



PULKIT DIAGNOSTIC CENTRE

Dr. Nimisha Gupta

M.D. (Pathology) AIIMS, New Delhi
FNAC & Histopathology Expert, M.N.A.M.S. DNB
Ex- Registrar : PGIMER Chandigarh, GMCH Chandigarh

Patient Name : Mr. PRASHANT GANGWAR
Serial Number : 10241115-3
Age/Gender : 31 Year / Male
Billing To : Self
Ref By Doctor :

Visit Id : 241000799
Registered On : 15-11-2024 01:00 PM
Received On : 15-11-2024 01:10 PM
Reported On : 17-11-2024 02:11 PM
Report Status : Final Report

Investigation Name **Observed Value** **Unit** **Bio. Ref. Range**

Haematology

COMPLETE HAEMOGRAM

Haemoglobin / HB	14.0	gm/dl	13 - 15.8
Total Leucocyte Count / TLC	5.6	10 ³ /ul	4.0 - 11
Differential Leucocyte Count			
Neutrophils	57	%	40 - 70
Lymphocytes	35	%	20 - 45
Eosinophils	07	%	1 - 6
Monocytes	01	%	0 - 10
RBC (Red Blood Cell Count)	5.83	10 ⁶ /ul	4.2 - 5.4
PCV (Hematocrit)	45.1	%	40 - 54
MCV (Mean Corpuscular Volume)	77.4	fl	80 - 99.9
MCH (Mean Corp Hb)	24.0	pg	27 - 33
MCHC (Mean Corp Hb Conc)	31.0	g/dl	32 - 36
Platelet Count	2.28	Lac	1.50 - 4.50
<i>Method: Automated Cell Counter</i>			
RDW - CV	15.6	%	11.5 - 15
RDW - SD	41.9	fL	35 - 50
MPV (Mean Platelet Volume)	11.6	fL	6.8 - 12.6
PDW (Platelet Distribution Width)	16.0	fL	8.3 - 25
PCT	0.266	%	0.2 - 0.5
P-LCC	92.0	10 ³ /uL	44-140
P-LCR (Platelet - Large Cell Ratio)	40.4	%	13 - 43

ISO Certified
9001:2015



6 STEPS
quality control
to ensure 100%
report accuracy

Qualified
and trained
technicians

Temperature-
controlled containers
to store samples

Strict quality checks
on sample before
processing

Regular monitoring
of lab analyzers
by expert

Assured machine
inspection on a daily
basis

Verified reports
by qualified
pathologist

20+ Years of Trust &
Experience



Mr. PRASHANT GANGWAR Male 241000799

Technician

0581-4015967
9411220966



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A-1, P-2, D.D. PURAM, BAREILLY- 243001

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Senior Consultant Pathology



Home Sample Collection Available

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ESR (Erythrocyte Sedimentation Rate) <i>Method: Modified Westergren</i>	22	mm/1 hour	2 - 15



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Blood Group ABO			
ABO Blood Group	AB'		
Rh Factor	Positive		



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Urine Sugar Fasting

Clinical Pathology

Absent

Absent



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Biochemistry

Blood Sugar Fasting / FBS <i>Method: GOD/POD</i>	70.1	mg/dl	60 - 110
LIVER FUNCTION TEST / LFT			
Total Bilirubin <i>Method: Diazotised Sulphanilic Acid</i>	0.53	mg/dl	00 - 1.20
Direct Bilirubin <i>Method: Diazotised Sulphanilic Acid</i>	0.23	mg/dl	0 - 0.25
Indirect Bilirubin <i>Method: Calculated</i>	0.27	mg/dl	00-1.20
Total Proteins <i>Method: Biuret</i>	7.1	g/dl	6.6 - 8.7
Albumin <i>Method: BCG</i>	4.4	g/dl	3.5 - 5.2
Globulin <i>Method: Calculated</i>	2.70	g/dl	1.8 - 3.6
Albumin / Globulin Ratio <i>Method: Calculated</i>	1.63		0.9 - 2
Aspartate Transaminase (SGOT) <i>Method: IFCC</i>	15.6	U/L	0 - 35
Alanine Transaminase (SGPT) <i>Method: IFCC</i>	11.2	U/L	0 - 45
Alkaline Phosphatase <i>Method: IFCC</i>	86.2	IU/L	35 - 104

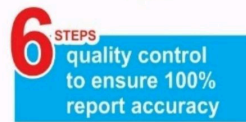
COMMENT :

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction.

