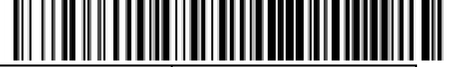
Charak dhar DIAGNOSTICS Pvt. Ltd.

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	: Dr.SUNIL KUMAR SRIVASTAVA	Visit No	: CHA250037917
Age/Gender	: 67 Y/M	Registration ON	: 03/Mar/2025 09:18AM
Lab No	**: 10135212**	Sample Collected ON	: 03/Mar/2025 09:19AM
Referred By	: Dr.A KATIYAR [CGHS]	Sample Received ON	: 03/Mar/2025 09:29AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 03/Mar/2025 09:59AM
Doctor Advice	: 25 OH vit. D,VIT B12,2D ECHO,ECG,LIPID-PROFILE,URIC ACID,PSA-TOTAL,KIDNEY FUNCTION TEST - I,CBC+ESR,USG WHOLE ABDOMEN,LFT		

PR.



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	16.00		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 03-03-2025 12:00:45
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PATHOLOGIST

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

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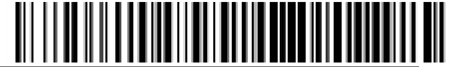

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	3.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.91	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
LDL / HDL RATIO	3.22	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	Calculated
25 OH vit. D				
25 Hydroxy Vitamin D	85.02	ng/ml		ECLIA

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

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

CHARAK

[Checked By]

Print.Date/Time: 03-03-2025 12:00:48

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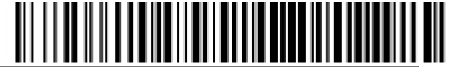
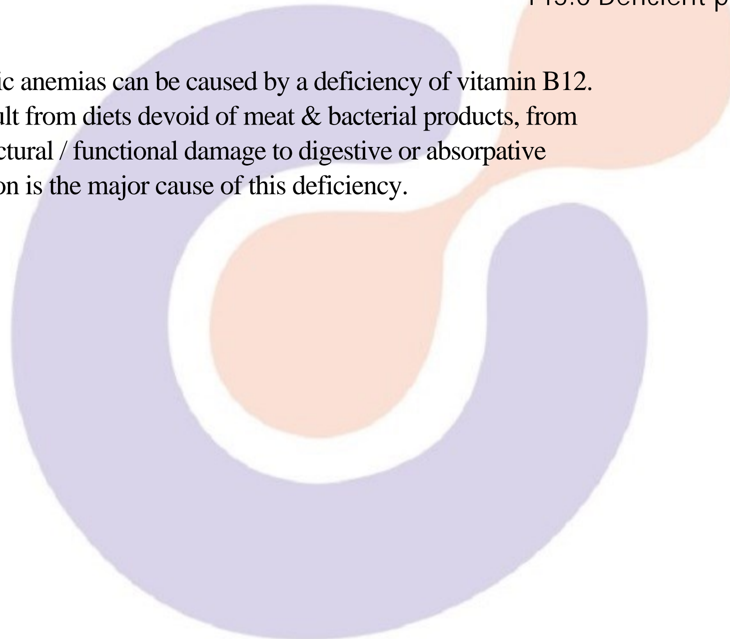


Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	325	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

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 absorpative processes. Malabsorption is the major cause of this deficiency.



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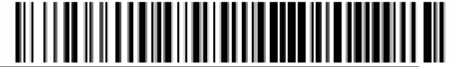

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.5	%	36 - 45	Pulse hieght detection
MCV	87.6	fL	80 - 96	calculated
MCH	27.8	pg	27 - 33	Calculated
MCHC	31.8	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4480	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 75	Flowcytrometry
LYMPHOCYTE	36	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	211,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	211000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	18			
Peripheral Blood Picture	:			

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

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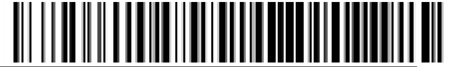

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.28	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	67.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.2	U/L	5 - 40	UV without P5P
SGOT	31.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	**240.00**	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	**167.00**	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	48.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**157.70**	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	33.40	mg/dL	10 - 40	Calculated
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	26.90	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

MC-2491

[Checked By]

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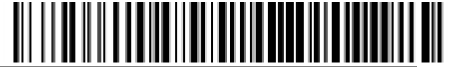

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	1.34	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.
2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or digital pre rectal examination as it may result intrasient levation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

CHARAK

MC-2491

[Checked By]

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Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 03/Mar/2025 09:51AM

PR.

ECG -REPORT

RATE : 58 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: **SINUS BRADYCARDIA**

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]

PR.

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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 : 1.9** cm.

(d) EF :144 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 :3.4cms **(b) Aortic Opening :1.5**cms **(c) Closure: Central**
(d) Calcium : - **(e) Eccentricity Index : 1** **(f) Vegetation : -**

(g) Valve Structure : THICK

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) 1.3 cm (s) 1.5 cm — **Motion :** normal

LVPW (D) 1.2cm (s) 1.5 cm — **Motion :** Normal

LVID (D) 4.5 cm (s) 2.9 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 - THICK
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level : NO RWMA

Apical 4 chamber View : No LV CLOT

PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	**e = 0.8** **a = 0.6**	**Normal**	**-**	**-**	**-**
AORTIC	**1.1**	**Normal**	**1**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.6**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV AR

CONCLUSIONS :

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 65 %**
- **NO RWMA**
- **MILD AR ; THICK AOV**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

OPINION – CONCENTRIC LVH

DR. PANKAJ RASTOGI, MD,DM

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~ 162 mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins is seen normal. IVC is prominent (17 mm) is seen.
- **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 with lobulated outline. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 98 x 43 mm in size. Left kidney measures 98 x 56 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.
- **Prostate** is enlarged in size, measures 43 x 40 x 45 mm with weight of 42gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 181cc.
- Post void residual urine volume approx 23 cc.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **PROMINENT IVC.**
- **BILATERAL LOBULATED OUTLINE KIDNEYS.**
- **GRADE-II PROSTATOMEGALY (ADV: SPSA).**

Clinical correlation is necessary.

{[DR. R.K. SINGH, MD]}

Transcribed By: Priyanka

*** End Of Report ***