Phone : 0129-2242417, 4016417

FARIDABAD DIAGNOSTIC CENTRE PRIVATE LTD.

(Fully Computerised)

CLINIC I, SECTOR 8
(OPP. HANUMAN MANDIR)
FARIDABAD-121 006 (HARYANA)

SERVING HUMANITY SINCE 1985

ON PANEL :
• L.I.C. OF INDIA

Dr. B.C. Gupta
M.D. (Path.)
Director/Pathologist

Patron
★ ASSOCIATION OF PRACTISING PATHOLOGIST, HARYANA

Member :
★ I.A.P.M.
★ I.S.H.B.T
★ A.P.P., Delhi
★ T.S.C.S.
★ H.F.I.

An Association of Quality Conscious Pathologists

LAB TIMINGS : 8.00 A.M. TO 7.30 P.M. (SUNDAY - CLOSED)
E-mail : info@faridabaddiagnosticcentre.com
Website : www.faridabaddiagnosticcentre.com

Name:	Dr. Harish Sharma	**Lab No. :**	011904260009 **Reg. No.:**12178
Age :	64 YRS/Male	**Reg. Date :**	26/Apr/2019 11:54AM
Refrd. By:	SELF	**Print Date :**	26/Apr/2019 11:54AM

Test Name	Value	Unit	Reference Range
Biochemistry			
Albumin Creatinine Ratio			
Urine Albumin	46.6	mg/ L	
Urine Creatinine	650	mg/ L	
Albumin Creatinine Ratio	71.7	mg/ Gm Creatinine	

Interpretation:
Urinary Albumin Creatinine Ratio (UACR) in a spot Urine sample (National Kidney Foundation Recommendation)
Normoalbuminuria: < 30 mg/g Creatinine
Microalbuminuria: 30 - 300 mg/g Creatinine
Macroalbuminuria: > 300 mg/g Creatinine
Note: Confirmation of Microalbuminuria is required in two out of three samples over the next 3-6 months of detection in the absence of a urinary tract infection.

REMARKS:
In diabetes, involvement of the kidney can result in persistent proteinuria (Kimmelstein-Wilson Syndrome,Diabetic Intercapillary Glomerulosclerosis). Microalbuminuria is proteinuria that is above normal but which is below the level detected by urine dipsticks. Diabetic patients with microalbuminuria tend to have progression of their disease with cardiovascular and end-stage renal complications.Microalbuminuria is defined as an albumin to creatinine ratio (ACR) between 30 to 300 mg/gm creatinine.

End Report

24 May '18 — 177.7
5th July '18 — 126.2
9th Sept '18 — 49.5
26 April '19 — 71.7

Not In Scope of NABL
Printed By: B.C GUPTA

(Dr. B.C. Gupta)

REPORTS AVAILABLE ON e-mail also

As per Honorable Supreme Court Verdict on 12.12.2017 all Pathology Reports signed by Pathologists only will be valid

THIS REPORT IS FOR THE PERSUAL OF CLINICIANS / DOCTORS ONLY AND NOT A FINAL DIAGNOSIS. NOT VALID FOR MEDICO-LEGAL CASES.
IF THE TEST RESULTS ARE BEYOND EXPECTATIONS, PLEASE CONTACT THE LAB WITH REFERRING DOCTOR'S CONSENT IN WRITING WITHIN 24 HOURS FOR REVIEW. INTER LAB RESULTS MAY VARY, SOMETIMES.

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JEEVAN JYOTI HOSPITAL

RADIOLOGY DEPT.

Soot Mill Chauraha, G.T. Road, Aligarh.

✆ : 0571-2400515,8755019000

E-mail : hospitaljeevanjyoti@gmail.com

AN ISO 9001:2008 Certified Hospital

2-D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

बेटी बचाओ भारत बचाओ
Save the girl Child

NAME:-DR HARISH SHARMA *64Y/M* *DATE-13-08-2019*

STUDY: 2-D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE 2D ECHO FINDINGS: ECHO WINDOW IS GOOD

AORTIC VALVE:

		Normal Dimensions
Morphology	Tricuspid	
LADs	35.6mm	(19-40mm)
AODs	25.5mm	(20-37mm)
AVDs	12.6mm	(16-26mm)
LA/AO Ratio	1.13	

MITRAL VALVE:

		Normal Dimensions
Anterior Leaflet	Normal	
Posterior Leaflet	Normal	
EPSS	Normal	(0-5mm)
DE Excursion	46.0mm	(20-30mm)
EF Slope	110.9mm/sec	(70-150mm/sec)
Mitral Valve Area	Normal	(4-6 cm sq)

Tricuspid Valve:	Normal
Pulmonary Valve:	Normal
Vegetation:	Nil

CARDIAC CHAMBERS:

Left Ventricle	Normal
Left Atrium	Normal
Right Ventricle	Normal
Right Atrium	Normal
LV/LA Clot	Nil
PA	Normal

THIS REPORT IS A PROFESSIONAL OPINION AND NOT DIAGNOSIS (NOT VALID FOR MEDICOLEGAL CASES)

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LV STUDY :

	IVS -	LVID -	LVPW
Diastole	10.2mm	51.9mm	11.1mm
Systole	11.6mm	37.5mm	12.0mm
FS	28%	25-42%	
EF	51%	55-84%	

बेटी बचाओ
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LV Wall Motion	:	Apical,Anterior,Septal hypokinesia is seen
Pericardium	:	Normal
IAS/ IVS	:	Intact

MITRAL VALVE	:	Mild MR E>A
TRICUSPID VALVE	:	Trace TR
AORTIC VALVE	:	Mild AR
PULMONARY VALVE	:	NO PR

COLOR FLOW	:	Mild MR/Trace TR/Mild AR

IMPRESSION:

All Chambers are normal
All Valves are normal
Apical,Anterior,Septal hypokinesia is seen
Mild MR/Trace TR/Mild AR
LV Systolic function (Ef –51%)

(Cardiologist)

THIS REPORT IS A PROFESSIONAL OPINION AND NOT DIAGNOSIS (NOT VALID FOR MEDICOLEGAL CASES)

TEST REPORT

VID: 54193394152

54193394152

HARISH SHARMA

PID NO: P5419009341 3

Age: 64 Year(s) Sex: Male

Reference: Dr ASHOK KUMAR

Sample Collected At:
DR ASHOK KUMAR
INFRONT GANDHI PARK BUS STAND
ALIGARH

Registered On:
30/06/2019 04:36 PM

Collected On:
01/07/2019 8:34AM

Reported On:
01/07/2019 02:03 PM

Investigation	Observed Value	Unit	Biological Reference Interval
C-Peptide, Random (Serum:CMIA)	0.94	ng/mL	0.78-5.19

Interpretation :

1. *C-peptide levels are increased in insulinomas. Increased C-peptide levels also rule out exogenous insulin administration.*
2. *C-peptide levels are decreased in insulin-dependent diabetes.*
3. *Concurrent C-peptide levels are advised in patients on insulin therapy for long duration as in these patients anti-insulin antibodies interfere with insulin assays.*
4. *C-peptide levels show variation with time, food intake and insulin administration hence a baseline fasting level and associated insulin and blood glucose levels are advocated.*
5. *C-peptide levels are spuriously increased in chronic renal disease and cirrhosis.*

-- End of Report --

Shanti Diagnostics
(PATH LAB)

TEST REPORT
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Name	Dr. HARISH SHARMA	Patient ID	1904261
Age	64 Yrs.	Gender	M
Received	26/04/2019	Address	FARIDABAD
Reg. No.	1	Contact No.	
Consultant	SELF	Panel	

2- As per NCEP guidelines, all adults above the age of 20 yaars should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

3- NCEP Identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD) .

4- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5- ATP III guidelines uses LDL Cholesterol as the primary target for Cholesterol lowering therapy. Note that major risk factors can modify LDL goals.

KIDNEY FUNCTION TEST

Test Name	Value	Unit	Normal Value
Blood Urea GLDH - Urease Method	28.80	mg /dl	10 - 50
Serum Creatinine Jaffe's Method	0.85	mg/dl	0.4 - 1.6
Blood Urea Nitrogen (BUN) GLDH - Urease Method	13.50	mg/dl	6.0 - 20.0
BUN/CREATININE RATIO Calculated	15.90	Ratio	07 - 25
Serum Uric Acid Modified-Trinder Method	4.65	mg/dl	3.5 - 7.5
Sodium (Na) ISE Method	139.40	mmol/L	136 - 149
Potassium (K) ISE Methode	4.0	mmol/L	3.5 - 5.5
Chloride ISE Methode	102.6	mmol/L	98 - 109
Calcium OCPC Methode	9.2	mg/dl	8.0 - 10.5

***** End of Report *****

DR. KANIKA
(MD PATHOLOGY)

ROHIT SHARMA
(Microbiologist)

Dr. KAMAL SATYARTHI
(Consultant Pathologist)

Shop No. 66, Basement, Sector-10, YMCA Road, Near Milan Sweets, Faridabad Ph. : 0129-4049466, +91-9599999466
Timings : Mor. 8.00am to 8.30pm SUNDAY 9.00AM TO 1.00PM • Home Collection Facility Available By Appointment
E-mail : shantidiagnosticpathlab@gmail.com, samridhihealthcare@gmail.com * Not valid for medico legal purpose