

SEFRA DIGITAL X-RAY

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W)
Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

PORTABLE X-RAY AVAILABLE

PATIENT NAME : MR. KRISHNA NAND	AGE / SEX 45 YRS / M
REF BY DR: JINKUSHAL HOSPITAL	DATE : 07/02/2025

X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Dr. Patil

Dr. Devendra Patil
MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.



Name : Mr. KRISHNA NAND
Lab ID. : 222676
Age/Sex : 45Years / Male
Ref By : COMPANY PACKAGE-JINKUSHAL
Consulting Dr. : DR. MAYUR JAIN

Collected On : 7/2/2025 12:06 pm
Received On : 7/2/2025 12:16 pm
Reported On : 7/2/2025 8:31 pm
Report Status : FINAL

***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	202.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	47.9	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	136.6	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	27	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	127	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	2.65		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.22		<5.0

Above reference ranges are as per **ADULT TREATMENT PANEL III** recommendation by **NCEP (May 2015)**.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Angad_Prasad1

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist
Regd.No.: 3401/09/2007





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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	15.4	gm/dl	13 - 18
HEMATOCRIT (PCV)	46.2	%	42 - 52
RBC COUNT	4.39	x10 ⁶ /uL	4.70 - 6.50
MCV	105	fl	80 - 96
MCH	35.1	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.1	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	8050	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	53	%	40 - 80
LYMPHOCYTES	37	%	20 - 40
EOSINOPHILS	04	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	171000	/cumm	150 to 410
MPV	10.9	fl	6.5 - 11.5
PDW	16.9	%	9.0 - 17.0
PCT	0.190	%	0.200 - 0.500
RBC MORPHOLOGY	Mild macrocytosis		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPECIMEN	Serum		
T3	136.0	ng/dl	84.63 - 201.8
T4	9.76	µg/dl	5.13 - 14.06
TSH	3.04	µIU/ml	0.35 - 4.94
DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3			
T3 (Triiodo Thyronine)		T4 (Thyroxine)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7
TSH(Thyroid stimulating hormone)			
AGE	RANGES		
0-14 Days	1.0-39		
2 weeks -5 months	1.7-9.1		
6 months-20 years	0.7-6.4		
Pregnancy			
1st Trimester	0.1-2.5		
2nd Trimester	0.20-3.0		
3rd Trimester	0.30-3.0		

INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
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***RENAL FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	21.9	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	10.23	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.75	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	7.70	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	139.7	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	3.99	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	103.2	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.60	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.80	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	7.35	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.48	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.87	g/dl	1.9 - 3.5
A/G RATIO calculated	1.56		0 - 2

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	1.16	mg/dL	0.1 - 1.2
DIRECT BILLIRUBIN (Method-Diazo)	0.48	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.68	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	38.4	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	52.6	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	79.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	7.35	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.48	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.87	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.56		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	6	mm/1hr.	0 - 20

METHOD - WESTERGREN

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	128.3	mg/dL	70 - 110
URINE GLUCOSE FASTING	Absent		
URINE KETONE FASTING	Absent		
BLOOD GLUCOSE PP	175.0	mg/dL	70 - 140
URINE GLUCOSE PP	Absent		
URINE KETONE PP	Absent		

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms + Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria.

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
AVERAGE BLOOD GLUCOSE (A. B. G.)	134.1	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5

METHOD Particle Enhanced Immunturbidimetry
 HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

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TUMOUR MARKER

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
(Serum,CMIA) PSA- PROSTATE SPECIFIC ANTIGEN	0.52	ng/ml	

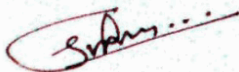
INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-CT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital and sonological examinations.

Result relates to sample tested, Kindly correlate with clinical findings.

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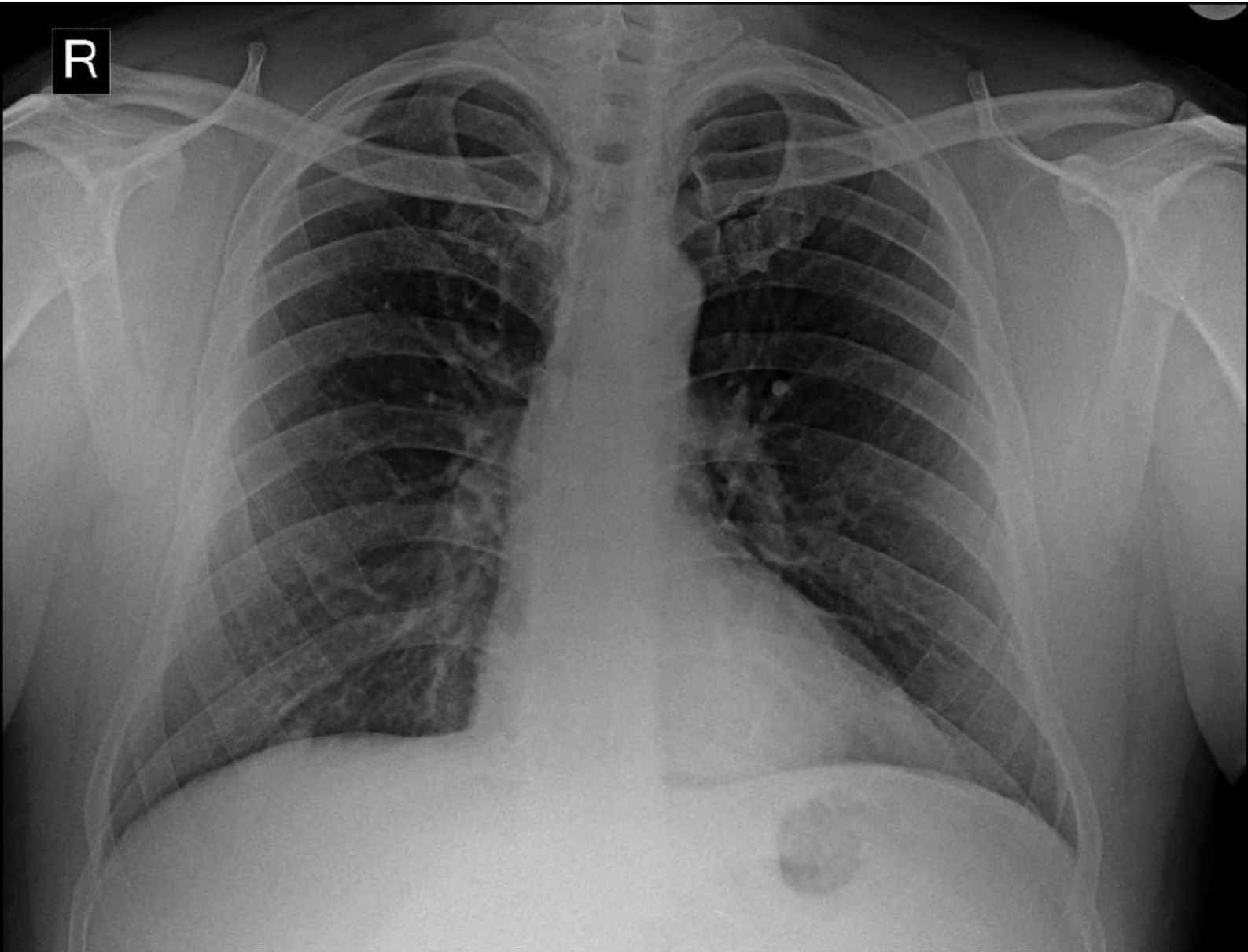
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SEFRA DIGITAL X-RAY. JINKUSHAL CARDIAC CARE HOSPITAL, THANE