

UHID

Age / Sex

Consultant

Ref. By

एक एहशाश अपनेपन का **Sparsh Multispecialty Hospital** 

(A Unit of Sparsh Multispecialty Hospital Private Limited) (Formerly known as Paedia Health Private Limited)

CIN: U85110CT2005PTC017751

Visit ID : 0000318154

Spec No.

Order Date : 11/08/2023 9:30AM

: DR. HOSPITAL CASE Samp.Date

Category : MEDIWHEEL Report Date : 11/08/23 10:28AM

# <u>SONOGRAPHY</u> **USG WHOLE ABDOMEN**

\* 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.

: 167913

Patient Name : MR. PANDWAR HARSH KUMAR

: DR. HOSPITAL CASE

: 30Y / MALE

\*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 or

Tiny Echogenic Focus of size 4 mm is seen in lower 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:

- Tiny Left renal calculus.
  - Please correlate clinically , followup USG is recommended.

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

P/KOMAR SONI



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: MEDIWHEEL

Report Date

: 11/08/23 10:19AM

# 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

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

NAR SONI RADIOLOGIST



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PATIENT NAME

: 167913

: MR. PANDWAR HARSH KUMAR

AGE/SEX

: 30Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000318154

ORDER DATE

: 11/08/2023 9:30:00AM

SAMP. DATE

: 11/08/2023 11:14:00AM

SPEC. NO

: 10456313

RESULT DATE

: 11/08/2023 1:25:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

CBC (COMPLETE BLOOD	COUNT)		*
PARAMETER	VALUE	RESULT	DEFENSE DAVID
HAEMOGLOBIN (Hb)	15.2 gm%	Normal	REFERENCE RANGE 13.5 - 17.5
TOTAL RBC COUNT HAEMATOCRIT (PCV) RBC INDICES	5.28 Million/cumm 42.1 %	Normal Normal	4.5 - 5.9 41.5 - 50.4
MCV MCH MCHC RDW	79.8 fl 28.8 pg 36.1 % 14.7 %	Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	8000 /cumm	Normal	4000 - 11000
NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	66 % 24 % 02 % 08 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
PLATELET COUNT	273000 /cumm	Normal	150000 - 450000

TECHNICIAN

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22/08/2023 10:07AM

Pane 1 of 1



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UHID

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PATIENT NAME

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AGE/SEX

: 30Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

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: 11/08/2023 9:30:00AM

SAMP. DATE

: 11/08/2023 11:14:00AM

: 12/08/2023 4:17:00PM

SPEC. NO

: 10456311

RESULT DATE

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	DECIUT	
PHYSICAL EXAMINATION		RESULT	REFERENCE RANGE
Consistency Colour Odour Reaction Blood Mucus	Semi Solid Brownish Yellow Normal Alkaline Not Seen Not Seen		
Vorm  AICROSCOPIC EXAMINATION  Ova  Cyst  rophozoite  us Cells	Not Seen  Not Seen  Not Seen  Not Seen  Occasional /hpf		
pithelial Cells BC THERS	Nil /hpf Nil /hpf Nil		

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PATIENT NAME : MR. PANDWAR HARSH KUMAR ORDER DATE : 11/08/2023 9:30:00AM

AGE/SEX : 30Y/MALE SAMP. DATE : 11/08/2023 11:14:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10456313

RESULT DATE : 11/08/2023 1:05:00

RESULT DATE : 11/08/2023 1:05:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPIN	G			
BLOOD GROUP	"A"		· .	
RH FACTOR	Positive		_	
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	10.28 mg / dl	Normal	8 - 23	
CREATININE				
SERUM CREATININE	1.06 mg/dL	Normal	0.3 - 1.2	
GGT (GAMMA GLUTAMYL TRANSFE	The second of the second			
GGT (GAMMA GLUTAMYL TRANSFERASE)	18 U/L	Normal	8 - 52	
LIPID PROFILE				
CHOLESTEROL TOTAL	223 mg / dl	High	150 - 220	
TRIGLYCERIDES - SERUM	135 mg / dl	Normal	60 - 165	
HDL	44.91 mg / dl	Normal	35 - 80	
LDL	151.09 mg/dL	Normal	90 - 160	
VLDL	27.0	Normal	20 - 50	
CHOL: HDL Ratio	4.97:1		3.5 - 5.5	
LDL: HDL Ratio	3.36:1		-	
URIC ACID			411X+ 1	
URIC ACID	6.97 mg/dL	Normal	3.6 - 7.7	

**TECHNICIAN** 

Dr. ANJSNA SHARMA
D.N.B IN HOLOGY

CONSULTANT TO US 18 45

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: 11/08/2023 9:30:00AM

AGE/SEX

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SAMP. DATE

: 11/08/2023 11:14:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10456307

RESULT DATE

: 11/08/2023 4:57:00PM

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

## SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.779 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. Increased value:

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 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 base on the result of a single test, but should be determined in conjuction with clinical findings in association with medical judgement.
- 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 the f/t PSA ratio.

