

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. NOOR JAHAN Visit No : CHA250036237

Age/Gender : 60 Y/F Registration ON : 28/Feb/2025 01:27PM Lab No : 10133533 Sample Collected ON : 28/Feb/2025 01:29PM Referred By : Dr.MOHD RIZWANUL HAQUE Sample Received ON : 28/Feb/2025 02:00PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 03:13PM

Doctor Advice : ECG,CHEST PA,2D ECHO COLOUR,LFT,ESR,CBC (WHOLE BLOOD),NA+K+,BUN,CREATININE,HBA1C (EDTA)

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	4.00		0 - 20	Westergreen

#### Note:

P.R.

- 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)	11.3	%	4	- 5.7	HPLC (EDTA)

## NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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	DAK
7.1 - 8.0 %	Unsatisfactory Control	
> 8.0 %	Poor Control and needs treatment	

BLOOD UREA NITROGEN					
Blood Urea Nitrogen (BUN)	29.11	mg/dL	7-21	calculated	



[Checked By]



P.R.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	33.0	%	36 - 45	Pulse hieght
				detection
MCV	82.1	fL	80 - 96	calculated
MCH	26.4	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	12.9	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10030	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytrometry
LYMPHOCYTES	28	%	25 - 45	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	399,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	399000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	6,419	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,808	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	401	/cmm	20-500	Calculated
Absolute Monocytes Count	401	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are few microcytic hypochromic, normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.





Than



PR.

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|--|--|

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	130.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
LIVER FUNCTION TEST	A			
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.28	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	1 <mark>29.20</mark>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	18.0	U/L	5 - 40	UV without P5P

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







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H.

Lab No : 10133533

Referred By : Dr.MOHD RIZWANUL HAQUE

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250036237

Registration ON : 28/Feb/2025 01:27PM Sample Collected ON : 28/Feb/2025 01:27PM

Sample Received ON :

Report Generated ON : 28/Feb/2025 05:42PM

## **ECG REPORT**

\* RATE : 102 bpm.

\* RHYTHM : Normal

\* P wave : Normal

\* PR interval : Normal

\* QRS Axis : Normal

Duration : Normal

Configuration : Increased LV Voltages

\* ST-T Changes : ST Depression in L1,L2,V5-V6

\* QT interval

\* QTc interval : Sec.

Other

OPINION: LEFT VENTRICULAR HYPERTROPHY WITH STRAIN

SINUS TACHYCARDIA

(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: 1.5cm.
(d) EF: 83 mm/sec
(e) EPSS: 06 mm
(f) Vegetation: -

(g) Calcium: -

R

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 :1.6cms (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
Left Atrium : 2.9 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) 1.7 cm
 Motion : normal

 LVPW (D) 0.9cm
 (s) 1.4cm
 Motion : Normal

LVID (D) 4.2cm (s) 3.1 cm Ejection Fraction :50%

Fractional Shortening: 25 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view:

NORMAL LV RV DIMENSION FAIR LV CONTRACTILITY.

Short axis view

Aortic valve level : AOV - NORMAL PV - NORMAL

TV - NORMAL MV - NORMAL

Mitral valve level :

Papillary Muscle Level: HYPOKINESIA OF BASAL & MID INFERIOR LV WALL (PDA

TERRITORY)

Apical 4 chamber View : No LV CLOT



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PERICARDIUM Normal DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern I ( /4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL e =	0.6 = 0.9	a > e	2	-	-
AORTIC	1.5	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.9	Normal	_	-	-

OTHER HAEMODYNAMIC DATA

**COLOUR DOPPLER** 

GR II/IV MR

## CONCLUSIONS

NORMAL LV RV DIMENSION

- FAIR LV SYSTOLIC FUNCTION
- LVEF = 50 %
- HYPOKINESIA OF BASAL & MID INFERIOR LV WALL (PDA TERRITORY)
- MODERATE MR
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. RAJIV RASTOGI, MD, DM



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## SKIAGRAM CHEST PA VIEW

- Heterogenous radio opacity is seen in right upper zone and left parahilar region.
- Fibrotic opacity is seen in left upper zone.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply outlined.

#### OPINION:

• F.U.C KOCH'S CHEST.

Adv: Sputum for AFB & Hematological examination.

To be correlated with previous records.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

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

