

Diagnosics & Speciality Centre

NAME:	Mr. ESAHAK MAHAMMAD	DATE:	02-07-2022
AGE:	32 YEARS	ID. NO:	188646
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (13.2 cm) and normal homogenous echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (10.3 cm) with normal homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 9.8 x 1.2 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 11.5 x 1.5 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.



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URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

PROSTATE:

Is normal in size (Vol-20 cc) with normal echo pattern.

No focal lesion seen.

No evidence of free fluid in the pelvic or abdominal cavity.

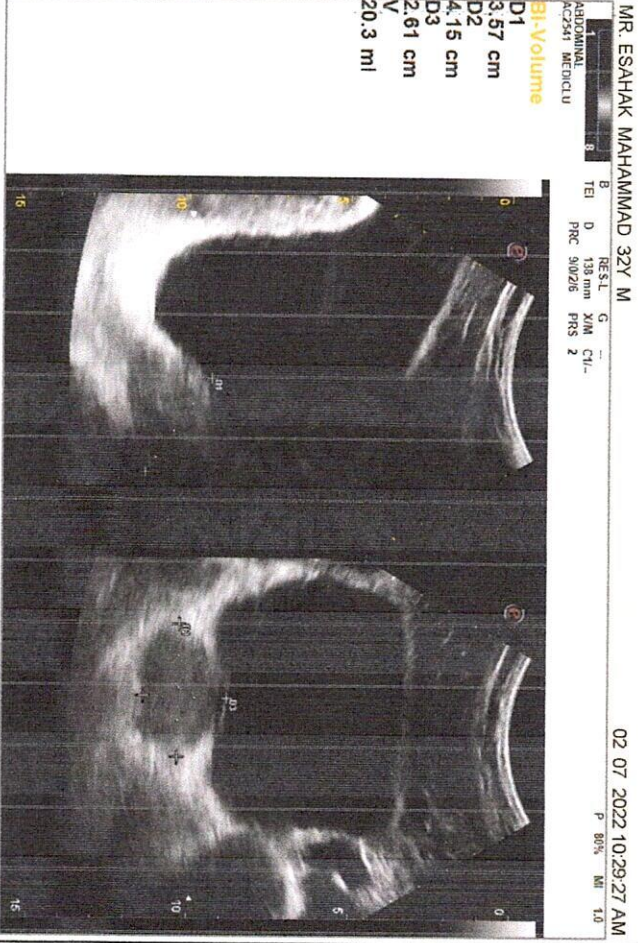
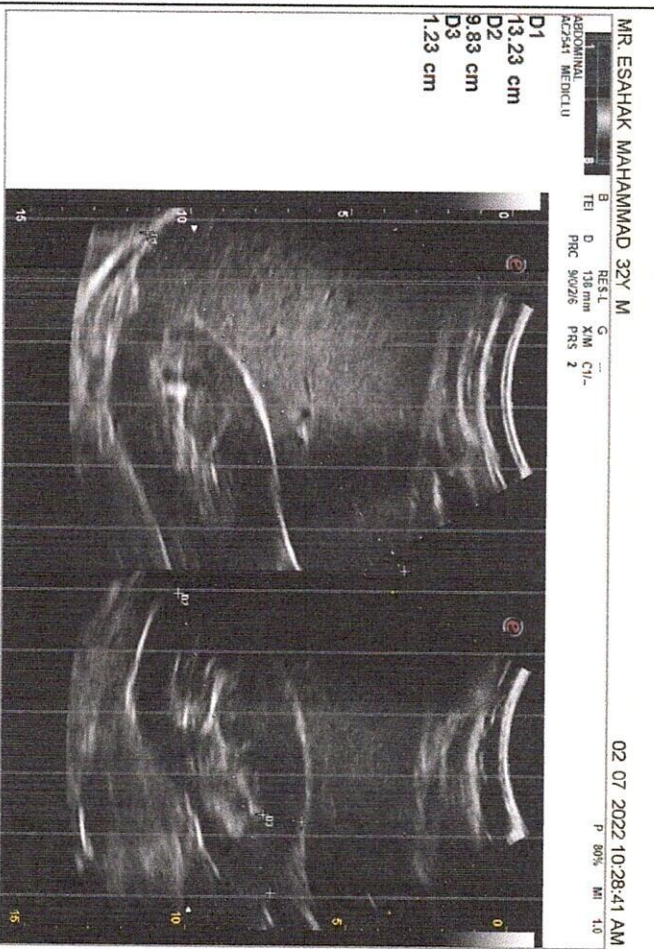
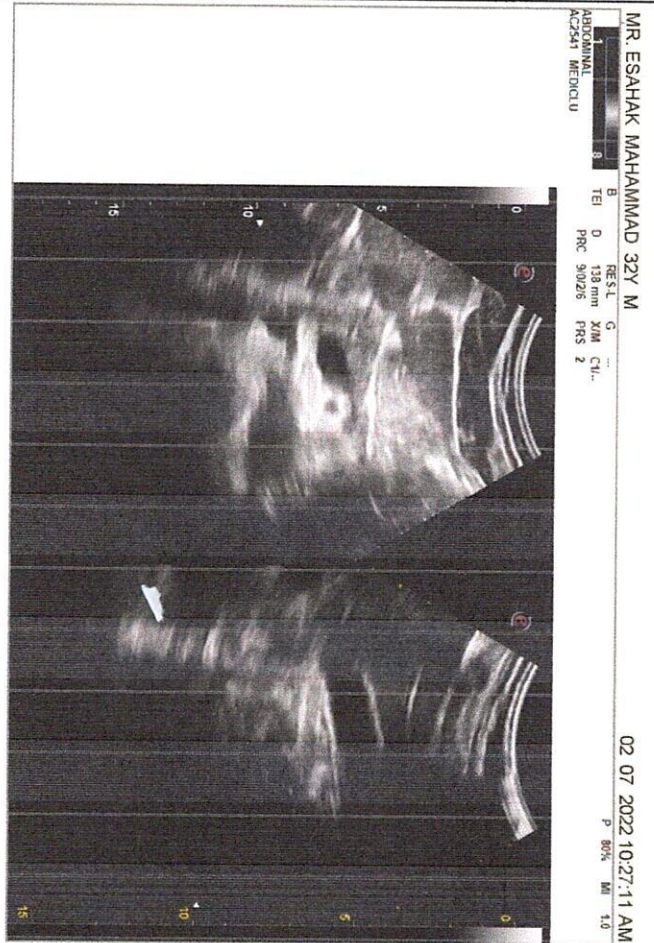
IMPRESSION:

