

UHID No / Reg No :- UD-24250016404 / 24250016404

Print Date : 26-Oct-2024 02:58 PM

Patient Name :- Mr KUMAR BHAVESH Father  
BANK OF BARODA

:-

Mobile :- 7049808095

Receipt No :- 24250001256 / 26 Oct 2024

Age :- 41 Y/M

Address :- SHISO , Darbhanga

Referred By :- SELF

**Final Report**

Investigations	Observations	Biological Ref. Interval	Unit
<b>Sample No:24256451 Type of Sample :- Blood,</b>			
<b>HAEMATOLOGY</b>			
CBC			
HB	16.5	13.00 - 18.00	gm/dl
TLC	5,600	4000.00 - 11000.00	Cells/cumm.
DLC DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	51	40.00 - 75.00	%
LYMPHOCYTES	42	20.00 - 45.00	%
EOSINOPHILS	04	1.00 - 6.00	%
MONOCYTES	03	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
BLASTS	00		%
RBC	4.98	4.50 - 5.50	million/cumm
HCT	46.5	35.00 - 50.00	%
MCV(MEAN CELL VOLUME)	93.37	83.00 - 101.00	fl
MCH(MEAN CELL HAEMOGLOBIN)	33.2	27.00 - 32.00	pg
MCHC	35.5	31.50 - 35.00	gm%
PLATELET COUNT	1.87	1.50 - 4.10	lacs /cumm

Remarks :-

Lab Technician

Dr E Haque

MBBS.MD

Pathologist

\* END OF REPORT \*

Note :- \* If the result of the test is alarming or unexpected, the patient is contact the laboratory immediately  
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**Final Report**

**Investigations**

Sample No: 24256451 Type of Sample :- Blood,

**HAEMATOLOGY**

**HBA1C(GLYCOSYLATED HAEMOGLOBIN)**

Fully Automated H.P.L.C (Biorad Variant II Turbo)

Normal - 4.2 - 6.2 %

Good diabetic control - 5.5 - 6.8 %

Fair control - 6.8 - 8.2 %

Poor control - > 8.2 %

AIC Result

%	MEAN PLASMA GLUCOSE	Observations	Biological Ref. Interval	Unit
12.0	345	5.8	4.20 - 6.00	%
11.0	310			
10.0	275			
9.0	240			
8.0	205			
7.0	170			
6.0	135			
5.0	100			
4.0	65			

Remarks :-

*E Haque*

Dr E Haque

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Pathologist

Lab Technician

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<b>HAEMATOLOGY</b>			
ESR	05	0.00 - 15.00	mm at 1 hr
<b>BLOOD GROUP</b>			
ABO BLOOD GROUP	"B"		
RH. FACTOR	POSITIVE		
<b>URINE EXAMINATION</b>			
URINE SUGAR	NIL		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR FASTING	76.0	70.00 - 110.00	mg/dl
BLOOD SUGAR PP	112.0	70.00 - 145.00	mg/dl
GAMMA-GLUTAMYL TRANSFERASE (GGT)	22.0	0.00 - 55.00	IU/L

Remarks :-

SPIRIT TO

HEAL  
*E Haque*

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Investigations	Observations	Biological Ref. Interval	Unit
<b>Sample No:24256451 Type of Sample :- Blood,</b>			
<b>BIOCHEMISTRY</b>			
<b>RFT (RENAL FUNCTION TESTS)</b>			
UREA	18.0	13.00 - 43.00	mg/dl
CREATNINE	0.79	0.70 - 1.40	mg/dl
URIC ACID	6.2	3.60 - 7.70	mg/dl
SERUM SODIUM NA+	139.1	135.00 - 145.00	mEq/Ltr
SERUM POTASSIUM K+	4.9	3.50 - 5.20	mEq/Ltr
SERUM CHLORIDE CL-	108.2	98.00 - 110.00	mEq/Ltr
CALCIUM	9.0	8.80 - 10.20	mg/dl
PHOSPHORUS	4.1	2.50 - 5.00	mg/dl
TOTAL PROTIENS	7.3	6.60 - 8.70	g/dl
ALBUMIN	4.1	3.50 - 5.20	gm%
GLOBULIN	3.20	1.50 - 3.60	gms/dl
ALBUMIN/GLOBULIN RATIO	1.28	1.00 - 1.80	g/dl

Remarks :-

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**Final Report**

Investigations	Observations	Biological Ref. Interval	Unit
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Sample No:24256451 Type of Sample :- Blood,

**BIOCHEMISTRY**

**LFT (LIVER FUNCTION TESTS)**

TOTAL BILIRUBIN	0.79	0.00 - 1.20	mg/dl
DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
INDIRECT BILIRUBIN	0.55	0.20 - 0.70	mg/dl
SGOT	19.0	2.00 - 31.00	U/L
SGPT	30.0	0.00 - 45.00	U/L
ALKALINE PHOSPHATASE	96.0	56.00-119.00	U/L
TOTAL PROTIENS	7.3	6.60 - 8.70	g/dl
ALBUMIN	4.1	3.50 - 5.20	gm%
GLOBULIN	3.20	1.50 - 3.60	gms/dl
A/G RATIO	1.28	2:1	RATIO

