

(A Unit of Sparsh Multispecialty Hospital Private Limited)

GSTIN/UIN: 22AADCP8009N2Z9

CIN: U85110CT2005PTC017751

UHID

: 190252

PATIENT NAME

: MR. DEBASISH MANNA

AGE/SEX

: 38Y/MALE

CONSULTANT DOCTOR : HOSPITAL CASE

VISITID

: 0000370209

ORDER DATE : 26/02/2025 9:36:00AM

SAMP. DATE

: 26/02/2025 10:31:00AM

SPEC. NO

: 10584469

RESULT DATE : 26/02/2025 2:52:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE			
ESR	VALUE	RESULT	REFERENCE RANGE	
-51(05 mm at end of 1 hr			
		Normal	0 - 15	

TECHNICIAN

Dr AVISHESH SINGH MD

PATH

CONSULTANT



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: 26/02/2025 12:59:00PM

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DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	51)		
BILIRUBIN TOTAL BILIRUBIN DIRECT BILIRUBIN INDIRECT ALKALINE PHOSPHATASE SGOT SGPT TOTAL PROTEIN ALBUMIN GLOBULIN A.G.RATIO	VALUE 0.90 mg/dL 0.26 mg / dl 0.64 mg / dl 75 U / L 18 U / L 38 U / L 6.67 g / dl 4.64 g/dl 2.03 g / dl 2.29:1	RESULT Normal Normal High Normal Normal Normal Normal Normal	REFERENCE RANGE 0.1 - 1.2 0.1 - 0.6 0.1 - 0.4 0 - 270 10 - 55 0 - 40 6 - 8 4 - 5 2 - 3.5 1 - 2.5
1.1 <u></u> 21.0.1.31.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			1 - 4.5

TECHNICIAN

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: 10584462

RESULT DATE

: 26/02/2025 1:11:00PM

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DEPARTMENT OF PATHOLOGY

LIDTNE DOUBLE	DEPARTMENT C	F PATHOLOGY	
URINE ROUTINE AND ME	ICROSCOPY		
PHYSICAL EXAMINATION QUANTITY	VALUE	RESULT	REFERENCE RANGE
COLOUR	10 ml		
APPEARANCE	Pale Yellow		
REACTION	Clear		-
	Acidic		
CHEMICAL EXAMINATION ALBUMIN			
SUGAR	Nil		
- 50,11(Nil		
MICROSCOPIC EXAMINATION EPITHELIAL CELLS PUS CELLS	Nil /hpf		
RBC	Nil /hpf		0 - 5
CAST	Nil /hpf		1 - 2
RYSTAL	Nil /lpf		-
MORPHOUS DEBRIES	Nil		
THERS	Nil		
	Nil		
			-

TECHNICIAN

Dr. AVISHESH SINGH MD PATHOS

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DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

HEAMOGLOBIN)

HBA1 C (GLYCOSYLATED

5.2 %

RESULT

REFERENCE RANGE

Normal

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

At risk (Prediabetes) Diagnosing diabetes

->=6.0 to <=6.5

->=6.5

Therapeutic goals for glycemic control

- Age> 19 years

Goal of therapy: <7.0

- Action suggested: >8.0

- Age< 19 years

- goal of therapy: < 7.5

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long

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04/03/2025 4:13PM

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: 10584457

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: 26/02/2025 2:07:00PM

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DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER			
T3 (TRIIODOTHYRONINE) T4 (THYROXINE) TSH (THYROID STIMULATING HORMONE)	VALUE 1.472 ng/ml 10.86 ug/dl 2.185 uIU/ml	RESULT Normal Normal Normal	REFERENCE RANGE 0.69 - 2.15 5.2 - 12.7 0.3 - 4 5
DEFEN			0.5 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30-4.5

1st Trimester 2nd Trimester

0.10-2.50 0.20 - 3.00

3rd Trimester

0.30 - 3.00

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured 1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders

Thyroid dysfunction in infancy and early childhood

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SPEC. NO

: 10584461

RESULT DATE

: 26/02/2025 3:58:00PM

TPA

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DEPARTMENT OF PATHOLOGY

PARAMETER		THOLOGY	
BLOOD SUGAR - FASTING AND PP BLOOD SUGAR FASTING	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR PP	85 mg/dL	Normal	00
URINE SUGAR FASTING URINE FOR SUGAR	92 mg/dL	Low	80 - 120 120 - 140
URINE SUGAR PP URINE FOR SUGAR	Nil		-
	Nil		

TECHNICIAN

Dr. AVISHESH SINGH MD

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: 10584459

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: 26/02/2025 2:07:00PM

TPA

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DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER PSA (TOTAL)

VALUE

RESULT

REFERENCE RANGE

1.315 ng/ml

Normal

0 - 4

Note:

PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate glands. PSA is produced for the ejaculate where it liqueties semen in the terminal coagulum and allows sperms to swim freely.

