CARE DIAGNOSTICS
INSPIRED BY LIFE

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:50 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Glucose, Fasting (FBS)			Specimen Type : Fluoride - F
Fasting Blood Sugar	90.6	mg/dl	74 - 99

Test Interpretation

A fasting blood glucose test can be useful to see how well the body is able to manage blood sugar levels in the absence of food. This test requires minimum 8 hrs of fasting. When we do not eat for several hours, the body will release glucose into the blood via the liver and, following this, the body's insulin should help to stabilise blood glucose levels. High fasting blood sugar levels point to insulin resistance or diabetes, while abnormally low fasting blood sugar could be due to diabetes medications.

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:05 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)			Specimen Type : EDTA
HbA1c Method : Immunoturbidimetric	4.9	%	Non Diabetic < 5.7 Pre Diabetic 5.7 - 6.4 Diabetic >= 6.5 ADA Target = 7 Action Suggested >= 8
ESTIMATED AVERAGE GLUCOSE(eAG) Method : CALCULATED	93.93	mg/dL	-

Test Interpretation

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements.

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

CARE DIAGNOSTICS
INSPIRED BY LIFE

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 10:47 AM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
COMPLETE BLOOD COUNT (CBC)			Specimen Type : EDTA
HEMOGLOBIN	**11.3**	g/dL	13.0 - 17.0
Method : SLS HB METHOD			
TOTAL WBC COUNT	6.37	x 10^3/µl	4.0 - 10.0
Method : FLOW CYTOMETRY			
DIFFERENTIAL COUNT OF WBC			
NEUTROPHILS	62.2	%	40 - 80
Method : FLOW CYTOMETRY			
LYMPHOCYTES	29.8	%	20.0 - 40.0
Method : FLOW CYTOMETRY			
MONOCYTES	5.5	%	2.0 - 10.0
Method : FLOW CYTOMETRY			
EOSINOPHILS	2.3	%	1.0 - 6.0
Method : FLOW CYTOMETRY			
BASOPHILS	0.2	%	0.0 - 2.0
Method : FLOW CYTOMETRY			
RBC COUNT	**5.55**	x 10^6/µl	4.5 - 5.5
Method : FLOW CYTOMETRY			
PLATELET COUNT	239	x 10^3/µl	150 - 410
Method : LIGHT SCATTER MEASUREMENT			
HEMATOCRIT	**37.2**	%	41 - 50
Method : CALCULATED			
MCV	**67.1**	fl	78 - 100
Method : CALCULATED			
MCH	**20.3**	pg	28.0 - 32.0
Method : CALCULATED			
MCHC	**30.3**	g/dL	32.0 - 36.0
Method : CALCULATED			

Test Interpretation

A complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. A complete blood count test measures several components and features of your blood, including: red blood cells,white blood cells and platelets. Abnormal increases or decreases in cell counts as revealed in a complete blood count may indicate that you have an underlying medical condition that calls for further evaluation.

Ref.Nelson textbook of pediatrics.

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: Mar 23, 2024, 09:59 a.m.
Age / Sex	: 33 years / Male	**Reported**	: Mar 23, 2024, 11:31 a.m.
Mobile No.	: 8553845928	**Printed**	: Mar 23, 2024, 10:54 p.m.
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range

PATHOLOGY

Erythrocyte Sedimentation Rate (ESR)*

Specimen Type : EDTA

Erythrocyte Sedimentation Rate	08	mm/hr	<=10

Method : MODIFIED WESTERGREN

Test Interpretation

ESR is an acute phase reactant and a non-specific measure of inflammation. The ESR is increased in inflammation, pregnancy, anemia, autoimmune disorders (such as rheumatoid arthritis and lupus), infections, some kidney diseases and some cancers (such as lymphoma and multiple myeloma).

"The Parameter marked with an *are not-recognized by NABL".

