

| | |
|--|---|
| Patient Name : Mr. JAI PRAKASH SINGH | Visit No : CHA250042697 |
| Age/Gender : 63 Y/M | Registration ON : 10/Mar/2025 08:06AM |
| Lab No : 10139992 | Sample Collected ON : 10/Mar/2025 08:11AM |
| Referred By : Dr. NIRUPAM PRAKASH | Sample Received ON : 10/Mar/2025 09:20AM |
| Refer Lab/Hosp : CGHS (BILLING) | Report Generated ON : 10/Mar/2025 11:18AM |
| Doctor Advice : LIPID-PROFILE, 2D ECHO, ECG, CHEST PA, PSA-TOTAL, HBA1C (EDTA), PP, FASTING, URIC ACID, KIDNEY FUNCTION TEST - I, LFT, CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 6.00 | | 0 - 20 | Westergreen |



CHARAK

[Checked By]

Print.Date/Time: 10-03-2025 14:32:15

*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 |
|---------------------------------|--------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 6.5 | % | 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 |

URIC ACID

Sample Type : SERUM

| | | | | |
|-----------------|-----|-------|-------------|-----------------------|
| SERUM URIC ACID | 6.8 | mg/dL | 2.40 - 5.70 | Uricase, Colorimetric |
|-----------------|-----|-------|-------------|-----------------------|

LIPID-PROFILE

| | | | |
|-----------------------|------|-------|------------|
| Cholesterol/HDL Ratio | 3.67 | Ratio | Calculated |
| LDL / HDL RATIO | 2.00 | 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

[Checked By]

Print.Date/Time: 10-03-2025 14:32:18

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Sharma

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

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|----------|---------|-----------------|--------------------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 15.9 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 5.20 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 48.2 | % | 36 - 45 | Pulse height detection |
| MCV | 92.3 | fL | 80 - 96 | calculated |
| MCH | 30.5 | pg | 27 - 33 | Calculated |
| MCHC | 33 | g/dL | 30 - 36 | Calculated |
| RDW | 13.9 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.7 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 8430 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 41 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 49 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 7 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 3 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 200,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 2,00,000 | /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.



[Checked By]



Sham

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Referred By : Dr. NIRUPAM PRAKASH Sample Received ON : 10/Mar/2025 08:28AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 10/Mar/2025 09:45AM
Doctor Advice : LIPID-PROFILE, 2D ECHO, ECG, CHEST PA, PSA-TOTAL, HBA1C (EDTA), PP, FASTING, URIC ACID, KIDNEY FUNCTION TEST - I, LFT, CBC+ESR



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------|--------|-------|---|----------------------------|
| FASTING | | | | |
| Blood Sugar Fasting | 125.4 | mg/dl | 70 - 110 | Hexokinase |
| PP | | | | |
| Blood Sugar PP | 140.0 | mg/dl | up to - 170 | Hexokinase |
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 0.70 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.20 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.50 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 75.30 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 43.1 | U/L | 5 - 40 | UV without P5P |
| SGOT | 47.2 | U/L | 5 - 40 | UV without P5P |
| LIPID-PROFILE | | | | |
| TOTAL CHOLESTEROL | 110.00 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 99.50 | 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 | 30.00 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 60.10 | 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 | 19.90 | mg/dL | 10 - 40 | Calculated |



[Checked By]



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------|--------|-------|-----------------|--------------------------|
| KIDNEY FUNCTION TEST - I | | | | |
| Sample Type : SERUM | | | | |
| BLOOD UREA | 30.90 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 1.10 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 137.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.3 | MEq/L | 3.5 - 5.5 | ISE Direct |
| PSA-TOTAL | | | | |
| PROSTATE SPECIFIC ANTIGEN | 1.30 | 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 prostatectomy 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 ***



[Checked By]



Sham

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

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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 10/Mar/2025 10:41AM

ECG REPORT

* RATE : 64 bpm.
* RHYTHM : Normal
* P wave : Normal
* PR interval : Normal
* QRS Axis : Normal
Duration : Normal
Configuration : Increased LV Voltages
* ST-T Changes : T Inversion in V4-V6 L1, avL
* QT interval :
* QTc interval : Sec.

Other

OPINION: PROBABLE LEFT VENTRICULAR HYPERTROPHY WITH STRAIN

(Finding to be correlated clinically)

DR. PANKAJ 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** : 2.0 cm.
(d) **EF** : 111 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** : 3.2cms (b) **Aortic Opening** : 1.7cms (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 : 3.7 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) 1.8 cm

Motion : normal

LVPW (D) 1.3cm (s) 1.5 cm

Motion : Normal

LVID (D) 5.1 cm (s) 3.2cm

Ejection Fraction :67%

Fractional Shortening : 37 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

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 (/4) | Regurgitation | Gradient (mm Hg) | Valve area (cm 2) |
|-----------|---------------------|-----------------------|---------------|---------------------|----------------------|
| MITRAL | e = 0.6 a = 0.4 | Normal | - | - | - |
| AORTIC | 0.8 | Normal | - | - | - |
| TRICUSPID | 0.4 | Normal | - | - | - |
| PULMONARY | 0.5 | Normal | - | - | - |

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 67 %**
- **NO RWMA**
- **ALL VALVES NORMAL**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

OPINION – CONCENTRIC LVH

DR. PANKAJ RASTOGI MD.DM



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SKIAGRAM CHEST PA VIEW

- Both lung fields show increased vascular markings.
- 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 defined.

IMPRESSION:

- **BRONCHITIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