If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

KIDNEY FUNCTION TEST / KFT

Blood Urea <i>Method: GLDH</i>	23.6	mg/dl	10 - 50
Creatinine <i>Method: Jaffes Kinetic</i>	0.78	mg/dl	0.7 - 1.2



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Uric Acid Method: Enzymatic PAP	6.0	mg/dl	3.5 - 7.2
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Haematology

HBA1C ESTIMATION
Method: HPLC

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C 5.4 %
EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	Non-diabetic range
5	100	
6	135	
7	170	ADA target
8	205	Action suggested
9	240	
10	275	
11	310	
12	345	

REMARKS:-In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia .The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.



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Biochemistry

LIPID PROFILE

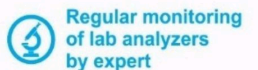
Triglycerides <i>Method: Enz.GPO/PAP</i>	189.6	mg/dl
Cholesterol Total <i>Method: CHOD/POD</i>	149.8	mg/dl
HDL Cholesterol <i>Method: Enzymatic</i>	35.2	mg/dl
LDL Cholesterol <i>Method: Direct Homogeneous Assay</i>	73.12	mg/dl
VLDL Cholesterol <i>Method: Calculated</i>	37.92	mg/dl
Cholesterol Total / HDL - C, Ratio <i>Method: Calculated</i>	4.26	
LDL-C / HDL - C, Ratio <i>Method: Calculated</i>	2.08	

Interpretation:

A lipid profile that measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Acceptable/Low Risk :	< 200 mg/dL	:	<130 mg/dL	:	< 4.5
Borderline High Risk :	200-239 mg/dL	:	130-159 mg/dl	:	4.5 - 6.0
High Risk :	> 240 mg /dL	:	> 160 mg/dL	:	> 6.0



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Immunology

THYROID PROFILE (TOTAL)

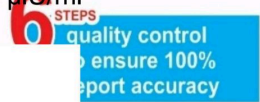
T3 (Total) <i>Method: CLIA</i>	1.40	ng/ml	0.50 - 2.0 ng/ml
T4 (Total) <i>Method: CLIA</i>	8.90	µg/dl	4.4 - 10.8 µg/dl
TSH (3rd Generation) <i>Method: Immunoassay CLIA</i>	2.66	µIU/ml	0.280 - 6.82 µIU/ml

Children

Premature Infant	:	0.8 - 5.2	uIU/mL
Cord Blood	:	1.0 - 17.4	uIU/mL
1-3 Days	:	1.0 - 17.4	uIU/mL
1-2 Weeks	:	1.7 - 9.1	uIU/mL
4-12 Months	:	0.8 - 8.2	uIU/mL
1-5 Years	:	0.8 - 8.2	uIU/mL
5-10 Years	:	0.7 - 7.0	uIU/mL
10-15 Years	:	0.7 - 5.7	uIU/mL

INTERPRETATION:

- TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed TSH (<0.01uIU/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (> 7uIU/ml) suggest hypothyroidism. TSH levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in TSH secreting pituitary adenoma (secondary hyperthyroidism) parth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.
- Mild to modest elevations in patients with normal T3 & T4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism). Mild to modest decreased with normal T3 and T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.



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Clinical Pathology

URINE ROUTINE EXAMINATION

Physical Examination

Volume	15 ml.	ml.	
Colour	Pale-yellow		Pale-yellow
Deposits / Clarity / Turbidity / Transparency	Clear		Absent
Specific Gravity (S.G)	Q.N.S		

Chemical Examination

Reaction (pH)	Acidic		Acidic
Proteins	Absent		Absent
Sugar	Absent		Absent

Method: Double Sequential Enzyme Reaction

Microscopic Examination

Pus Cells	0-1	/HPF	<2-5 / hpf
Red Blood Cells	Absent	/HPF	<2 RBC's/hpf
Casts	Absent	lpf	0-5 hyaline casts/lpf
Crystals	Absent		Absent
Epithelial Cells	Occasional	/HPF	<15-20 / hpf
Bacteria	Absent		Absent
Others	-		Absent