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 06:35 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Lipid Profile			Specimen Type : GEL TUBE
Total Cholesterol	175.8	mg/dL	Desirable: <200 Borderline: 200-239 High: >= 240
Triglycerides	**519.3**	mg/dl	Normal: <= 150 Border High: 150-199 High: 200 – 499 Very High: >=500
HDL Cholesterol	**30.4**	mg/dl	Low: <40 High: >=60
LDL Cholesterol Method : Calculated	**141.2**	mg/dl	Optimal: <100 Near or Above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >=190
Total Chol / HDL Chol Ratio Method : Calculated	**5.78**		Low Risk: 3.3-4.4 Average Risk: 4.5-7.0 Moderate: 7.1-11.0 High Risk: >=11.0
LDL Chol / HDL Chol Ratio Method : Calculated	**4.64**		Desirable/Low Risk: 0.5-3.0 Borderline/Moderate Risk: 3.1-6.0 High Risk: >=6.0

Test Interpretation

Lipid profile or lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. This test is done to screen for risk of cardiovascular diseases & monitor the efficacy of treatment of cardiovascular diseases

END OF REPORT

Scan to Validate

NABL-M(EL)T-00070

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 06:35 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

CARE DIAGNOSTICS
INSPIRED BY LIFE

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 11:34 AM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Thyroid Profile (T3,T4,TSH)*			Specimen Type : GEL TUBE
Triodothyronine - T3	**0.860**	ng/ml	1.08 - 3.23
Method : Electro-chemiluminescence			
Thyroxine Total - T4	5.32	ug/dl	4.6 - 10.5
Method : Electro-chemiluminescence			
Thyroid Stimulating Hormone	4.38	µIU/ml	0.4 -5.5
Method : Electro-chemiluminescence			

Test Interpretation

TSH Normal, FT4 Normal: Euthyroid.

Low TSH , Low FT4 :Secondary Hypothryroidism

High TSH, Normal FT4: Subclinical Hypothyroidism

High TSH, Low FT4: Primary Hypothroidism

Low TSH, Normal FT4, Normal FT3: Subclinical Hyperthyroidism

Low TSH, Normal FT4, High FT3: T3 Toxicosis

Low TSH, High FT4: Primary Hyperthyroidism

T4 & T3 are reversibly bound to carrier proteins like TBG, TBPA & Albumin. Variations in the level of carrier proteins affect the levels of total T4 & T3, hence measurement of FT3 & FT4 gives true values in patients with altered serum protein levels (like pregnancy, intake of oral contraceptives & nephrotic syndrome

NOTE : For Subclinical Hypo/hyperthyroidism: Thyroid antibodies,repeat TSH & FT4 suggested.

"The Parameter marked with an *are not-recognized by NABL".

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:41 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Liver Function Test (LFT)			Specimen Type : GEL TUBE
BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0
Method : MODIFIED JENDRASSIK & GROFF			
BILIRUBIN, DIRECT	0.22	mg/dl	0 - 0.3
Method : MODIFIED JENDRASSIK & GROFF			
BILIRUBIN INDIRECT	0.36	mg/dL	0.3 - 1.3
Method : Calculated			
TOTAL PROTEIN	7.63	g/dL	6.4 - 8.2
Method : BIURET			
ALBUMIN, SERUM	**5.02**	g/dl	3.4 - 5.0
Method : BCP-DYE BINDING			
GLOBULIN	2.61	g/dL	2.0 - 3.5
Method : CALCULATED			
A/G RATIO	1.92		0.8 - 2.0
Method : CALCULATED			
SGOT (AST)	22.05	U/L	15 - 37
Method : IFCC-UV WITH P5P			
SGPT (ALT)	25.32	U/L	0 - 45
Method : IFCC-UV WITH P5P			
ALKALINE PHOSPHATASE	93.97	IU/L	30 - 120
Method : PNPP AMP			
GAMMA GLUTAMYL TRANSFERASE(GGT)	34.30	IU/L	15 - 85
Method : IFCC-GAMMAGLUTAMYL-CARBOXYNITROANILIDE			

