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|--|---|
| Patient Name : Mr.JPN TIWARI | Visit No : CHA250041857 |
| Age/Gender : 75 Y/M | Registration ON : 08/Mar/2025 01:08PM |
| Lab No : 10139152 | Sample Collected ON : 08/Mar/2025 01:10PM |
| Referred By : Dr.RAJIV RASTOGI | Sample Received ON : 08/Mar/2025 02:03PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 08/Mar/2025 03:07PM |
| Doctor Advice : HBA1C (EDTA),RANDOM,CREATININE,TSH,2D ECHO | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------------------|------------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 6.2 | % | 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 |

CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 17:40:54

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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PATHOLOGIST

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| Referred By : Dr.RAJIV RASTOGI | Sample Received ON : 08/Mar/2025 01:16PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 08/Mar/2025 02:52PM |
| Doctor Advice : HBA1C (EDTA),RANDOM,CREATININE,TSH,2D ECHO | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------|--------|-----------------|--------------------------|
| BLOOD SUGAR RANDOM | | | | |
| BLOOD SUGAR RANDOM | 90.9 | mg/dl | 70 - 170 | Hexokinase |
| SERUM CREATININE | | | | |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| TSH | | | | |
| TSH | 2.33 | 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 TECHNIQUE 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 :** 1.4 cm.
 (d) **EF :** 48 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 :** 3.3cms (b) **Aortic Opening :** 1.9cms (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) 0.8 cm (s) 1.5 cm

Motion : normal

LVPW (D) 0.8cm (s) 1.4 cm

Motion : Normal

LVID (D) 3.5 cm (s) 2.2 cm

Ejection Fraction :67%

Fractional Shortening : 36 %

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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Contd.

PERICARDIUM

Normal

DOPPLER STUDIES

| | Velocity (m/sec) | Flow pattern (/4) | Regurgitation | Gradient (mm Hg) | Valve area (cm 2) |
|------------------|-----------------------------|-------------------------------|----------------------|-----------------------------|------------------------------|
| MITRAL | e = 0.5 a = 0.6 | a > e | - | - | - |
| AORTIC | 1.2 | Normal | - | - | - |
| TRICUSPID | 0.4 | Normal | - | - | - |
| PULMONARY | 0.8 | Normal | - | - | - |

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 67 %**
- **NO RWMA**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

DR. RAJIV RASTOGI, MD,DM



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