

Age / Sex

Sparsh Multispecialty Hospital

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

CIN: U85110CT2005PTC017751

Visit ID : 0000267292

Patient Name : MR. NITESH KUMAR Spec No. :

Consultant : DR. HOSPITAL CASE Order Date : 01/03/2022 12:57PM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 01/03/22 04:15PM

X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.

: 145882

: 28Y / MALE

- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

- Please correlate clinically

Dr. SAMIR KATHALE
MBBS, DNB, MNAMS, MANBD

Reg No: COMC 4404/2012

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



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: 28Y / MALE

Consultant : DR. HOSPITAL CASE Order Date : 01/03/2022 12:57PM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 01/03/22 02:01PM

SONOGRAPHY USG WHOLE ABDOMEN

- * LIVER : Measures 15.46 cm Longitudinally, Mildly Enlarged in size and shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen. IHBRs are not dilated.
- *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.
- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- *KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

- *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.

: 145882

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Mildly Enlarged Fatty Liver (Grade I)
 - Please correlate clinically , followup USG is recommended.

Dr. SAMIR KATHALE
MBBS, DNB, MNAMS, MANBD
RADIOLOGIST

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

Page 1 of 1

-4404/2012



AGE/SEX

एक एहशाश अपनेपन का **Sparsh Multispecialty Hospital**

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CIN: U85110CT2005PTC017751

: 01/03/2022 12:57:00PM

: 01/03/2022 01:42:00PM

: 0000267292

: 145882 UHID

: 28Y/MALE

PATIENT NAME : MR. NITESH KUMAR

SPEC. NO : 10356060 : HOSPITAL CASE

CONSULTANT DOCTOR

: 01/03/2022 04:19:00PM RESULT DATE

: MEDIWHEEL

VISITID

ORDER DATE

SAMP. DATE

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD C	OUNT)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	15.6 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.66 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	43.9 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	94.1 fl	Normal	78 - 96
MCH	33.4 pg	High	27 - 32
MCHC	35.5 %	Normal	33 - 37
RDW	13.0 %	Normal	11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	7500 /cumm	Normal	4000 - 11000
NEUTROPHILS	58 %	Normal	0 - 75
LYMPHOCYTES	34 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	240000 /cumm	Normal	150000 - 450000

Dr. ANJANA SHARN D.N.B PATHOLOG

CONSULTANT

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.

17/03/2022 12:03PM O Shriram Market, Ram Nagar, Supela, Bhilai (C.G.) Ph.: 0788 4252222, 4052040



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CIN: U85110CT2005PTC017751



UHID

PATIENT NAME

: 145882

: MR. NITESH KUMAR

AGE/SEX

: 28Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000267292

ORDER DATE

: 01/03/2022 12:57:00PM

SAMP. DATE

: 01/03/2022 01:42:00PM

SPEC. NO

: 10356058

RESULT DATE

: 01/03/2022 03:41:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

BLOOD GROUPING AND RH TYPING

PARAMETER

VALUE

BLOOD GROUP RH FACTOR "B"

Positive

RESULT

REFERENCE RANGE

Dr. ANJANA SHARMA D. B. PATHOLOGY

CONSULTANT

TECHNICIAN

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CIN: U85110CT2005PTC017751

NABHgenerus;
CERTIFIED

UHID : 145882 VISITID : 0000267292

PATIENT NAME : MR. NITESH KUMAR ORDER DATE : 01/03/2022 12:57:00PM

AGE/SEX : 28Y/MALE SAMP. DATE : 01/03/2022 01:42:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10356051

RESULT DATE : 01/03/2022 03:39:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	25.23 mg / dl	High	8 - 23
CREATININE			
CREATININE	0.88 mg / dl	Normal	0.6 - 1.2
GGT (GAMMA GLUTAMYL TRANSFE	RASE)		
GGT (GAMMA GLUTAMYL TRANSFERASE)	29 U / L	Normal	8 - 52
URIC ACID			
URIC ACID	6.77 mg/dL	Normal	3.6 - 7.7

Br. ANJANA SHARMA DANB PATHOLOGY

CONSULTANT

Sharma

TECHNICIAN

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CIN: U85110CT2005PTC017751

VISITID

PATIENT NAME : MR. NITESH KUMAR ORDER DATE : 01/03/2022 12:57:00PM

AGE/SEX : 28Y/MALE SAMP. DATE : 01/03/2022 01:42:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10356051

RESULT DATE : 01/03/2022 05:37:00PM

: 0000267292

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER VALUE RESULT REFERENCE RANGE

PSA (TOTAL) 0.535 ng/ml Normal 0 - 4

Note:

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.

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

: 145882

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.

