

Patient Name : Mr.ALI JAVED	Visit No : CHA250038231
Age/Gender : 49 Y/M	Registration ON : 03/Mar/2025 01: 42PM
Lab No : 10135526	Sample Collected ON : 03/Mar/2025 01: 43PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 03/Mar/2025 02: 07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 03: 03PM
Doctor Advice : T3T4TSH,LIPID-PROFILE,NA+K+,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.10	Ratio		Calculated
LDL / HDL RATIO	1.53	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: 03-03-2025 18:00:15

*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
CBC (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.2	%	36 - 45	Pulse hieght detection
MCV	93.0	fL	80 - 96	calculated
MCH	29.3	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7450	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	7	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	170,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	170000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,694	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,862	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	522	/cmm	20-500	Calculated
Absolute Monocytes Count	372	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	78.9	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	140.60	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	130.90	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	45.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	69.12	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	26.18	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.05	nmol/L	1.49-2.96	ECLIA
T4	148.02	n mol/l	63 - 177	ECLIA
TSH	1.26	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) cm² (PHT)

Anterior Mitral Leaflet:

- (a) **Motion**: Normal (b) **Thickness** : Normal (c) **DE** : 1.9 cm.
 (d) **EF** : 80 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** : 2.0cms (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 : 3.2 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0 cm (s) 1.7 cm

Motion : normal

LVPW (D) 0.8cm (s) 1.6 cm

Motion : Normal

LVID (D) 5.0 cm (s) 2.9cm

Ejection Fraction :72%

Fractional Shortening : 41%

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	Regurgitation (/4)	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.7 a = 0.5	Normal	-	-	-
AORTIC	1.5	Normal	-	-	-
TRICUSPID	0.3	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 72 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM



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