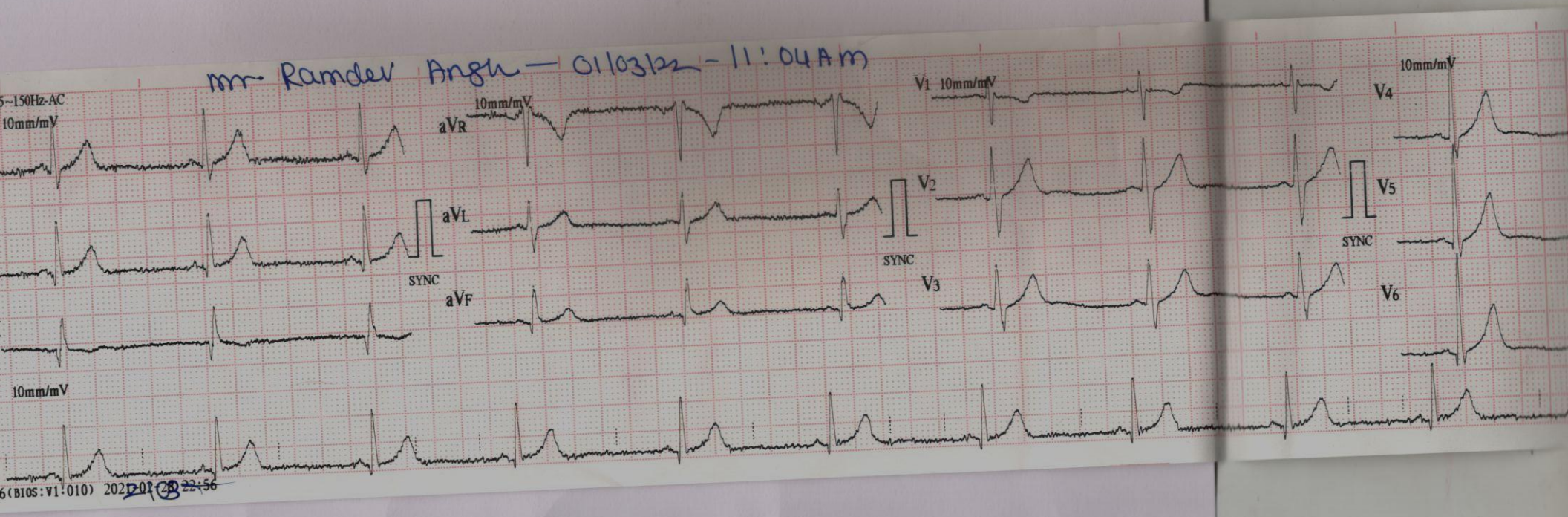
Mr. Ramdev Angh — 01/03/22 - 11:04 AM
5~150Hz-AC
10mm/mV
aVR
10mm/mV
V1 10mm/mV
V4
10mm/mV
aVL
SYNC
V2
SYNC
V5
SYNC
aVF
V3
V6
10mm/mV
6(BIOS:V1.010) 2022-01-28 22:56

Dept. of Radiology

(For Report Purpose Only)

AIMS Hospital & Research Center

Caring Redefined

REQ. DATE : 01-MAR-2022
NAME : MR. ANGH RAMDEO
PATIENT CODE : 106150
REFERRAL BY : HOSPITAL PATIENT

REP. DATE : 01-MAR-2022

AGE/SEX : 30 YR(S) / MALE

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

Patil

DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST

Dept. of Radiology

(For Report Purpose Only)

AiMS Hospital & Research Center
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NAME : MR. ANGH RAMDEO
PATIENT CODE : 106150 AGE/SEX : 30 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (14.8 cms), shape & **bright in echotexture**. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is mildly enlarged in size (12.6 cms), normal in shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus on left side. No hydronephrosis / hydroureter on either side.
6.4 mm sized calculus is noted in the lower pole region of right kidney.
Right kidney measures : 10.9 x 4.1 cm.
Left kidney measures : 10.6 x 5.7 cm.

Urinary bladder : Moderately distended, normal.

