

(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9





UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR : HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE : 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583295

RESULT DATE : 22/02/2025 6:38:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

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

Dr. AVISHESH SINGH MD

PATH

TECHNICIAN

CONSULTAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be

04/03/2025

1:52PM

Page 1 of 1



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583286

RESULT DATE

: 22/02/2025 5:42:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE		
BILIRUBIN TOTAL BILIRUBIN DIRECT BILIRUBIN INDIRECT ALKALINE PHOSPHATASE SGOT SGPT TOTAL PROTEIN ALBUMIN GLOBULIN A.G.RATIO	VALUE 0.58 mg/dL 0.27 mg / dl 0.31 mg / dl 72 U / L 28 U / L 47 U / L 7.39 g / dl 5.19 g/dl 2.20 g / dl 2.36:1	RESULT Normal Normal Normal Normal High Normal High 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

Dr. AVISHESH SINGH MD PATH

TECHNICIAN

CONSULTANT



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

· TOTTTALL

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

RESULT DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583288

: 22/02/2025 5:34:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

Upril -	- E. AKIMENI	OF PATHOLOGY	
URINE ROUTINE AND MIC	CROSCOPY		
PARAMETER	VALUE	RESULT	DEFERENCE
PHYSICAL EXAMINATION		KESOLI	REFERENCE RANGE
QUANTITY COLOUR	10 ml		
APPEARANCE	Straw		
REACTION	Clear		
REACTION	Acidic		
CHEMICAL EXAMINATION			
LBUMIN	Nil		
UGAR	Nil		
	INII		•
ICROSCOPIC EXAMINATION			
PITHELIAL CELLS	1-2 /hpf		
JS CELLS	0-1 /hpf		0 - 5
C	Nil /hpf		1 - 2
AST	Nil /lpf		
RYSTAL	Nil		
ORPHOUS DEBRIES	Nil		•
THERS	Nil		•
			-

TECHNICIAN

Dr. AVISHESH SINGH MD PATH

CONSULTANT



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583293

RESULT DATE

: 22/02/2025 5:42:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.9 %

Normal

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic \geq 18 years - 4.0 - 6.0 At risk (Prediabetes)

->=6.0 to <=6.5

Diagnosing diabetes

->=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 be appopriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.

> Dr. AVISHESH SINGH MD PATH/

CONSULTANT

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be

04/03/2025 1:53PM

O Ram Nagar Supela Philai (C.C.) A Dh. 0700 4252222 405



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583283

RESULT DATE

: 22/02/2025 6:25:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER

T3 (TRIIODOTHYRONINE)

T4 (THYROXINE) TSH (THYROID STIMULATING HORMONE)

VALUE

1.377 ng/ml

8.932 ug/dl 1.413 uIU/ml RESULT

REFERENCE RANGE Normal 0.69 - 2.15

Normal Normal

5.2 - 12.7 0.3 - 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

Note:

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

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be

04/03/2025 1:53PM

O Dam Magar Cu



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583287

RESULT DATE

: 22/02/2025 5:42:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	WALLE			
BLOOD SUGAR - FASTING AND PP	VALUE	RESULT	REFERENCE RANGE	
BLOOD SUGAR FASTING BLOOD SUGAR PP	93 mg/dL	Normal	80 - 120	
URINE SUGAR FASTING	122 mg/dL	Normal	120 - 140	
URINE FOR SUGAR URINE SUGAR PP	Nil			
URINE FOR SUGAR	Nil			

Dr. AVISHESH SINGH MD **PATH**

CONSULTANT

TECHNICIAN



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9

UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583285

RESULT DATE

: 22/02/2025 6:25:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

1.072 ng/ml

Normal

0 - 4

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

Clinical Use

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.