Test Interpretation

Liver function tests (LFT) are a helpful screening tool, which are an effective modality to detect hepatic dysfunction. It is a groups of blood tests that give information about the state of a patient's liver. These tests include total protein, albumin, bilirubin (direct and indirect), liver transaminases (AST or SGOT and ALT or SGPT) -useful biomarkers of liver injury , GGT and Alkaline phosphatase. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

END OF REPORT

Scan to Validate

NABL-M(EL)T-00070

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:41 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:53 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Renal Function Test(RFT)			Specimen Type : GEL TUBE
BLOOD UREA	21.22	mg/dL	16.4 - 40.0
CREATININE	0.81	mg/dL	0.6 - 1.3
CALCIUM	9.56	mg/dL	8.5 - 10.1
PHOSPHORUS	3.38	mg/dL	2.5 - 4.9
SODIUM	141.2	mmol/L	135 - 145
POTASSIUM	4.2	mmol /L	3.5 - 5.1
CHLORIDE	100.4	mmol/L	98 - 107
URIC ACID	7.19	mg/dL	3.5 - 7.2

Importance of Electrolytes

Electrolytes are minerals in your blood and other body fluids that carry an electric charge. Electrolytes affect the amount of water in your body, the acidity of your blood (pH), your muscle function, and other important processes. You lose electrolytes when you sweat. You must replace them by drinking fluids that contain electrolytes. Water does not contain electrolytes. Electrolytes can be acids, bases, and salts.

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:53 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
PATHOLOGY			
Complete Urine Examination (CUE)*			Specimen Type : Urine
PHYSICAL EXAMINATION:			
Colour	Pale Yellow		Pale Yellow
Method : MANUAL			
Volume	10 ML		
Appearence	Clear		Clear
pH	Acidic 5.5		5.5 - 7.0
Method : DOUBLE INDICATOR			
Specific Gravity	1.010		1.003 - 1.030
Method : ION EXCHANGE			
CHEMICAL EXAMINATIONS :			
Protein	Negative		Negative
Method : COLOR CHANGE OF ACID-BASE INDICATOR			
Glucose	Negative		Negative
Method : GLUCOSE OXIDASE-PEROXIDASE REACTION			
Blood	Negative		Negative
Method : PER-OXIDATION OF INDICATOR			
Acetone/Ketone	Negative		Negative
Method : LEGAL'S TEST			
Urobilinogen	Negative		Negative
Method : COUPLING REACTION			
Bilirubin	Negative		Negative
Nitrite	Negative		Negative
Method : GRIESS TEST			
Leucocyte Esterase	Negative		Negative
Method : GRANULOCYTE ESTERASE ENZYMATIC REACTION			
MICROSCOPIC EXAMINATIONS			
Pus Cells	3-4	/hpf	0 - 5
Method : LIGHT MICROSCOPY			
Epithelial Cells	2-3	/hpf	0 - 5
Method : LIGHT MICROSCOPY			
Red blood Cells	NIL	/hpf	0 - 2
Method : LIGHT MICROSCOPY			
Cast	Not Detected		Not Detected
Method : LIGHT MICROSCOPY			

Scan to Validate

NABL-M(EL)T-00070

CARE DIAGNOSTICS
INSPIRED BY LIFE

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:53 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range
Crystals	Not Detected		Not Detected
Method : LIGHT MICROSCOPY			
Microscopic Organism	Not Detected		Not Detected
Method : LIGHT MICROSCOPY			
Others	Not Detected		Not Detected
Method : LIGHT MICROSCOPY			

Test Interpretation

Urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. A physical examination, chemical examination and microscopic examination of the urine sample is performed to check for a urinary tract infection, kidney problem or diabetes.

"The Parameter marked with an *are not-recognized by NABL".