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<b>LFT (LIVER FUNCTION TESTS)</b>			
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DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
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A/G RATIO	1.28	2:1	RATIO

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**Final Report**

Investigations	Observations	Biological Ref. Interval	Unit
Sample No:24256451 Type of Sample :- Blood,			
<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE</b>			
TOTAL CHOLESTROL	167.0	Desirable : - < 200 mg/dL Borderline: - 200 - 239 mg/dL High : - > 240mg/dL	mg/dl
TRIGLYCERIDES	218.0	35.00 - 160.00	mg/dl
HDL CHOLESTROL	49.0	35.30 - 79.50	mg/dl
LDL CHOLESTROL	74.40	<130	mg/dl
VLDL	43.60	<40	mg/dl
CHOLESTROL/ HDL RATIO	3.41	<3.0 LOW RISK, 3.0-5.0 AVG RISK, >5.0 HIGH RISK	ratio
LDL/HDL RATIO	1.52	<3	ratio
Remarks :-			

Lab Technician

SPIRIT TO HEAL

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062722-99936 | 82355-92830

दिल्ली मोड़, निचर दरभंगा एयरपोर्ट, जिला दरभंगा

mediworldanmultispeciality.com  
care@mediworldmultispeciality.com



UHID No. / Reg No. :- UD-2000010001-2000010001

Patient Name :- Mr. NIMAS BHATTAR Pathan  
WANA OF BANARA

Print Date :- 20-03-2024 02:52 PM

Receipt No. :- 2000010001-20-03-2024

Mobile :- 7068800000

Address :- SHREE, Durgam

Age :- 41 Yrs

Referred by :- ABCD

## Final Report

Investigations	Observations	Biological Ref. Interval	Unit
Sample No.: 20240320 Type of Sample :- URINE			
<b>URINE EXAMINATION</b>			
<b>URINE ROUTINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	15		ML
COLOR	STRAW	CLEAR YELLOW	
APPEARANCE	CLEAR	CLEAR	
<b>CHEMICAL EXAMINATION</b>			
SPECIFIC GRAVITY	1.010	1.01 - 1.03	
PH	5.0	4.80 - 7.50	
GLUCOSE	NIL		
PROTEIN	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
RBC CELLS	1-2	0.00 - 3.00	HPF
WBC (RED BLOOD CELLS)	NIL	0.00 - 5.00	HPF
EPITHELIAL CELLS	1-2		HPF
CAKES	ABSENT	ABSENT	HPF
CRYSTALS	ABSENT	ABSENT	
BACTERIA	ABSENT	ABSENT	
YEAST CELLS	ABSENT	ABSENT	
OTHERS	ABSENT	ABSENT	
	NIL		

Remarks :-

Lab Technician



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MBBS, MD  
Pathologist

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:24256451 Type of Sample :- Blood,			
<b>IMMUNOLOGY</b>			
<b>THYROID PROFILE (T3,T4,TSH)</b>			
T3	-		
T4	1.3	0.69 - 2.15	ng/ml
TSH	9.8	5.20 - 12.70	ug/dl
	1.0	0.30 - 4.50	μIU/ml

#### Total T3 (Triiodothyronine)

##### Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

#### Total T4 (Thyroxine)

##### Clinical Significance :

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

#### TSH 3rd Generation

##### Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels

Remarks :-

Lab Technician

\* END OF REPORT \*

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PATIENT NAME	KUMAR BHAWESH	DATE	26 October 2024
REF. BY DR.	self	AGE/SEX	41 YEARS/MALE
INVESTIGATION	USG OF WHOLE ABDOMEN	UHID NO	16404

- LIVER: - Liver is normal in size (115 mm), **increased parenchymal echogenicity**.  
No focal lesion seen. No IHBR dilatation seen.
- CBD: - CBD (3.0 mm) and portal vein appear normal. No calculi or thrombosis seen.
- GB: - Gall bladder is well distended and appears normal. No calculi seen. No  
pericholecystic fluid seen.
- SPLEEN: - Spleen measures 82 mm in long axis and appears normal. Splenic veins appear  
normal. No focal lesion seen.
- PANCREAS: - Pancreas and Para-aortic region appear normal. Pancreatic duct appears normal.  
No focal lesion noted.
- R. KIDNEY: - Right kidney is normal in size and echo texture. Cortico-medullary differentiation  
is well preserved. No calculi or hydronephrosis seen.  
Rt. Kidney: - 90 x 45 mm.
- L. KIDNEY: - Left kidney is normal in size and echo texture. Cortico-medullary differentiation  
is well preserved. No calculi or hydronephrosis seen.  
Lt. Kidney: - 95 x 45 mm
- URETERS: - Both ureters are normal. No dilatation or calculi seen.
- UB: - Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is  
echo free.
- PROSTATE: - Prostate is normal in size (vol.15 cc), appearance and echo texture for adjusted  
age. No obvious focal lesion seen.
- OTHER: -  
➤ No enlarged lymph nodes are seen.  
➤ No free fluid seen in peritoneal cavity.  
➤ Bowel wall thickness appears normal.