Prostate : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

1. **Grade I fatty liver.**
2. **Mild splenomegaly.**
3. **Non-obstructing right renal calculus.**

-Kindly co-relate clinico-pathologically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST

Dept. of Pathology

(For Report Purpose Only)

AiMS Hospital & Research Center
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PRN	: 106150	**Lab No**	: 9071
Patient Name	: Mr. ANGH RAMDEO	**Req.No**	: 9071
Age/Sex	: 30Yr(s)/Male		
		Collection Date & Time	: 01/03/2022 10:24 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 01/03/2022 10:49 AM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 01/03/2022 02:12 PM

HAEMATOLOGY

HAEMOGRAM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMOGLOBIN (Hb)	: 14.0	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 41.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.62	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 89.8	cu micron	76 - 96
M.C.H.	: 30.3	pg	27 - 32
M.C.H.C	: 33.7	picograms	32 - 36
RDW-CV	: 14.0	%	11 - 16
WBC TOTAL COUNT	: 5650	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 159000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: **49**	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 2768.50	µL	2000 - 7000
LYMPHOCYTES	: 43	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2429.50	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 113	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 339	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)
Pathologist

Dept. of Pathology

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Borderline low		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By Wintrobes Method	: 07	mm/hr	Male : 0 - 9 Female : 0 - 20

END OF REPORT

Technician

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		Reporting Date & Time	: 01/03/2022 01:58 PM
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP	:	"B"
RH FACTOR	:	POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

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Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 01/03/2022 03:26 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 01/03/2022 03:27 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY			
BSL-F & PP			
Blood Sugar Level Fasting	: 95	MG/DL	60 - 110
Blood Sugar Level PP	: 98	MG/DL	70 - 140

END OF REPORT

Technician

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BIOCHEMISTRY

LFT (Liver function Test)

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BILIRUBIN TOTAL (serum)	: 0.4	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: **55**	IU/L	5 - 40
S.G.P.T (serum)	: **103**	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: **156**	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.9	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.40	GM/DL	1.8 - 3.6
A/G RATIO	: 1.15		1:2 - 2:1

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BIOCHEMISTRY

LIPID PROFILE

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
CHOLESTEROL (serum)	: 145	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: **169**	MG/DL	0 - 150
HDL (serum)	: **31**	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 98	MG/DL	0 - 130
VLDL (serum)	: 33.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: **4.68**		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: **3.16**		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
Cholesterol & Triglycerides reprocessed , & confirmed.

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BIOCHEMISTRY

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
CALCIUM			
CALCIUM (serum)	: 9.16	MG/DL	8.4 - 10.4
RFT (RENAL FUNCTION TEST)			
BIOCHEMICAL EXAMINATION			
UREA (serum)	: 23	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.74	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.5	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES			
SERUM SODIUM	: 143	mEq/L	136 - 149
SERUM POTASSIUM	: 4.1	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.62	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: **11.3**	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 2.45	µIU/mL	0.465 - 4.68

NOTE:-
Three common ways in which there may be inadequate amounts of the thyroid harmone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid land, possibly due to autoantibody disease, possibly due to toxic stress or possit due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition thre is inadequte thyroi stimulating harmone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are yaking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4 , Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

Total T3	Total T4	Ultra TSH
Cord Blood 0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born 0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years 1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years 0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years 0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: **4.80**	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
   Use this test result along with your daily test results to measure yoir overall diabetes control.

How does HbA1C works ?
The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells.
RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.
Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.
Why is this test so important ?
Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.
Who should have the HbA1c test done ?
Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.
How often should you have a HbA1C test ?
You should have this test done when you are first diagnosed with diabetes.
Then at least twice a year if your treatment goals are being met & blood glucose control is stable.
More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

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Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 01/03/2022 02:14 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY	:	25	ML
COLOUR	:	PALE YELLOW	
APPEARANCE	:	SLIGHTLY HAZY	
REACTION	:	ACIDIC	
SPECIFIC GRAVITY	:	1.015	

CHEMICAL EXAMINATION

PROTEIN	:	ABSENT	
SUGAR	:	ABSENT	
KETONES	:	ABSENT	
BILE SALTS	:	ABSENT	
BILE PIGMENTS	:	ABSENT	
UROBILINOGEN	:	NORMAL	

MICROSCOPIC EXAMINATION

PUS CELLS	:	2-3	/hpf
RBC CELLS	:	ABSENT	/ hpf
EPITHELIAL CELLS	:	1-2	/hpf
CASTS	:	ABSENT	/hpf
CRYSTALS	:	ABSENT	
OTHER FINDINGS	:	ABSENT	
BACTERIA	:	ABSENT	

END OF REPORT

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