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:38 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

RADIOLOGY

2D ECHO

TRANS-THORACIC ECHO REPORT

M-MODE / 2D MEASUREMENTS

LVEF (>55) : 60%

IVS(d) :1.2cm LVID(d): 3.6cm LV-EDV: 55ml LA(AP) : 2.9cm
PWD(d): 1.1cm LVID(s): 2.3cm LV-ESV: 19ml Aorta : 2.7cm
RA : 2.6cm RV : 3.3cm TAPSE (>1.6): 2.2 cm

DOPPLER STUDY

MITRAL VALVE : E/A-0.7/0.6m/s, NORMAL LVDF MR-NO
AORTIC VALVE : PG- 3.0mmHg, AR-NO
TRICUSPID VALVE : TR-TRIVIAL
PULMONARY VALVE : PG- 1.2mmHg, PR-NO
PA PRESSURE : PG- 16.4mmHg, PA PRESSURE-NORMAL

VALVES

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL, TRILEAFLET
TRICUSOID VALVE : NORMAL
PULMONARY VALVE : NORMAL

CHAMBERS

LEFT VENTRICLE : NORMAL, NORMAL LV SYSTOLIC FUNCTION.
RIGHT VENTRICLE : NORMAL SIZED, NORMAL RV FUNCTION.
LEFT ATRIUM : NORMAL SIZED.
RIGHT ATRIUM : NORMAL SIZED.

SEPTAE :IAS AND IVS INTACT.

ARTERIES& VEINS

AORTA : NORMAL
PULMONARY ARTERY : NORMAL
IVC,SVC & CS : IVC-15mm (NORMAL SIZED/COLLAPSING/NORMAL PA PRESSURE)

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 12:38 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

OTHER FINDINGS

REGIONAL WALL MOTION ABNORMALITY : NO RWMA
PERICARDIAL EFFUSION :NOT PRESENT
CLOTS / VEGETATION :NOT PRESENT

CONCLUSION

- NORMAL CHAMBER DIMENSIONS
- NORMAL VALVES
- NORMAL PA PRESSURE
- NO RWMA
- NORMAL LV SYSTOLIC FUNCTION
- LVEF - 60%

END OF REPORT

Ms.CHITRA
CARDIAC SONOGRAPHER

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 10:31 AM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

RADIOLOGY

USG ABDOMEN AND PELVIS

LIVER is normal shape, size 143.0mm and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is well distended with normal wall thickness. No evidence of calculi pericholecystic fluid. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size 100.0mm and echopattern. No evidence of calcifications or focal lesions. Splenic hilum is normal.

KIDNEYS Both kidneys are normal in size, shape, location and echopattern.
Cortico- medullary differentiation is well maintained.
No evidence of calculus or hydronephrosis.
Right kidney measures –94x41.0mm
Left kidney measures - 90x43.0 mm

URINARY BLADDER is well distended with normal contour. Wall thickness is normal.
No evidence of calculi / diverticuli.

PROSTATE is normal in size and echotexture measuring 12.0cc in volume. No evidence of cysts/focal lesions.
No evidence of ascites / intraabdominal lymphadenopathy.

IMPRESSION:

- **DIFFUSE GRADE I FATTY LIVER**
- **NO OTHER SIGNIFICANT ABNORMALITY.**

END OF REPORT

Dr Punith B R
MBBS, DMRD
Consultant Radiologist
KMC No.: 83002
FMF ID: 126214

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: Mar 23, 2024, 09:59 a.m.
Age / Sex	: 33 years / Male	**Reported**	: Mar 23, 2024, 10:36 a.m.
Mobile No.	: 8553845928	**Printed**	: Mar 23, 2024, 10:54 p.m.
Referred by	: SELF	**Patient ID**	: crd-233009

RADIOLOGY

XRAY OF CHEST – PA VIEW

The cardiac size and configuration are within normal limits.
The lung fields are clear. The broncho-vascular markings are normal.
The costo- and cardio-phrenic angles are free.
Both domes of the diaphragm are normal.
No abnormality is seen in the bones and soft tissues of the chest wall.
The visualized abdominal structures appear normal.