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

TECHNICIAN

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CIN: U85110CT2005PTC017751

UHID : 145882 VISITID : 0000267292

PATIENT NAME : MR. NITESH KUMAR ORDER DATE : 01/03/2022 12:57:00PM
AGE/SEX : 28Y/MALE SAMP. DATE : 01/03/2022 01:42:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10356049

RESULT DATE : 01/03/2022 05:37:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER VALUE RESULT REFERENCE RANGE

 T3 (TRIIODOTHYRONINE)
 1.96 ng/ml
 Normal
 0.69 - 2.15

 T4 (THYROXINE)
 71.91 ng/ml
 Normal
 52 - 127

 TSH (THYROID STIMULATING HORMONE)
 1.77 uIU/ml
 Normal
 0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

0.30 - 4.5

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

1st Trimester 0.10- 2.50 2nd Trimester 0.20 - 3.00 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

Dr. ANJANA SHARMA DN. BIPATHOLOGY CONSULTANT

TECHNICIAN

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UHID

: 145882

PATIENT NAME

: MR. NITESH KUMAR

AGE/SEX

: 28Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000267292

ORDER DATE

: 01/03/2022 12:57:00PM

SAMP. DATE

: 01/03/2022 01:42:00PM

SPEC. NO

: 10356059

RESULT DATE

: 01/03/2022 03:40:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED

HEAMOGLOBIN)

5.0 %

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

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.

> Dr. ANJANA SHARD D.N.B PATHOLOGY

CONSULTA

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UHID : 145882 VISITID : 0000267292

PATIENT NAME : MR. NITESH KUMAR ORDER DATE : 01/03/2022 12:57:00PM

AGE/SEX : 28Y/MALE SAMP. DATE : 01/03/2022 04:52:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10356097

RESULT DATE : 01/03/2022 04:53:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICRO	OSCOPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		
COLOUR	Pale Yellow		-
APPEARANCE	Clear		-
REACTION	Acidic		æ:
CHEMICAL EXAMINATION			
ALBUMIN	Nil		5.0 Table 1
SUGAR	Nil		<u> </u>
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	2-4 /hpf		0 - 5
PUS CELLS	2-4 /hpf		1 - 2
RBC	1-2 /hpf		-
CAST	Nil /lpf		
CRYSTAL	Nil		-
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		-

Dr. ANJANA SHARMA D.N.B PATHOLOGY

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17/03/2022 12:01PM



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VISITID

PATIENT NAME : MR. NITESH KUMAR ORDER DATE : 01/03/2022 12:57:00PM

AGE/SEX : 28Y/MALE SAMP. DATE : 01/03/2022 01:42:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10356050

: 145882

LET /LIVED EUNCTION TEST

RESULT DATE : 01/03/2022 03:40:00PM

Dr. ANJANA SHARM D.N.B PATHOLOGY

CONSULTANT

: 0000267292

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ue .		
UE	RESULT	REFERENCE RANGE
mg/dL	Normal	0.1 - 1.2
mg / dl	Normal	0.1 - 0.6
mg / dl	Normal	0.1 - 0.4
U / L	Normal	0 - 270
U / L	Normal	10 - 55
U / L	Normal	0 - 40
g / dl	Normal	6 - 8
g/dl	Normal	4 - 5
g / dl	Normal	2 - 3.5
:1		1 - 2.5
	<pre>UE mg/dL mg / dl mg / dl U / L U / L U / L g / dl g/dl g / dl :1</pre>	mg/dL Normal mg / dl Normal mg / dl Normal U / L Normal U / L Normal g / dl Normal g / dl Normal g / dl Normal Normal Normal Normal Normal

TECHNICIAN

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CIN: U85110CT2005PTC017751

NAME : MR . NITESH KUMAR AGE: 28 YERS

SEX: MALE

REF BY : DR. HOSPITAL (CASE)

DATE:-'01/03/2022

ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Measurement	Pts Value (mm)	Normal Value (mm)	Measurement	Pts Value (mm)	Normal Value (mm)
AO :	38	20 - 37	IVS	10	6 -11
LA :	35	29 - 40	LVID (d)	38	35 - 50
MACS:		15 - 26	LVPW (d)	10	6 - 11
EPSS :		< 8mm	LVID (s)	29	23 - 39
FS :			EF	60%	(60+62%)
RA :		<26mm	RV		<26

2 D ECHO & CFI

CHAMBERS All Cardiac Chambers are Normal Size
VALVES - All Cardiac Valve Are Normal Size

 VALVES
 - All Cardiac

 RWMA
 NIL

 SEPTAE
 INTACT

 EF (Overall)
 - 60%

 CLOT/ VEGETATION
 - NIL

 PER EFFUSION
 - NIL

CONTINUOUS WAVE & COLOUR WAVE DOPPLER

Valve	Regurgitation	Gradient (mmHg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Pulmonary Valve	NIL	Not Significant
Tricuspid Valve	NIL	Not Significant

PULSE WAVE DOPPLER

Mitral Valve Inflow Shows E Waves >>> A Waves

FINAL IMPRESSION:

- NO RWMA, LVEF 60%
- NORMAL DIASTOLIC FUNCTION
- NORMAL CARDIAC CHAMBERS
- NORMAL CARDIAC VALVES
- NO CLOT / PE / VEGETATION

DR. MOHD. ASLAM KHAN

SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST