



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. JITENDER KUMAR
MR No : 32027
Age/Sex : 29 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 14/08/2023
Reporting Date : 14/08/2023
Sample ID : 160834
Bill/Req. No. : 23305342
Ref Doctor : Dr. Chand Kishore

| Test | Result | Bio. Ref. Interval | Units |
|-------------------------------------|--------|--------------------|-------|
| BLOOD GLUCOSE FASTING AND PP | | | |
| PLASMA GLUCOSE(FASTING) | 204 H | 70 - 110 | mg/dl |

BLOOD GROUP

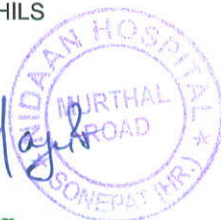
BLOOD GROUP "AB" RH POSITIVE

COMPLETE HAEMOGRAM

CBC

| | | | | |
|------------------------------|-------|---|--------------|---------------|
| HAEMOGLOBIN | 15.6 | | 12.0 - 16.5 | g/dL |
| TOTAL LEUCOCYTE COUNT | 5800 | | 4000 - 11000 | /cumm |
| RED BLOOD CELL COUNT | 3.79 | L | 4.0 - 6.0 | millions/cumm |
| PCV (HAEMATOCRIT) | 43.0 | | 40.0 - 54.0 | % |
| MEAN CORPUSCULAR VOLUME | 113.5 | H | 78 - 98 | fL |
| MEAN CORPUSCULAR HAEMOGLOBIN | 41.2 | H | 26.5 - 32.5 | Picogrames |
| MEAN CORPUSCULAR HB CONC | 36.3 | | 32 - 37 | g/dL |
| PLATELET COUNT | 1.80 | | 1.50 - 4.50 | Lakh/cumm |
| NEUTROPHILS | 58 | | 40 - 73.0 | % |
| LYMPHOCYTES | 32 | | 20 - 40 | % |
| EOSINOPHILS | 03 | | 0.0 - 6.0 | % |
| MONOCYTES | 07 | | 2.0 - 10.0 | % |
| BASOPHILS | 00 | | 0.0 - 1.0 | % |
| ABSOLUTE NEUTROPHIL | 3364 | | 2000 - 7000 | cells/cumm |
| ABSOLUTE LYMPHOCYTE | 1856 | | 1000 - 3000 | cells/cumm |
| ABSOLUTE EOSINOPHIL | 174 | | 20 - 500 | cells/cumm |
| ABSOLUTE MONOCYTES | 406 | | 200 - 1000 | cells/cumm |
| ABSOLUTE BASOPHILS | 0 | L | 20 - 100 | cells/cumm |
| RDW-CV | 13.4 | | 11.5 - 14.5 | % |

Checked By : *M. Pradip*



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

| | | | |
|--------------------------|--------------------|-------------------------|-------------------|
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|--------|--------|--------------------|-------|
| E.S.R. | 10 | 0 - 15 | mm/hr |

HBA1C

| | | | |
|-------|-----|--|---|
| HBA1C | 5.3 | | % |
|-------|-----|--|---|

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.
Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

| | | | | |
|------------------|------------|----------|-------------|--------|
| SERUM UREA | 14 | | 13.0 - 45.0 | mg/dL |
| SERUM CREATININE | 0.8 | | 0.5 - 1.4 | mg/dL |
| SERUM URIC ACID | 8.4 | <i>H</i> | 3.6 - 7.2 | mg/dL |
| SERUM SODIUM | 134 | | 130 - 149 | mmol/L |
| SERUM POTASSIUM | 4.4 | | 3.5 - 5.5 | mmol/L |

LFT(LIVER FUNCTION TEST)

| LFT | | | | |
|--------------------|------------|----------|----------------|-------|
| TOTAL BILIRUBIN | 2.6 | <i>H</i> | 0.1 - 1.2 | mg/dL |
| DIRECT BILIRUBIN | 1.2 | <i>H</i> | 0.00 - 0.30 | mg/dL |
| INDIRECT BILIRUBIN | 1.4 | | Adult: 0 - 0.8 | mg/dL |
| SGOT (AST) | 28 | | 0.0 - 45 | IU/L |
| SGPT (ALT) | 23 | | 00 - 45.00 | IU/L |
| ALP | 95 | | 41 - 137 | U/L |
| TOTAL PROTEINS | 6.6 | | 6.0 - 8.2 | g/dL |
| ALBUMIN | 4.5 | | 3.20 - 5.00 | g/dL |

Checked By : *Pradip Kumar*



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

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|-----------|--------|--------------------|-------|
| GLOBULIN | 2.1 | 2.0 - 3.50 | g/dL |
| A/G RATIO | 2.14 | | |