IMPRESSION:

No significant finding in the lungs or mediastinum.

END OF REPORT

Dr Punith B R
MBBS, DMRD
Consultant Radiologist
KMC No.: 83002
FMF ID: 126214

Scan to Validate

Patient Name	: MR. SUKAMAL RAKSHIT	**Collected**	: 23/03/24, 09:59 AM
Age / Sex	: 33 years / Male	**Reported**	: 23/03/24, 03:28 PM
Mobile No.	: 8553845928	**Printed**	: 23/03/24, 10:54 PM
Referred by	: SELF	**Patient ID**	: crd-233009

Test Description	Value(s)	Unit	Reference Range

PATHOLOGY

Glucose, Post Prandial (PPBS)

Specimen Type : Fluoride - PP

Post Prandial Blood Sugar	89.1	mg/dl	70 - 139

Method : HEXOKINASE

Test Interpretation

A postprandial blood glucose (PPBG) test is a blood glucose test that determines the amount of glucose, in the plasma after a meal. This test is done to determine if your blood glucose level is within a healthy range; to screen for and diagnose diabetes and prediabetes and to monitor for high blood glucose (hyperglycemia) or low blood glucose (hypoglycemia).The post prandial plasma glucose concentration depends on a variety of factors, including the timing, quantity, and composition of the meal; carbohydrate absorption, insulin & glucogon secretion, and their coordinated effects on glucose metabolism in the liver & peripheral tissues.