Note:

- 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

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be

04/03/2025 1:54PM

@ Dam Magar Cu Page 1 of 1



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583292

RESULT DATE

: 22/02/2025 4:06:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE			
BLOOD GROUPING AND RH TYPING	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUP RH FACTOR	"AB"			
BUN (BLOOD UREA NITROGEN)	Positive		-	
BUN (BLOOD UREA NITROGEN) CREATININE	9.81 mg / dl	Normal	8 - 23	
SERUM CREATININE GGT (GAMMA GLUTAMYL TRANSFERASE)	1.06 mg/dL	Normal	0.3 - 1.5	
GGT (GAMMA GLUTAMYL TRANSFERASE)	20 U/L	Normal	8 - 52	
URIC ACID URIC ACID				
	5.70 mg/dL	Normal	3.6 - 7.7	

TECHNICIAN

Dr. AVISHESH SINGH MD

PATH

CONSULTANT



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583292

RESULT DATE

: 22/02/2025 4:06:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING		112021	REFERENCE RANGE
BLOOD GROUP RH FACTOR	"AB"		
BUN (BLOOD UREA NITROGEN)	Positive		
BUN (BLOOD UREA NITROGEN)	9.81 mg / dl	Normal	9 22
CREATININE SERUM CREATININE		Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFERASE)	1.06 mg/dL	Normal	0.3 - 1.5
GGT (GAMMA GLUTAMYL TRANSFERASE)	20 U/L	Normal	8 - 52
URIC ACID			
URIC ACID	5.70 mg/dL	Normal	3.6 - 7.7

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583294

RESULT DATE

: 22/02/2025 3:43:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD	COUNT)		
PARAMETER	VALUE	RESULT	DEFENSAGE TANAS
HAEMOGLOBIN (Hb)	14.4 gm%	Normal	REFERENCE RANGE 13.5 - 17.5
TOTAL RBC COUNT HAEMATOCRIT (PCV) RBC INDICES	4.69 Million/cumm 40.0 %	Normal Low	4.5 - 5.9 41.5 - 50.4
MCV MCH MCHC RDW	85.3 fl 30.8 pg 36.1 % 12.7 %	Normal Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	4300 /cumm	Normal	4000 - 11000
NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	59 % 34 % 03 % 04 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
PLATELET COUNT	159000 /cumm	Normal	150000 - 450000

TECHNICIAN

Dr. AVISHESH SINGH MD PATH

CONSULTANT



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190112

PATIENT NAME

LIPID PROFILE

: MR. MADHUP KUMAR

AGE/SEX

: 40Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000369846

ORDER DATE

: 22/02/2025 10:52:00AM

SAMP. DATE

: 22/02/2025 11:55:00AM

SPEC. NO

: 10583284

RESULT DATE : 22/02/2025 5:42:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

DADAMETER			
PARAMETER	VALUE	RESULT	DECEDENCE DANCE
CHOLESTEROL TOTAL	170 / 11	-	REFERENCE RANGE
TRIGLYCERIDES - SERUM	179 mg / dl	Normal	150 - 220
	158 mg / dl	Normal	60 - 165
HDL	40.41 mg/dl	N I	
LDL	3,	Normal	35 - 80
	106.99 mg/dL	Normal	90 - 160
VLDL	21.60		

CHOL: HDL Ratio LDL: HDL Ratio

31.60 4.43:1 2.65:1

Normal

20 - 50

3.5 - 5.5

TECHNICIAN

Dr. AVISHESH SINGH MD PATH

CONSULTANT



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9

UHID

: 190112

Patient Name : MR. MADHUP KUMAR

Age / Sex

: 40Y / MALE

Consultant

: DR. HOSPITAL CASE

Ref. By

: DR. HOSPITAL CASE

Category : MEDIWHEEL Visit ID

: 0000369846

Spec No.

:

Order Date

: 22/02/2025 10:52AM

Samp.Date

Report Date

: 22/02/25 03:33PM

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

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBD Reg No: CGMC-4404/2012

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



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751

GSTIN/UIN: 22AADCP8009N2Z9

UHID

: 190112

Patient Name : MR. MADHUP KUMAR

: 40Y / MALE

Age / Sex Consultant

Ref. By

Category

: DR. HOSPITAL CASE

: DR. HOSPITAL CASE

: MEDIWHEEL

Visit ID

: 0000369846

Spec No.

Order Date

: 22/02/2025 10:52AM

Samp.Date

Report Date

: 26/02/25 12:31PM

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 is normal. Portal vein is normal.
- *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. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBD Reg No: CGMC-4404/2012

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