**IMPRESSION**

- **Early fatty changes of liver.**  
➤ **Excessive bowel gasses are seen.**

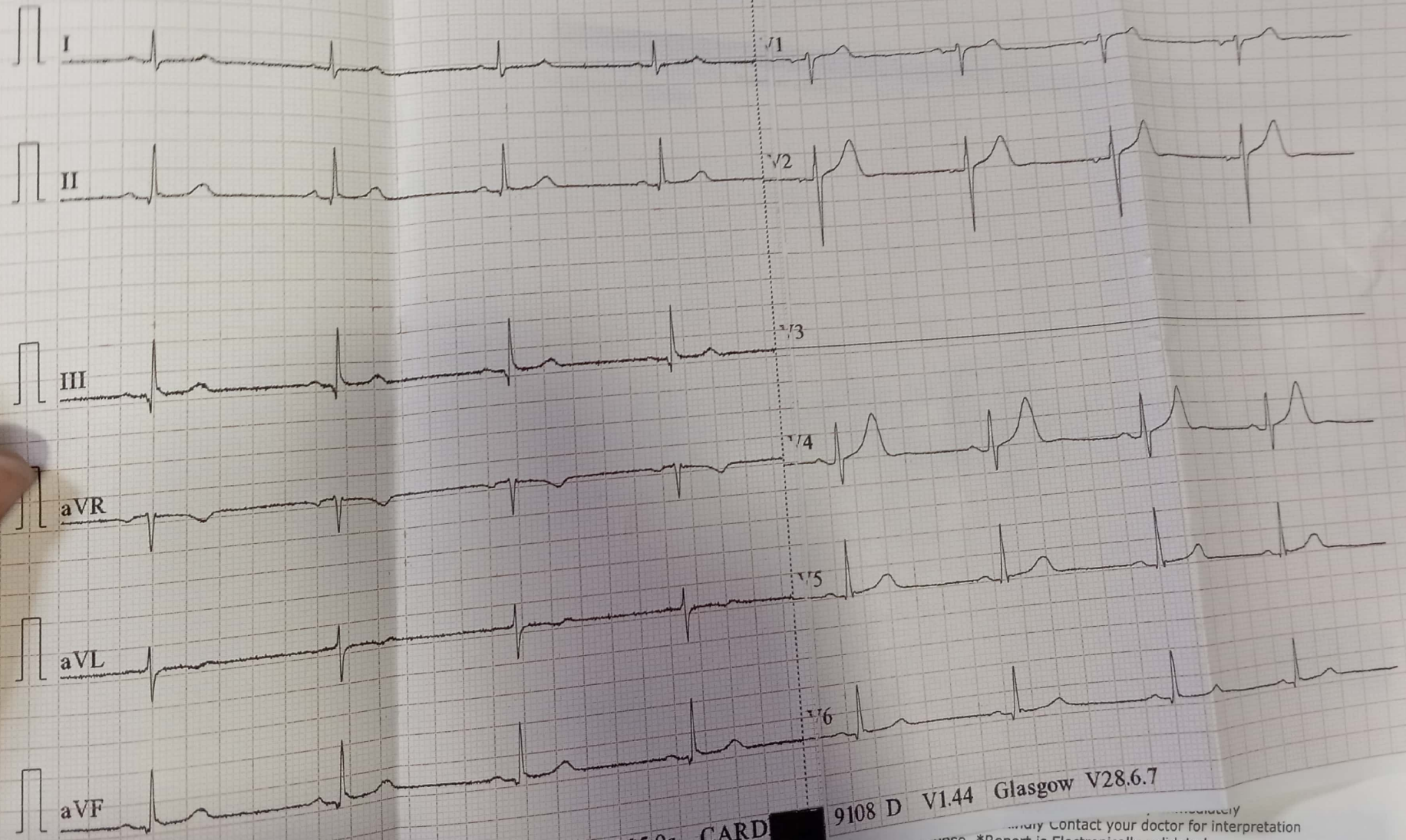
ID: 16073

Male      Years  
Req. No.    :

26-10-2024 09:27:08  
 HR : 49 bpm  
 P : 104 ms  
 PR : 160 ms  
 QRS : 90 ms  
 QT/QTcBz : 448/405 ms  
 P/QRS/T : 61/72/61 °  
 RV5/SV1 : 1.020/0.505 mV

Diagnosis Information:  
 Sinus bradycardia  
 Lead(s) unsuitable for analysis: V3  
 Normal ECG except for rate

Report Confirmed by:



10mm/mV Lead Off 2\*5.0s CARD 9108 D V1.44 Glasgow V28.6.7

Contact your doctor for interpretation  
 \*Report is Electronically validated.