END OF REPORT

Dr.Guruprasad C
Consultant Pathologist
KMC No. 96510

Scan to Validate

Sukamal Rakshit
233009

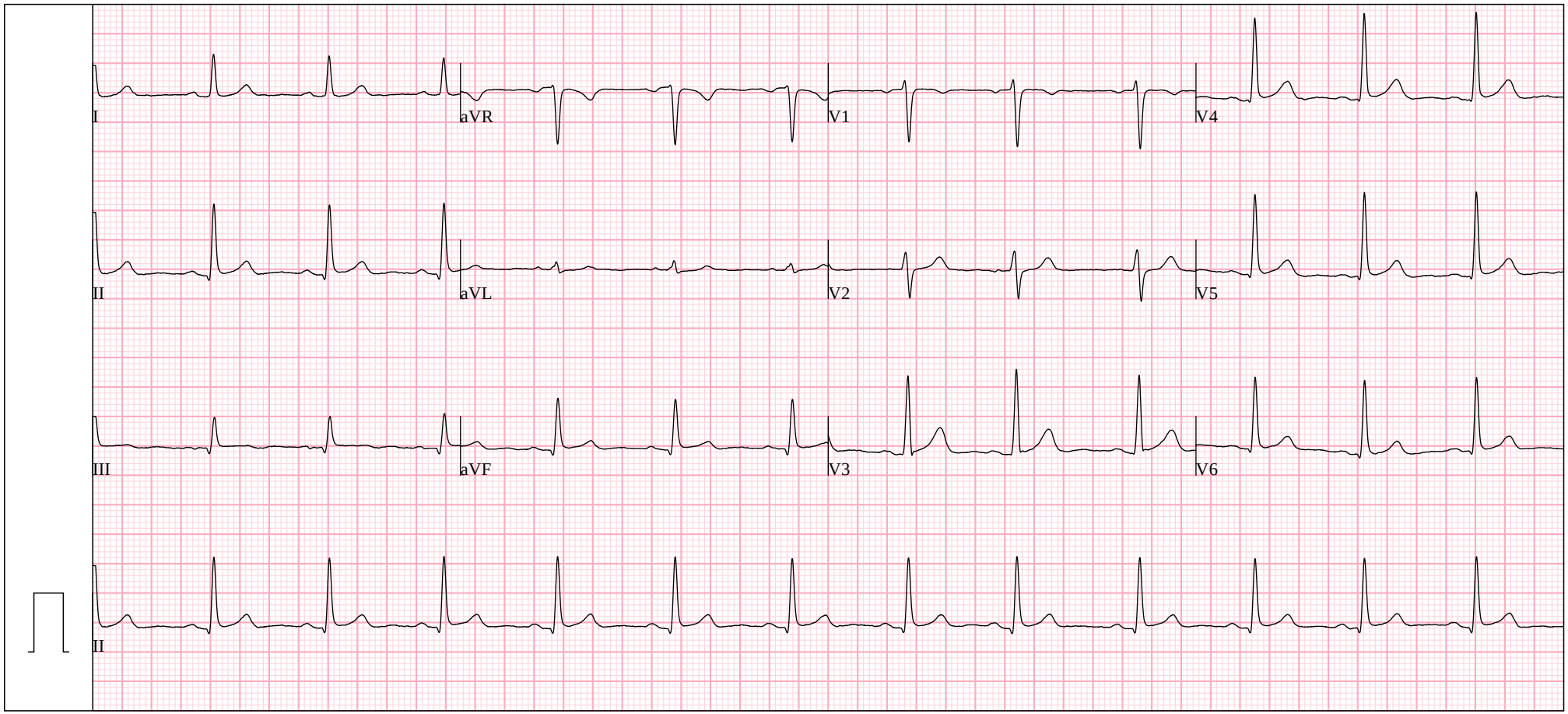
Male

33 Years

23.03.2024 10:43:11
CARE DIANOSTICS
NEELADRI ROAD
BANGALORE

77 bpm
-- / -- mmHg

QRS :	80 ms	Normal sinus rhythm
QT / QTcBaz :	348 / 393 ms	Normal ECG
PR :	150 ms	
P :	90 ms	
RR / PP :	780 / 779 ms	
P / QRS / T :	36 / 53 / 49 degrees	



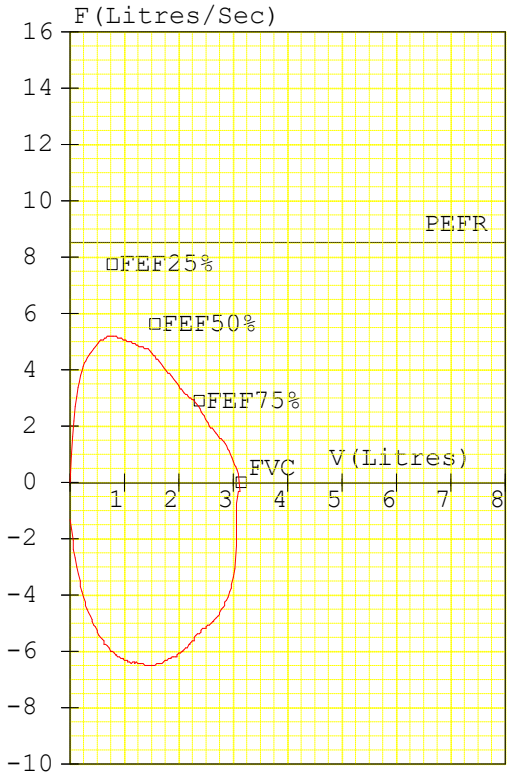
Unconfirmed

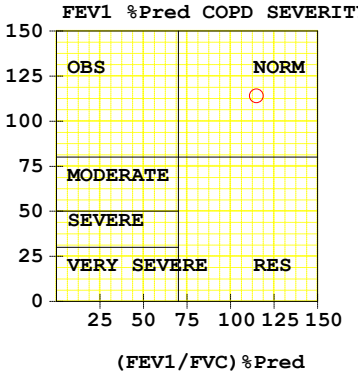
GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 4x2.5x3_25_R1 1/1