**TECHNICIAN** 

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VISITID

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ORDER DATE

: 11/08/2023 9:30:00AM

: 11/08/2023 11:14:00AM

SAMP. DATE SPEC. NO

: 10456309

RESULT DATE

: 11/08/2023 3:00:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP			sal anamor minor
BLOOD SUGAR FASTING	90 mg/dL	Normal	00 100
BLOOD SUGAR PP	103 mg/dL	Andrew State Comment of the Comment	80 - 120
URINE SUGAR FASTING	105 Mg/dL	Low	120 - 140
URINE FOR SUGAR	Nil		
URINE SUGAR PP	1411		•
URINE FOR SUGAR	Nil		-

Dr. ANJANA SHARMA

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CONSULTANT DOCTOR

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ORDER DATE

: 11/08/2023 9:30:00AM

AGE/SEX

: 30Y/MALE

: HOSPITAL CASE

SAMP. DATE

SPEC. NO

: 11/08/2023 11:14:00AM

: 10456305

RESULT DATE

: 11/08/2023 4:57:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

### **T3,T4 TSH**

PARAMETER

VALUE

RESULT

REFERENCE RANGE

T3 (TRIIODOTHYRONINE)

1.424 ng/ml

Normal

0.69 - 2.1552 - 127

T4 (THYROXINE) TSH (THYROID STIMULATING

REFERENCE GROUP

66.13 ng/ml 1.931 uIU/ml

Normal Normal

0.3 - 4.5

HORMONE)

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30-4.5

1st Trimester

0.10 - 2.500.20 - 3.00

2nd Trimester 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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22/08/2023 10:03AM

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Shriram Market, Ram Nagar, Supela, Bhilai (C.G.) Ph.: 0788 4252222, 4052040 info@sparshbhilai.com @ www.sparshbhilai.com @ Toll Free No : 1800 200 1616



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AGE/SEX

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: 11/08/2023 11:14:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10456314

RESULT DATE

: 11/08/2023 1:05:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

## HBA1c (GLYCOSYLATED HAEMOGLOBIN) PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.3 %

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 glycemic control

- Age> 19 years

- Goal of therapy: <7.0

 Action suggested: >8.0 - Age< 19 years

goal of therapy: < 7.5</li>

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 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.

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PATIENT NAME

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AGE/SEX

: 30Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000318154

ORDER DATE

: 11/08/2023 9:30:00AM

SAMP. DATE

: 11/08/2023 11:14:00AM

SPEC. NO

: 10456310

RESULT DATE

: 11/08/2023 12:36:00PM

TPA

: MEDIWHEEL

# DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICE	ROSCOPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION QUANTITY COLOUR APPEARANCE REACTION	10 ml Pale Yellow Clear Acidic		-
CHEMICAL EXAMINATION ALBUMIN SUGAR	Nil Nil		-
MICROSCOPIC EXAMINATION EPITHELIAL CELLS PUS CELLS RBC CAST CRYSTAL MORPHOUS MATERIAL DEPOSIT	Occasional /hpf Occasional /hpf Nil /hpf Nil /lpf Nil Nil Nil		0 - 5 1 - 2

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AGE/SEX

: 30Y/MALE

SAMP, DATE

: 11/08/2023 11:14:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

: MR. PANDWAR HARSH KUMAR

SPEC. NO

: 10456304

RESULT DATE

: 11/08/2023 1:04:00PM

RANGE

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

LFT	(LIVER	FUNCTI	ON	TEST)
	200000000			-

PARAMETER	VALUE	RESULT	REFERENCE I
BILIRUBIN TOTAL	1.27 mg/dL	High	
BILIRUBIN DIRECT	0.32 mg / dl	Normal	0.1 - 1.2 0.1 - 0.6
BILIRUBIN INDIRECT	0.95 mg / dl	High	0.1 - 0.6
ALKALINE PHOSPHATASE	92 U/L	Normal	0.1 - 0.4
SGOT	23 U/L	Normal	10 - 55
SGPT	34 U/L	Normal	0 - 40
TOTAL PROTEIN	7.23 g/dl	Normal	6 - 8
ALBUMIN	4.61 g/dl	Normal	4 - 5
GLOBULIN	2.61 g/dl	Normal	2 - 3.5
A.G.RATIO	1.76:1		1 - 2.5

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10456315

RESULT DATE : 11/08/2023 5:20:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

## **ESR (ERYTHROCYTE SEDIMENTATION RATE)**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	37 mm at end of 1 hr	High	0 - 15

Dr. ANJANA SHARMA D. N.B. PATHOLOGY SONSULTAME

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