LIPID PROFILE

LIPID PROFILE

| | | | | |
|---------------------------|------------|----------|---|-------|
| SERUM CHOLESTROL | 204 | <i>H</i> | 0 - 200 | mg/dl |
| SERUM TRIGLYCERIDES | 105 | | Up to 150 | mg/dl |
| HDL CHOLESTEROL | 45 | | 30 - 60 | mg/dl |
| VLDL CHOLESTEROL | 21 | | *Less than 30 | mg/dL |
| LDL CHOLESTEROL | 138 | | Optimal <100, Above Opt. 100-129 -high 160-189 | mg/dl |
| LDL CHOLESTEROL/HDL RATIO | 3.07 | | Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0 | |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|------------|--------|-------------|----|
| VOLUME | 25 | | ml |
| COLOUR | Yellow | Pale Yellow | |
| APPEARANCE | Clear | Clear | |

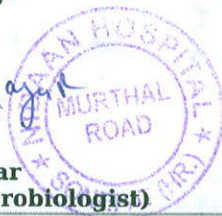
CHEMICAL EXAMINATION

| | | | |
|----------|--------|-----|--|
| REACTION | Acidic | | |
| BLOOD | NIL | | |
| ALBUMIN | NIL | NIL | |
| GLUCOSE | NIL | NIL | |
| PH | 6.0 | | |

MICROSCOPIC EXAMINATION

| | | | |
|------------------|-----|-----|------|
| PUS CELL | 1-2 | 2-4 | /HPF |
| RED BLOOD CELLS | Nil | NIL | /HPF |
| EPITHELIAL CELLS | 1-2 | 2-4 | /HPF |

Checked By : *Mayan*



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. JITENDER KUMAR
MR No : 32027
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IP No. :
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Sample ID : 160834
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Ref Doctor : Dr. Chand Kishore

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|----------|--------|--------------------|-------|
| CASTS | NIL | NIL | |
| CRYSTALS | NIL | NIL | |

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

***** END OF THE REPORT *****

Checked By :

Pradip Kumar

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No. 012308140534 Age/Gender 29 YRS/MALE Coll. On 14/Aug/2023 05:44PM
Name Mr. JITENDER KUMAR 32028 Reg. On 14/Aug/2023
Ref. Dr. Approved On 14/Aug/2023 07:43PM
Rpt. Centre Self Printed On 07/Sep/2023 05:22PM

| Test Name | Value | Unit | Biological Reference Interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

Thyroid profile, Total (T3,T4,TSH)

| | | | |
|---|------|--------|------------|
| T3 (Triiodothyronine) , serum Method : ECLIA | 1.27 | ng/mL | 0.80 - 2.0 |
| T4 (Thyroxine) , serum Method : ECLIA | 6.42 | ug/dL | 5.1 - 14.1 |
| TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA | 2.70 | uIU/ml | 0.27 - 4.2 |

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

| Gestation period | TSH (uIU/ml) |
|------------------|--------------|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

***Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.

*** End Of Report ***



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Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pthology
Consultant Pathologist

Dr. Deepak Sadwani
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Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist



Page 1 of 1

OUR FOOTPRINT

Delhi NCR | Gujarat | Punjab | Haryana | Uttar Pradesh



Nidaan Hospital



Patient Id 32027 Name JITENDER 29Y Accession No -
Study Date 14-Aug-2023 Age - Gender Male

X-RAY CHEST PA VIEW

FINDINGS :-

Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.

Both hila appear normal.

Mediastinum is normal.

Cardiac size is normal.

Both domes of diaphragm are normal.

Both CP angles are clear.

Soft tissues and bony cage appear normal.

IMPRESSION :- Mildly prominent bronchovascular markings noted in bilateral lung fields s/o mild bronchitis.

ADVICE :- Clinical correlation and follow up.



Dr Avinash Rathod(DMRD)
Consultant Radiologist
Reg. No. 2011/05/1616/1616

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(This is only professional opinion and not the diagnosis, Please correlate clinically)

the **health** care providers

the **health** care providers



DEPARTMENT OF RADIOLOGY

| | | | | |
|---------------------|----------------------------------|--------------------------|---------------------|---------|
| Patient Name | Mr JITENDER KUMAR | Billed Date | : 14/08/2023 | 9.20 AM |
| Reg No | 32027 | Reported Date | : 14/08/2023 | |
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| Ref. Doctor | Self | Consultant Doctor | : Dr. Chand Kishore | |
| Type | OPD | | | |

USG WHOLE ABDOMEN/KUB

FINDINGS:

LIVER is normal in size (13.6 cm) and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal and hepatic veins are normal in caliber at porta.

GALL BLADDER is partially distended.

CBD is normal in course and caliber. No evidence of intraluminal calculus seen in visualized segments.

SPLEEN is normal in size (10.4 cm) and echotexture. No focal lesion is seen.

PANCREAS: Head of pancreas is normal in size and echotexture. Body and tail of pancreas are obscured by bowel gas shadows.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is minimally distended.

PROSTATE is normal in size. [vol: ~ 13 cc]. It has normal echotexture and there is no evidence of focal lesion.

No free fluid is seen in the abdomen.

To be correlate clinically