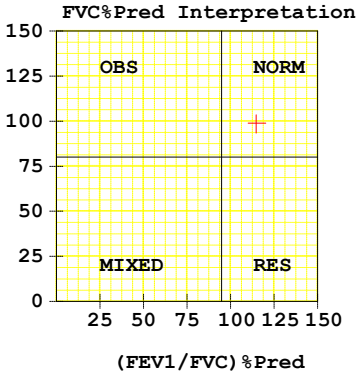
CARE DIAGNOSTICS

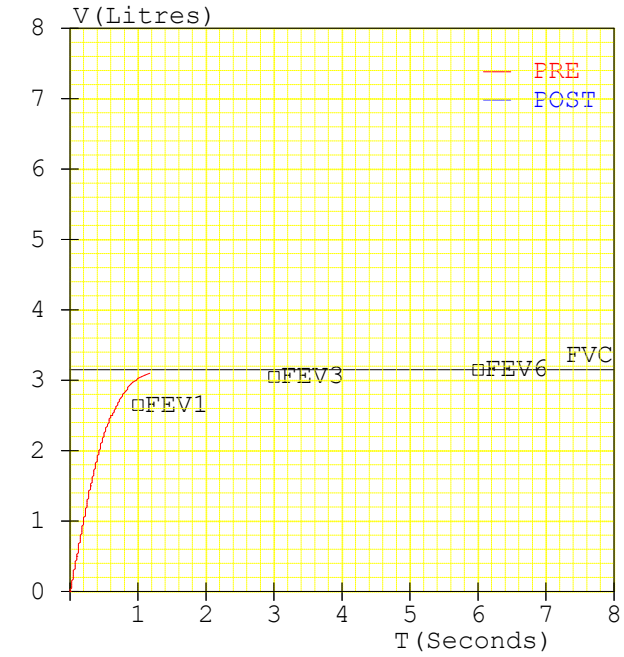
3RD CROSS,NEELADRI ROAD E-CITY PH-1 BANGALORE

Patient:	SUKAMAL RAKSHIT	**Age**	: 33 Yrs	**Gender**	: Male
Refd.By:		**Height**	: 162 Cms	**Smoker**	: No
Pred.Eqns:	RECORDERS	**Weight**	: 66 Kgs	**Eth. Corr:**	100
Date	: 23-03-2024 10:48 AM	**ID**	: 233009	**Temp**	:









FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.15	03.11	099	-----	---	---
FEV1	(L)	02.66	03.03	114	-----	---	---
FEV1/FVC	(%)	84.44	97.43	115	-----	---	---
FEF25-75	(L/s)	04.10	04.03	098	-----	---	---
PEFR	(L/s)	08.53	05.15	060	-----	---	---
FIVC	(L)	-----	03.15	---	-----	---	---
FEV.5	(L)	-----	02.24	---	-----	---	---
FEV3	(L)	03.05	03.11	102	-----	---	---
PIFR	(L/s)	-----	06.45	---	-----	---	---
FEF75-85	(L/s)	-----	02.14	---	-----	---	---
FEF.2-1.2	(L/s)	06.96	04.79	069	-----	---	---
FEF 25%	(L/s)	07.74	05.12	066	-----	---	---
FEF 50%	(L/s)	05.62	04.45	079	-----	---	---
FEF 75%	(L/s)	02.90	02.77	096	-----	---	---
FEV.5/FVC	(%)	-----	72.03	---	-----	---	---
FEV3/FVC	(%)	96.83	100.00	103	-----	---	---
FET	(Sec)	-----	01.18	---	-----	---	---
ExplTime	(Sec)	-----	00.14	---	-----	---	---
Lung Age	(Yrs)	033	028	085	-----	---	---
FEV6	(L)	03.15	-----	---	-----	---	---
FIF25%	(L/s)	-----	05.48	---	-----	---	---
FIF50%	(L/s)	-----	06.43	---	-----	---	---
FIF75%	(L/s)	-----	05.81	---	-----	---	---

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80