- No significant sonographic abnormality detected.



Dr. MOHAN S. MDRD
Consultant radiologist





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X-RAY REPORT- CHEST PA VIEW

OBSERVATIONS:

Cardio thoracic ratio is 0.55- Increased.

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **Mild cardiomegaly. Suggested 2D ECHO correlation.**
- **No significant abnormality in the visualized lung fields.**



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(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

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TRANS THORACIC 2D ECHO - DOPPLER STUDY

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M-Mode		
AORTA	28	mm
LEFT ARTIUM	38	mm
RIGHT VENTRICLE(Diastole)	20	mm
LVID (Diastole)	56	mm
LVID (Systole)	40	mm
INTERVENTRICULAR SEPTUM (Diastole)	11	mm
L V POSTERIOR WALL (Diastole)	10	mm
L V MASS	180	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	60	%

DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR



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LEFT VENTRICLE	SIZE	DILATED
		THICKNESS
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	NORMAL
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	DISTAL IVS THICKENED (1.4 cm)	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	
OTHERS		

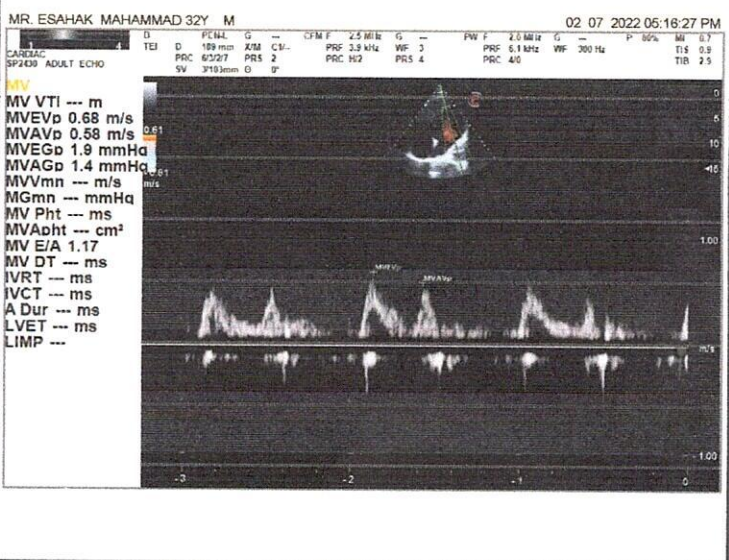
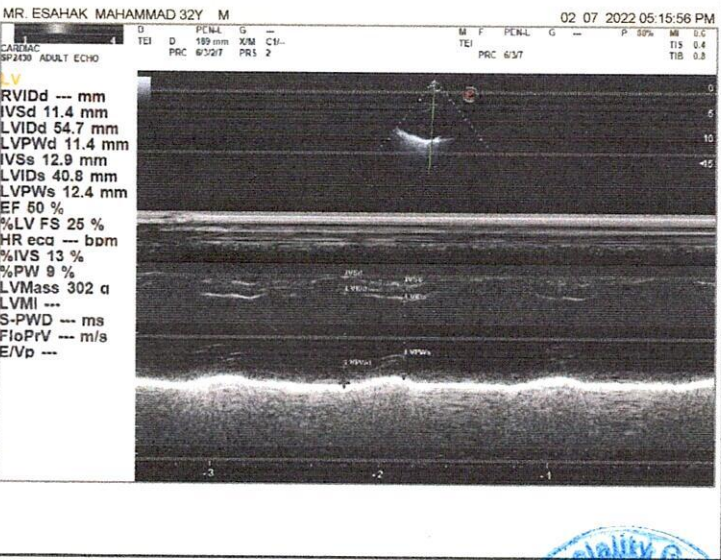
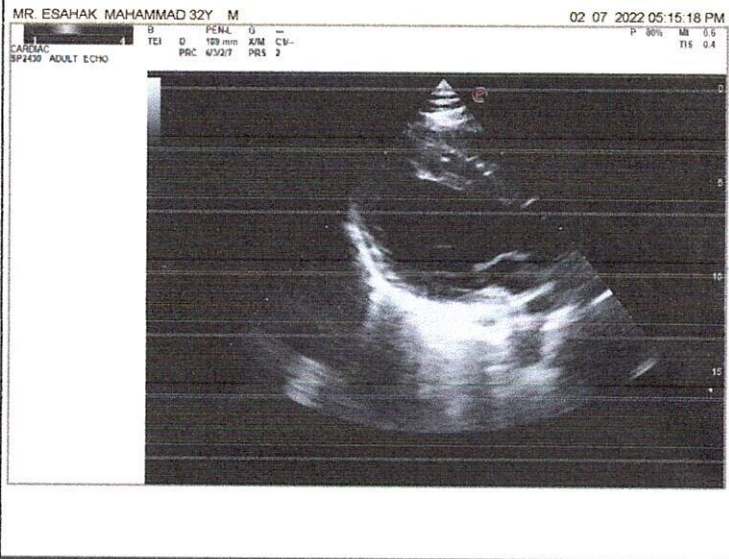
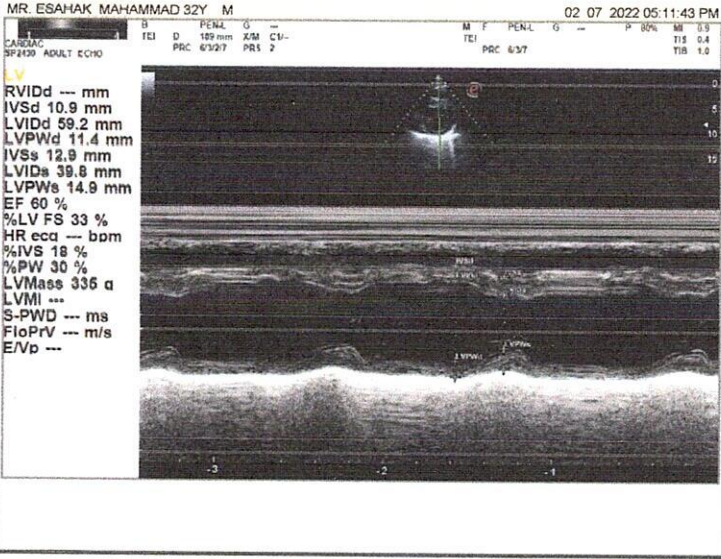
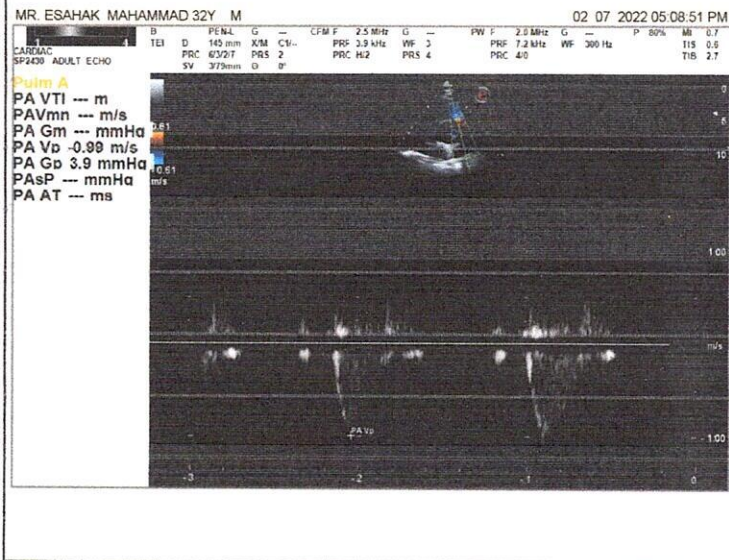
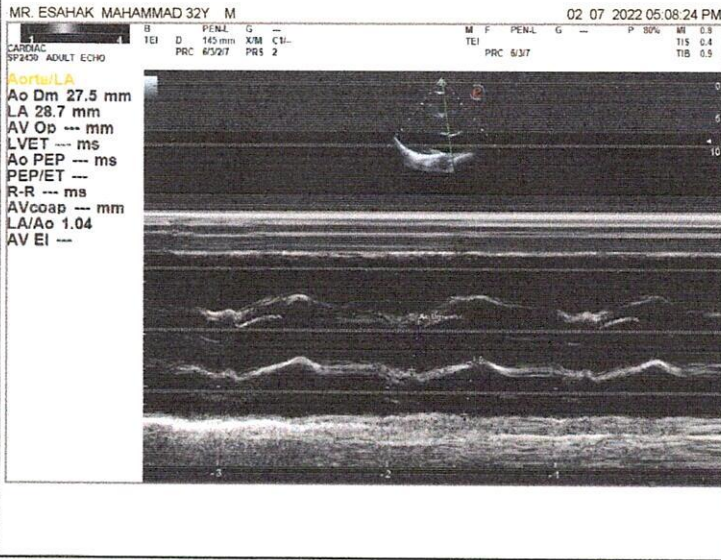
CONCLUSION:

