



# CIMS

## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF RADIOLOGY

NAME: GULVEER SINGH	AGE : 31 YRS.	SEX : M
REF. BY: CIMS	UHID: 7627	DATE: 09-Jan-24

### X-Ray Chest

#### FINDINGS:

- No focal or diffuse lesion seen in both the lung fields.
- Bronchovascular markings are normal.
- No hilar, mediastinal mass is seen.
- Both the pleural cavities are clear.
- The domes of diaphragm are smooth.
- The cardiac size is normal.
- Bony cage is normal.

**IMPRESSION: NO GROSS LUNG PARENCHYMAL ABNORMALITY SEEN.**

*Please correlate clinically with lab investigations and further evaluation if clinically indicated*



**DR. ABHAY RAINA**  
**M.B.B.S., D.N.B. (RADIO-DIAGNOSIS)**  
**CONSULTANT RADIOLOGIST**

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### DEPARTMENT OF PATHOLOGY

UHID	CIMS-7627	Visit Type/No	OP/EPD-9717
Name	Mr Gulveer Singh	Order No	OR-16274
Age/Gender	31 Y/Male	Order Date/Time	09-01-2024
Accession Number	OPAC-2239	Collection Date/Time	09-01-2024 12:53 PM
Acknowledge Date/Time	09-01-2024 12:53 PM	Ordering Doctor	Dr Self
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Haematology

Service Name	Result	Unit	Reference Range	Method
<b>BLOOD GROUP ( ABO )</b>				
BLOOD GROUP (ABO)- RH TYPING	<b>"O" POSITIVE</b>			
The upper agglutination test for grouping has some limitations.				
ESR (Erythrocyte Sedimentation Rate), Blood	09	mm 1st Hr.	0-10	Wintrobe
<b>CBC (Complete Blood Count), Blood</b>				
Hemoglobin (Hb)	16.9	gm/dl	13-17	
TLC (Total Leukocyte Count)	9500	/cumm	4000-11000	Spectrophotometry Impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils	67	%	40-80	
Lymphocytes	25	%	20-45	
Monocytes	05	%	1-8	
Eosinophils	03	%	1-6	
Basophils	00	%	0-1	
RBC Count	5.20	millions/cumm	4.5-6.0	
PCV / Hct (Hematocrit)	<b>49.9 H</b>	%	40-45	Calculated
MCV	95.9	fL	76-96	
MCH	<b>32.5 H</b>	pg	27-32	
MCHC	33.8	g/dL	30-35	
Platelet Count	2.17	lakh/cumm	1.5-4.5	
RDW	12.2	%	1-15	Impedance



-----End of the Report-----



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Pathology  
MD (Pathology)

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Ordering Doctor	Dr Self	Report Date/Time	09-01-2024 01:05 PM
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#### Haematology

Service Name	Result	Method
HbA1c		
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b> Method- Immunofluorescence Assay		
Glycosylated Hemoglobin (HbA1c)	5.48 %	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	110.0 mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

#### Note:

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

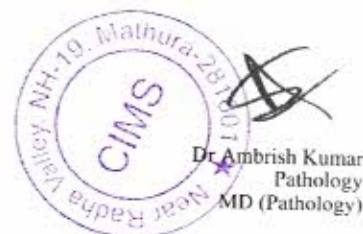
2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not 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 term glycemic control as compared to blood and urinary glucose determinations.



-----End of the Report-----



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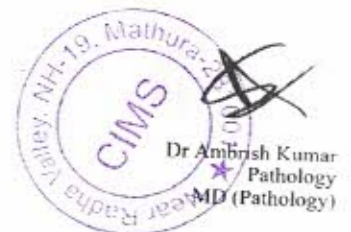
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#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	22.2	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.66	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	10.36	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	15.70		10-20	Calculated
Sodium, Serum	137.2	mmol/L	135-150	ISE
Potassium, Serum	4.57	mmol/L	3.5-5.5	ISE
Calcium, Serum	10.64	mg/dL	8.7-11.0	ISE
Chloride, Serum	109.5	mmol/L	94-110	ISE
Uric acid, Serum	4.23	mg/dL	3.4-7.0	ISE
Magnesium, Serum	2.17	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.27	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	139.3	U/L	53-165	IFCC
Albumin, Serum	4.40	g/dL	3.5-5.4	BCG
<b>LFT (Liver Function Test) Profile, Serum</b>				
Bilirubin Total, Serum	0.78	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.26	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.52	mg%	0.0-0.75	Calculated
SGOT/AST	26.1	U/L	0-40	IFCC
SGPT/ALT	41.0	U/L	0-48	IFCC
AST/ALT Ratio	0.64		0-1	Calculated
Gamma GT, Serum	28.6	U/L	10-45	IFCC
Alkaline phosphatase, Serum	139.3	U/L	53-165	IFCC
Total Protein, serum	7.50	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.40	g/dL	3.5-5.4	BCG
Globulin	3.10	g/dL	2.3-3.6	Calculated
A/G Ratio	1.42		1.0-2.3	Calculated
Glucose (Fasting), Plasma	91.0	mg/dL	60-110	Calculated



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#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
<b>Lipid Profile, Serum</b>				
Cholesterol, serum	177.0	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 - 240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	114.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl	
HDL Cholesterol	57.6	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	96.60	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	22.80	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.68		0.0-3.5	

#### Interpretation

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.



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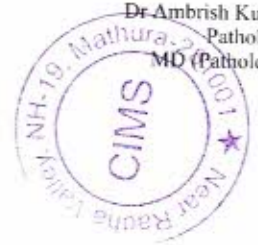
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#### Pathology

Service Name	Result	Unit	Reference Range	Method
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.50	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	83.1	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	4.50	uIU/mL	0.3-4.5	CLIA

#### Interpretation

##### :Note:

1. 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.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. 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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#### Pathology

Service Name	Result	Unit	Reference Range	Method
<b>URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine</b>				
<b>Physical Examination</b>				
COLOUR	Pale Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.015		1.001-1.03	Strip
PH URINE	6.5		5-8	Strip
DEPOSIT	Absent			Manual
<b>BIOCHEMICAL EXAMINATION</b>				
ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	0-1	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



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Treating Doctor	Dr Self	Acknowledge Date/Time	09-01-2024 03:07 PM
Ordering Doctor	Dr Self	Report Date/Time	09-01-2024 03:07 PM
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#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	134.0	mg/dL	80-150	



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