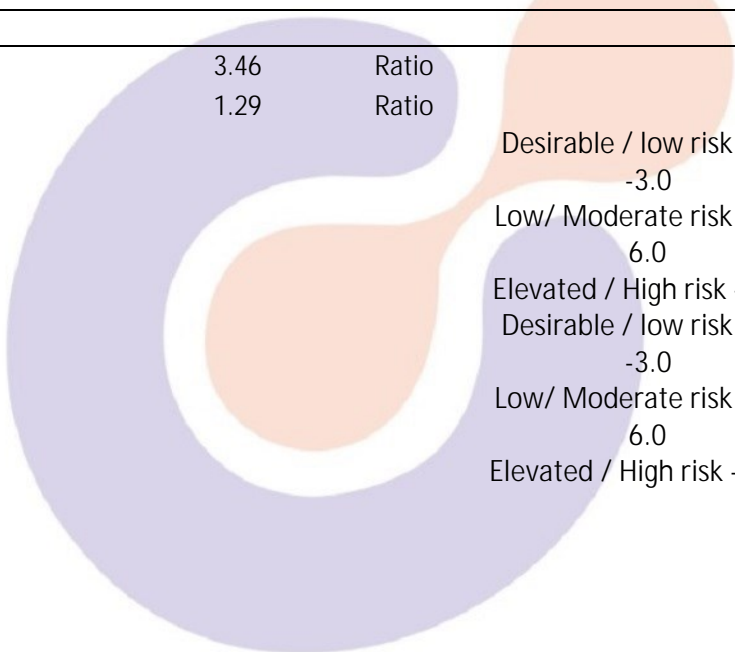


Patient Name : Mr. MOHD NEHAL ASHRAF	Visit No : CHA250040423
Age/Gender : 38 Y O M O D /M	Registration ON : 06/Mar/2025 11:58AM
<b>Lab No : 10137718</b>	Sample Collected ON : 06/Mar/2025 12:00PM
Referred By : Dr. MOHD SHADAB	Sample Received ON : 06/Mar/2025 12:15PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 01:16PM
Doctor Advice : RANDOM,LIPID-PROFILE,PRO-BNP,2D ECHO,T3T4TSH,URIC ACID,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	6.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric

<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	3.46	Ratio		Calculated
LDL / HDL RATIO	1.29	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: 06-03-2025 16:35:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name : Mr. MOHD NEHAL ASHRAF	Visit No : CHA250040423
Age/Gender : 38 Y O M O D /M	Registration ON : 06/Mar/2025 11:58AM
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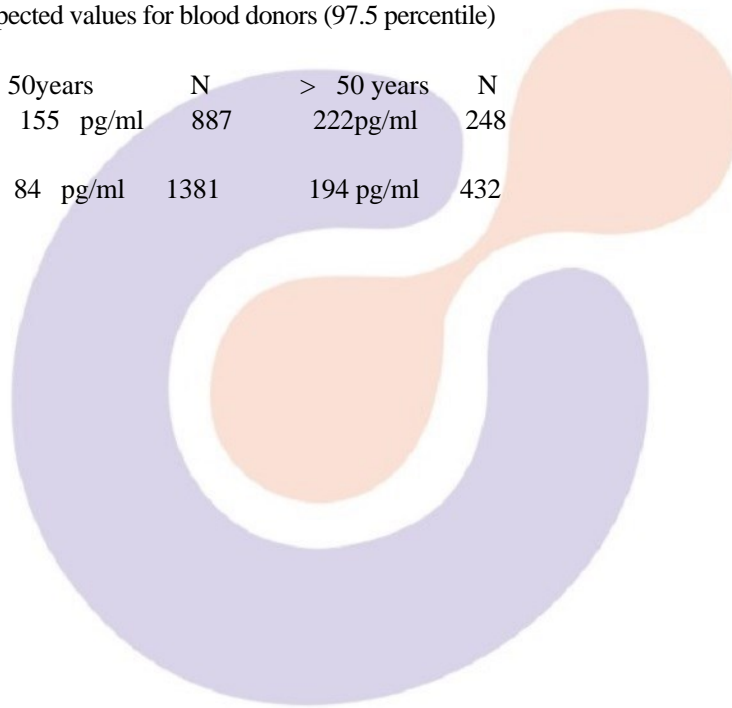


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PRO-BNP</b>				

BNP (B type Natriuretic Peptide) 1,548.00

EXPECTED VALUES :- Expected values for blood donors (97.5 percentile)

	< 50years	N	> 50 years	N
WOMEN :	155 pg/ml	887	222pg/ml	248
MEN :	84 pg/ml	1381	194 pg/ml	432



**CHARAK**

[Checked By]



Print.Date/Time: 06-03-2025 16:35:10

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*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name : Mr. MOHD NEHAL ASHRAF	Visit No : CHA250040423
Age/Gender : 38 Y O M O D /M	Registration ON : 06/Mar/2025 11:58AM
<b>Lab No : 10137718</b>	Sample Collected ON : 06/Mar/2025 12:00PM
Referred By : Dr. MOHD SHADAB	Sample Received ON : 06/Mar/2025 12:14PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 01:36PM
Doctor Advice : RANDOM,LIPID-PROFILE,PRO-BNP,2D ECHO,T3T4TSH,URIC ACID,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>16.2</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.50</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>49.4</b>	%	36 - 45	Pulse hieght detection
MCV	89.8	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	32.8	g/dL	30 - 36	Calculated
RDW	12.5	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>10940</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	156,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	156000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>7,549</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,735	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	109	/cmm	20-500	Calculated
Absolute Monocytes Count	547	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	102.6	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	27.80	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	1.10	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	<b>0.50</b>	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.60	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	77.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>45.6</b>	U/L	5 - 40	UV without P5P
SGOT	28.5	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



*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
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	115.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>195.00</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	33.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	42.80	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	39.00	mg/dL	10 - 40	Calculated

**CHARAK**



[Checked By]



*Sharma*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.50	nmol/L	1.49-2.96	ECLIA
T4	94.10	n mol/l	63 - 177	ECLIA
TSH	3.90	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]



*Sham*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name	: Mr. MOHD NEHAL ASHRAF	Visit No	: CHA250040423
Age/Gender	: 38 Y O M O D /M	Registration ON	: 06/Mar/2025 11:58AM
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Referred By	: Dr.MOHD SHADAB	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 04:03PM

### 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** : 1.8 cm.  
 (d) **EF** 86 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** :3.6cms      (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 : 3.3 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**  
**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.9 cm (s) 1.6 cm

**Motion** : normal

**LVPW (D)** 0.8cm (s)1.0 cm

**Motion** : Normal

**LVID (D)** 5.3 cm (s) 3.9 cm

**Ejection Fraction** :51%

**Fractional Shortening** : 26 %

*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** :

**HYPOKINESIA OF MID & DISTAL POSTERIOR LV WALL (PDA /  
LCx TERRITORY)**

**Papillary Muscle Level** :

**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 = 0.4	Normal	-	-	-
AORTIC	1.3	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- FAIR LV SYSTOLIC FUNCTION
- LVEF = 51 %
- HYPOKINESIA OF MID & DISTAL POSTERIOR LV WALL (PDA / LCx TERRITORY)
- NO MR/TR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

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

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

