



Sparsh Multispecialty Hospital

एक एहसास श्रमनेपन का

(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN : U85110CT2005PTC017751

GSTIN/UIN : 22AADCP8009N2Z9



UHID : 189883
PATIENT NAME : MR. SUBRAT SAHOO
AGE/SEX : 35Y/MALE
CONSULTANT DOCTOR : HOSPITAL CASE

VISITID : 0000369256
ORDER DATE : 15/02/2025 1:41:00PM
SAMP. DATE : 15/02/2025 2:24:00PM
SPEC. NO : 10581506
RESULT DATE : 15/02/2025 4:55:00PM
TPA : MEDIWHEEL

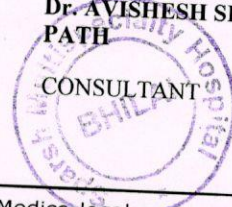
DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	50 mm at end of 1 hr	High	0 - 15

TECHNICIAN

Avishesh Singh
Dr. AVISHESH SINGH MD
PATH
CONSULTANT



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

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AGE/SEX	: 35Y/MALE	SAMP. DATE	: 15/02/2025 2:24:00PM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10581497
		RESULT DATE	: 15/02/2025 3:38:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	1.37 mg/dL	High	0.1 - 1.2
BILIRUBIN DIRECT	0.42 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.95 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	62 U / L	Normal	0 - 270
SGOT	23 U / L	Normal	10 - 55
SGPT	36 U / L	Normal	0 - 40
TOTAL PROTEIN	7.39 g / dl	Normal	6 - 8
ALBUMIN	4.37 g/dl	Normal	4 - 5
GLOBULIN	3.02 g / dl	Normal	2 - 3.5
A.G.RATIO	1.44:1		1 - 2.5

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		RESULT DATE	: 15/02/2025 2:57:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICROSCOPY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		
COLOUR	Yellow	-	
APPEARANCE	Hazy	-	
REACTION	Acidic	-	
CHEMICAL EXAMINATION			
ALBUMIN	Fine Trace	-	
SUGAR	Nil	-	
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	1-2 /hpf		1 - 2
RBC	Nil /hpf		-
CAST	Nil /lpf		-
CRYSTAL	Nil		-
AMORPHOUS DEBRIS	Nil		-
OTHERS	Nil		-

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DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HBA1 C (GLYCOSYLATED HEAMOGLOBIN)	4.6 %	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) - >= 6.0 to < = 6.5
 Diagnosing diabetes - >=6.5

Therapeutic goals for glycemc control

- Age > 19 years
- Goal of therapy: <7.0
- Action suggested: >8.0
- Age < 19 years
- goal of therapy: < 7.5

Note:

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 condition, targeting a goal of <7.0% may not be appropriate.

Comments

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

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10581494
		RESULT DATE	: 15/02/2025 4:36:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3, T4 TSH

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	2.029 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	10.50 ug/dl	Normal	5.2 - 12.7
TSH (THYROID STIMULATING HORMONE)	1.391 uIU/ml	Normal	0.3 - 4.5

REFERENCE GROUP REFERENCE RANGE in uIU/mL
As per American Thyroid Association

Adult Females (> 20 years)	0.30- 4.5
Pregnancy	
1st Trimester	0.10- 2.50
2nd Trimester	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 serum TSH concentrations.

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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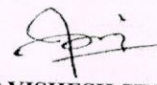
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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10581498
		RESULT DATE	: 15/02/2025 4:55:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

BLOOD SUGAR - FASTING AND PP

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR FASTING	102 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	126 mg/dL	Normal	120 - 140

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10581496
		RESULT DATE	: 15/02/2025 4:36:00PM
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DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PSA (TOTAL)	0.365 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 liquefies semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is an 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 therapy.

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 based on the result of a single test, but should be determined in conjunction with clinical findings in association with medical judgement.

2) Patient sample containing human anti mouse antibodies (HAMA) may give falsely elevated or 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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Dr. Avishesh Singh MD
Dr. AVISHESH SINGH MD
PATH
CONSULTANT

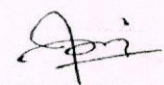
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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10581503
		RESULT DATE	: 15/02/2025 3:05:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"A"	-	-
RH FACTOR	Positive	-	-
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	14.95 mg / dl	Normal	8 - 23
CREATININE			
SERUM CREATININE	1.11 mg/dL	Normal	0.3 - 1.5
GGT (GAMMA GLUTAMYL TRANSFERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	18 U / L	Normal	8 - 52
URIC ACID			
URIC ACID	6.31 mg/dL	Normal	3.6 - 7.7

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		RESULT DATE	: 15/02/2025 3:05:00PM
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DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	15.7 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.88 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	42.4 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	86.9 fl	Normal	78 - 96
MCH	32.2 pg	High	27 - 32
MCHC	37.1 %	High	33 - 37
RDW	12.7 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	6200 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	65 %	Normal	0 - 75
LYMPHOCYTES	30 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	03 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	207000 /cumm	Normal	150000 - 450000

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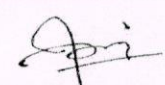
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		RESULT DATE	: 15/02/2025 3:37:00PM
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DEPARTMENT OF PATHOLOGY

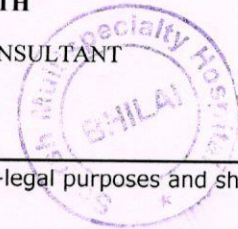
LIPID PROFILE

PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	389 mg / dl	High	150 - 220
TRIGLYCERIDES - SERUM	179 mg / dl	High	60 - 165
HDL	71.37 mg / dl	Normal	35 - 80
LDL	281.83 mg/dL	High	90 - 160
VLDL	35.80	Normal	20 - 50
CHOL : HDL Ratio	5.45:1		3.5 - 5.5
LDL: HDL Ratio	3.95:1		-

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Age / Sex	: 35Y / MALE		:
Consultant	: DR. HOSPITAL CASE	Order Date	: 15/02/2025 1:41PM
Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 15/02/25 02:47PM

X-RAY
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

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SONOGRAPHY USG WHOLE ABDOMEN-MALE

* **LIVER** : Normal in size and shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen. IHBRs are not dilated.

* **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.

RIGHT KIDNEY: Right kidney is normal shape, size and position. Cortical thickness is normal. CMD is maintained. There is no evidence of hydronephrosis or calculus

* **LEFT KIDNEY**: Left kidney is normal shape, size and position. Cortical thickness is normal. CMD is maintained. There is no evidence of hydronephrosis.

• **Small calculus of size 3.7 mm seen in mid pole calyx of left kidney.**

* **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 :

- Left renal small calculus.
- Fatty Liver (Grade I)

- Please correlate clinically , followup USG is recommended.

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