: Normal                      (b) **Thickness** : Normal                      (c) **DE** : 2.0 cm.  
 (d) **EF** : 74 mm/sec                      (e) **EPSS** : 04 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** : 3.2cms      (b) **Aortic Opening** : 1.9cms      (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)** 1.1 cm (s) 1.8 cm

**Motion** : normal

**LVPW (D)** 1.1cm (s) 1.6 cm

**Motion** : Normal

**LVID (D)** 3.8 cm (s) 2.4 cm

**Ejection Fraction** :65%

**Fractional Shortening** : 35%

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

CONCENTRIC LVH

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 = 0.5 a = 0.7	a > e	-	-	-
AORTIC	0.9	Normal	-	-	-
TRICUSPID	0.3	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

**CONCLUSIONS :**

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 65 %**
- **NO RWMA**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

**OPINION – CONCENTRIC LVH**

**DR. RAJIV RASTOGI, MD,DM**

\*\*\* End Of Report \*\*\*