Elevated serum PSA concentration are found in men with prostate cancer, begin prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is a accurate marker for monitoring advancing clinical stage in untreated patients of ca prostate and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen

1)An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives. 2) Followup and management of Prostate cancer patients

3) Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

- 1) Diagnosis of a disease should not be base on the result of a single test, but should be determined in conjuction with clinical
- 2) Patient sample containing human anti mouse antibodies (HAMA)may give falsely elevated of decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.
- 3)Therapeutic intervention may strongly influence the f/t PSA ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

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DEPARTMENT OF PATHOLOGY

PARAMETER		1.02001	
BLOOD GROUPING AND RH TYPING	VALUE	RESULT	REFERENCE RANGE
RH FACTOR	"O"		
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN)	Positive		
CREATININE SERUM CREATININE	10.74 mg / dl	Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFERASE) GGT (GAMMA GLUTAMYL TRANSFERASE)		Normal	0.3 - 1.5
URIC ACID	18 U/L	Normal	8 - 52
URIC ACID			
	5.98 mg/dL	Normal	3.6 - 7.7

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CONSULTANT DOCTOR

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VISITID

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: 26/02/2025 9:36:00AM : 26/02/2025 10:31:00AM

SAMP. DATE SPEC. NO

: 10584468

RESULT DATE

: 26/02/2025 12:23:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

	DEPARTMENT OF	DATUOLOGIC	
CBC (COMPLETE BLOC	DEPARTMENT OF	PATHOLOGY	
PARAMETER			
HAEMOGLOBIN (Hb)	VALUE 14.8 gm%	RESULT Normal	REFERENCE RANGE 13.5 - 17.5
TOTAL RBC COUNT HAEMATOCRIT (PCV) RBC INDICES MCV	4.80 Million/cumm 40.4 %	Normal Low	4.5 - 5.9 41.5 - 50.4
MCH MCHC RDW	84.2 fl 30.7 pg 36.5 % 13.2 %	Normal Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT NEUTROPHILS	6500 /cumm	Normal	4000 - 11000
LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	65 % 29 % 03 % 03 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
PLATELET COUNT	189000 /cumm	Normal	150000 - 450000

TECHNICIAN

Dr. AVISHESH SINGH MD PATH

CONSULTAN



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DEPARTMENT OF PATHOLOGY

LIPID PROFILE	SEPARTMENT OF PATHOLOGY		
PARAMETER CHOLESTEROL TOTAL TRIGLYCERIDES - SERUM HDL LDL VLDL CHOL: HDL Ratio LDL: HDL Ratio	VALUE 258 mg / dl 151 mg / dl 45.06 mg / dl 182.74 mg/dL 30.20 5.73:1 4.06:1	RESULT High Normal Normal High Normal	REFERENCE RANGE 150 - 220 60 - 165 35 - 80 90 - 160 20 - 50 3.5 - 5.5

TECHNICIAN

Dr. AVISHESH SINGH MD **PATH** pecialty

CONSULTANT



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Patient Name : MR. DEBASISH MANNA

Age / Sex Consultant

: 38Y / MALE

: DR. HOSPITAL CASE

Ref. By

: DR. HOSPITAL CASE

Category : MEDIWHEEL Visit ID

Spec No.

: 0000370209

Order Date

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Report Date

: 26/02/25 10:29AM

X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

- Please correlate clinically

DE SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBO Reg No. CGMC 4404/2012

Please bring all your previous reports. You should preserve and bring this report for future reference.



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Spec No.

Consultant

: DR. HOSPITAL CASE

Order Date

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Ref. By

: DR. HOSPITAL CASE

Samp.Date

Category

: MEDIWHEEL

Report Date

: 26/02/25 10:40AM

SONOGRAPHY USG WHOLE ABDOMEN-MALE

- * LIVER : Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.
- *PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein
- *COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.
- *GALL BLADDER : Seen in distended state with normal wall and lumen is echofree
- *SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.
- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- *KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

- *URINARY BLADDER: Seen in distended state and has normal wall architecture.Lumen is echo free.
- *PROSTATE:Normal in shape, size and echotexture.No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- * No remarkable Abnormality detected in the current scan.
 - Please correlate clinically

Dr. DILIP KUMAR SONI MBBS, DMRD CGMC-102/2003

Please bring all your previous reports. You should preserve and bring this report for future reference.