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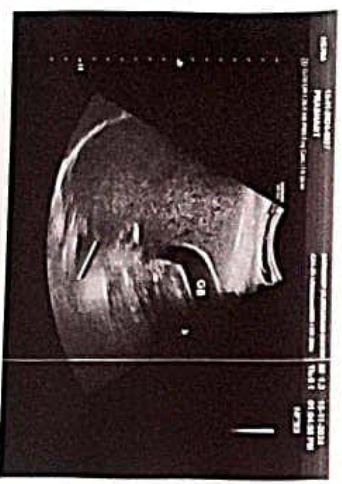
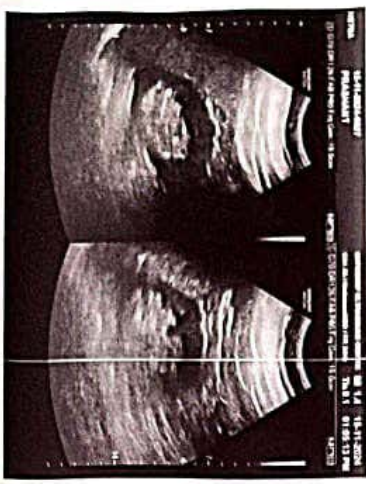
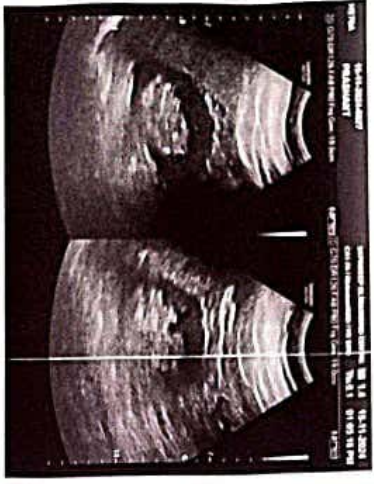
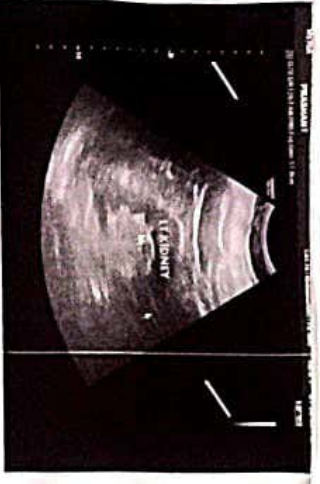
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SATVADEEP ULTRASOUND & PATHOLOGY CENTRE
 B-55, Deen Dayal Puram, Adjacent to O2 Gym, Bareilly - 243122


NAME: PRASHANT GANGWAR	SEX: MALE	AGE: 31	YEARS
REFERRED BY: SELF	DATE: 15/11/2024.		

ABDOMINO-PELVIC SONOGRAPHY

Liver is mildly enlarged in size (15.2 cm) shows diffuse fatty infiltration. No focal lesions. Portal vein is normal.
 Gall Bladder is well distended. Wall thickness normal. No calculus. No sludge. No evidence of HBR dilatation. CBD is normal.
 Pancreas is normal in size, outline and echo texture. No focal lesion.
 Spleen is normal in size, outline and echo texture. No focal lesion.
Right kidney
 Normal in size and echo texture. Cortico-medullary differentiation is preserved. No evidence of hydronephrosis. The ureter is not dilated.
Left kidney
 Normal in size and echo texture. Cortico-medullary differentiation is preserved. No evidence of hydronephrosis. The ureter is not dilated.
 Left kidney shows 2-3 mm concretions.
 A calculus noted measuring approx. 4.6 mm seen involving mid group of calyces.
 Urinary Bladder is partially distended.
 Wall appears normal. No mural lesion/calculi.
 Prostate is grossly normal in size.
 Both iliac fossa - No mass / collection. No evidence of bowel thickening.
 No evidence of ascites. No evidence of pleural effusion.

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY CHANGES OF LIVER.
 - LEFT RENAL CALCULUS (~4.6 mm) as described above.
 - BILATERAL RENAL 2-3 MM CONCRETIONS.
- Suggested Urine R/M.*


 DR RAJAT SAXENA
 MBBS, DMRD RADIOLOGIST



NOT VALID FOR MEDICO LEGAL PURPOSE



PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name	: PRASHANT GANGWAR	15-11-2024
Ref. By. :	SELF	Age /Sex 31Y/ M
Investigation	: X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

Bilateral C.P. angles are clear.

Bony rib cage is normal.

IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically

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