

Patient Name : Mr.DHEERAJ SHUKLA	Visit No : CHA250035989
Age/Gender : 48 Y 8 D/M	Registration ON : 28/Feb/2025 10:03AM
Lab No : 10133285	Sample Collected ON : 28/Feb/2025 10:05AM
Referred By : Dr.DHEERAJ SHUKLA	Sample Received ON : 28/Feb/2025 10:23AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11:43AM
Doctor Advice : 2D ECHO,ECG,25 OH vit. D,HBA1C (EDTA),HOMOCYSTEINE,VIT B12,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD),LIPID-PROFILE,CAROTID DOPPLER	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.5	%	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

LIPID-PROFILE

Cholesterol/HDL Ratio	4.06	Ratio	Calculated
LDL / HDL RATIO	2.52	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



[Checked By]

Print.Date/Time: 28-02-2025 16:45:44

*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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Test Name	Result	Unit	Bio. Ref. Range	Method
HOMOCYSTEINE				
HOMOCYSTEINE(-O)	65.0	umol/L	3.7 - 13.9	CLIA

Homocysteine (HCY) is a thiol-containing amino acid produced by the intracellular demethylation of methionine. Total homocysteine (HCY) represents the sum of all forms of HCY including forms of oxidized, protein bound & free.

Elevated total Homocysteine levels are caused by four major factors, including:

- Genetic deficiencies in enzymes involved in HCY metabolisms such as cystathionine beta synthase.
- (CBS) methionine synthase (MS), and methyltetrahydrofolate reductase (MTHFR).
- Nutritional deficiency in vitamin B such as B6, B12 and folate.
- Renal failure for effective amino acid clearance.
- Drug interactions such as nitric oxide, methotrexate and phenytoin that interfere with Homocysteine metabolisms.
- Elevated levels of Homocysteine are also linked with Alzheimers disease and osteoporosis.

25 OH vit. D				
25 Hydroxy Vitamin D	10.07	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

VITAMIN B12				
VITAMIN B12	119.0	pg/ml		CLIA

180 - 814 Normal
145 - 180 Intermediate
145.0 Deficient pg/ml

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

[Checked By]



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	47.6	%	36 - 45	Pulse hieght detection
MCV	95.8	fL	80 - 96	calculated
MCH	30.8	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	12.5	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10500	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	279,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	279000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,615	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,255	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	210	/cmm	20-500	Calculated
Absolute Monocytes Count	420	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	30.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	169.70	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	112.00	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	41.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	105.50	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	22.40	mg/dL	10 - 40	Calculated

*** End Of Report ***



[Checked By]



Sham

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PATHOLOGIST

DR. SHADAB
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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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ECG -REPORT

RATE : 84 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. PANKAJ 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** : 1.7 cm.
 (d) **EF** 91 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** :3.2cms (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 : 3.0 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0cm (s) 1.5 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.6 cm

Motion : Normal

LVID (D) 4.8 cm (s) 3.2 cm

Ejection Fraction :62%

Fractional Shortening : 32 %

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

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 = 0.6	Normal	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 62 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI, MD,DM



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CAROTID DOPPLER STUDY

- Visualized part of right common carotid artery shows mildly increased intimo-medial thickening measuring approx 1.0 mm is maximum thickness without significant luminal narrowing.
- Visualized part of left common carotid artery shows increased intimo-medial thickness in mid segment measuring approx 1.9 mm in maximum thickness and causing approx 35-40 % luminal narrowing.
- Visualized parts of bilateral common carotid, internal carotid and external carotid arteries show maintained color flow and normal spectral waveform.
- Peak systolic velocity of right common carotid artery 91 cm/sec, right internal carotid artery 44 cm/sec, right external carotid artery 90 cm/sec, left common carotid artery 91 cm/sec, left external carotid artery 105 cm/sec, left internal carotid artery 47 cm/sec.
- Visualized parts of bilateral vertebral arteries show anechoic lumen with maintained color flow. Peak systolic velocity on right and left side is 41 cm/sec and 45 cm/sec respectively.

OPINION:

- **INCREASED BILATERAL (LEFT>RIGHT) INTIMO-MEDIAL THICKNESS CAUSING LUMINAL NARROWING ON LEFT SIDE AS DESCRIBED ABOVE.**

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

*** End Of Report ***