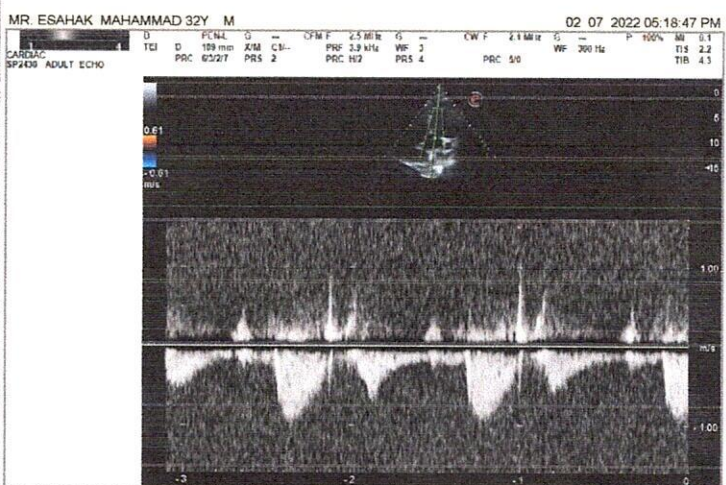
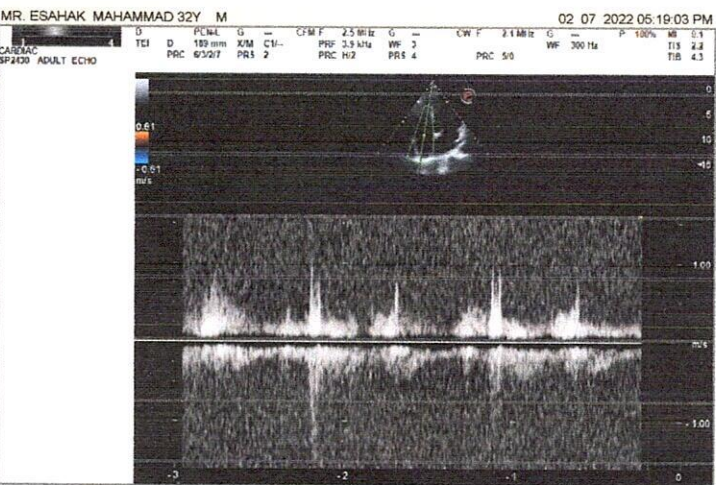
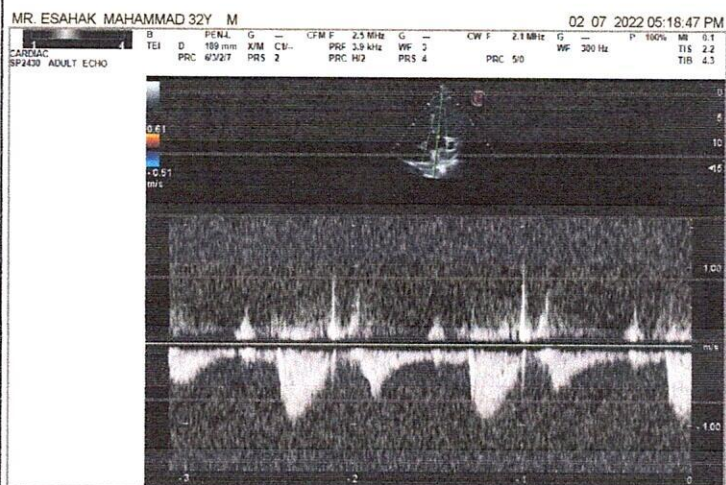
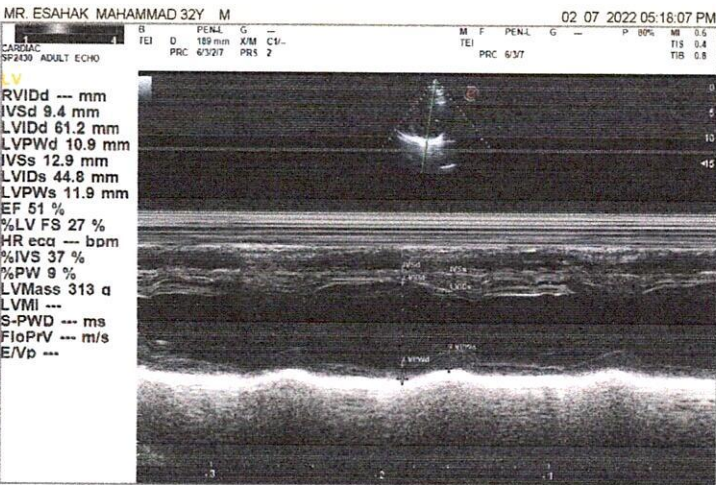
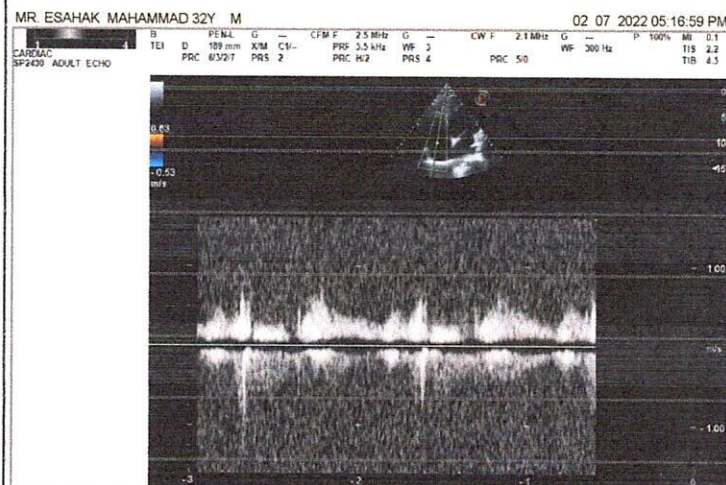
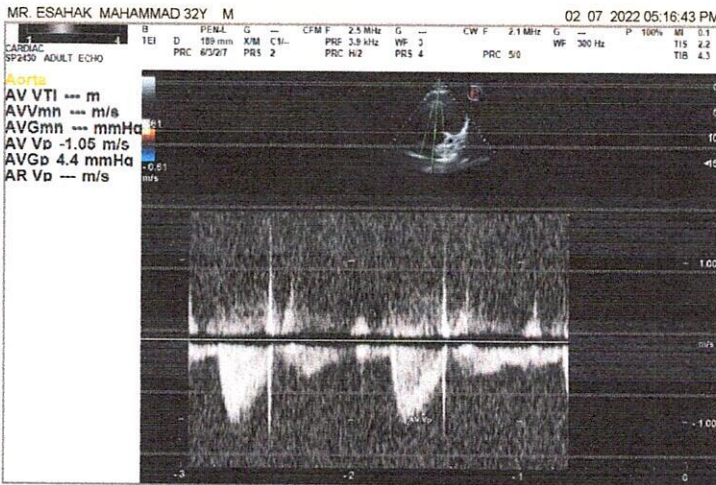
- DILATED LV/ DISTAL IVS THICKENED.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL LV SYSTOLIC FUNCTION. EF=60%.
- NORMAL RV FUNCTION.
- NO CLOTS / VEGETATION / PE.

ADVICE: CARDIAC MRI

Dr. LOKESH K.M
CONSULTANT CARDIOLOGIST







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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
COMPLETE BLOOD COUNT (CBC) WITH ESR			
HAEMOGLOBIN <i>Colorimetric Method</i>	16.3 gm/dL	13 - 18 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	47.7 %	40 - 54 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.2 million/cu.mm	4.5 - 5.9 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	2.7 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	92.4 fl	80 - 100 fl	
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	31.5 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.1 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7880 cells/cumm	4000 - 11000 cells/cumm	
NEUTROPHILS <i>VCS Technology/Microscopic</i>	42 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	50 %	25 - 40 %	
DIFFERENTIAL COUNT			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	112.7 mg/dl	80 - 150 mg/dl	

Krishna Murthy



Lab Seal



Vamseedhar A

Dr. KRISHNA MURTHY

MD
BIOCHEMIST

Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	35.8 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	1.04 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.7 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	139 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.5 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

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LIPID PROFILE TEST

TOTAL CHOLESTEROL
Cholesterol Oxidase-Peroxidase (CHOD-POD)

208 mg/dL

up to 200 mg/dL
Border Line: 200 – 240 mg/dL
High: > 240 mg/dL

TRIGLYCERIDES
Glycerol Peroxidase-Peroxidase (GPO-POD)

125.8 mg/dL

up to 150 mg/dL
Desirable: <150 mg/dL
Border Line: 150 – 200 mg/dL
High: >200 – 500 mg/dL
Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT
PEG-Cholesterol Esterase

48.4 mg/dl

40 - 60 mg/dl
>= 60mg/dL - Excellent (protects against heart disease)
40-59 mg/dL - Higher the better
<40 mg/dL - Lower than desired (major risk for heart disease)

LDL CHOLESTEROL - DIRECT
Cholesterol Esterase-Cholesterol Oxidase

134.4 mg/dL

up to 100 mg/dL
100-129 mg/dL- Near optimal/above optimal
130-159 mg/dL- Borderline High
160-189 mg/dL- High
190->190 mg/dL - Very High

VLDL CHOLESTEROL
Calculation

25.2 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO
Calculation

4.3

up to 3.5
3.5-5.0 - Moderate
>5.0 - High

LDL/HDL RATIO
Calculation

2.8

up to 2.5
2.5-3.3 - Moderate
>3.3 - High

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<u>LIVER FUNCTION TEST (LFT)</u>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.04 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.41 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.63 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	39.5 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	33.9 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	78.5 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	16.2 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.98 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.13 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.9 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.4	1 - 1.5	
<u>PROSTATIC SPECIFIC ANTIGEN (PSA)</u>			
PROSTATIC SPECIFIC ANTIGEN (PSA) <i>CMIA</i>	0.56 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.	

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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Lab Seal



A. Vamseedhara

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THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) CMA	1.21 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) CMA	10.12 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) CMA	3.136 µIU/mL	0.38 - 5.33 µIU/mL	
		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	
		3rd Trimester: 0.41 - 5.18	

- 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.
 - Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
 - 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

FASTING BLOOD SUGAR Hexokinase	92.3 mg/dl	70 - 110 mg/dl
BLOOD GROUP & Rh TYPING Tube Agglutination (Forward and Reverse)	"A" Positive	

A+

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <small>HPLC</small>	5.3 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) Calculation 105.41 mg/dL

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

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URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.020	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

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Diagnostics & Speciality Centre

NAME	: Mr. ESAHAK MAHAMMAD	MR NO.	: 22070043
AGE/SEX	: 32 Yrs / Male	VISIT NO.	: 157719
REFERRED BY :		DATE OF COLLECTION	: 02-07-2022 at 08:45 AM
		DATE OF REPORT	: 02-07-2022 at 12:31 PM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
FASTING URINE SUGAR (FUS)	NIL	NIL	FASTING URINE
POSTPRANDIAL URINE SUGAR	NIL	NIL	URINE

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Prema on 02-07-2022 at 04:30 PM



Krishna M.

Dr. KRISHNA MURTHY
MD
BIOCHEMIST



Lab Seal



A. Vamseedhar

Dr. VAMSEEDHAR.A
D.C.P, M.D
CONSULTANT PATHOLOGIST

The laboratory values And Normal values need to be interpreted based on patients clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.

No. 79, Kendra Upadyayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru - 560 072

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बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name

महम्मद इशक पि
Mahammad Esahak P

E.C. No. 164795

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder



Diagnostics & Speciality Centre

Mr. Eshat Mahamad 32 Yrs M 02/07/2022.

Back pain since 3 days. Muscle Rictal.

Micro Vitamin Deficiency.

Rx

1. Tab. Supradyn

1 - 0 - 0

3 Mths.

2. Tab. Skeletal M

0 - 0 - 1

1 Mths.

3. Evion Soft Gelatin Tablet.

15 - tablets.

