



Diagnostics S. No.	: LSHHI307871	MR No.	: MR/23/002524
Patient Name	: Mr. NITIN SAINI	Doctor	: Dr. RMO
Age/Sex	: 35 YRS Sex : Male	Date & Time	: 08-Apr-2023 08:44 AM
OPD/IPD	: OPD	Sample Collection	: 08-Apr-2023 08:51 AM
IPDNo	:	Reporting Date/Time	: 08-Apr-2023 11:30 AM
		ReferDoctor	:

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		95	70-110	mg/dl
<u>HAEMATOLOGY</u>				
<u>BLOOD GROUP And RH TYPE</u>				
BLOOD GROUP ABO & Rh		"AB" POSITIVE	-	
<u>CBC (COMPLETE BLOOD COUNT)</u>				
HAEMOGLOBIN	L	12.2	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		7300	4000-11000	/cumm
NEUTROPHILS		60	45-75	%
LYMPHOCYTES		32	20-45	%
EOSINOPHILS		02	0-06	%
MONOCYTES		06	02-10	%
BASOPHILS		00	0-2	%
RBC		5.00	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		42.2	35-45	%
MCV		84.4	76-96	fl
MCH	L	24.4	27-31	Picogram
MCHC	L	28.9	30-35	gm/dl
RDW	H	16.1	11.5-14.5	%
PLATELETS		2.15	1.5-4.0	Lacs

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

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PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror



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BIO-CHEMISTRY

CREATININE SERUM

CREATININE	1.1	0.6-1.4	mg/dl
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HAEMATOLOGY

ESR			
ESR	08	0-20	mm/1sthr

BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)	H	2.0	0.1-1.2	mg/dl
BILIRUBIN DIRECT	H	0.7	0.0-0.3	mg/dl
BILIRUBIN INDIRECT	H	1.3	0.1-0.9	mg/dl
SGOT (AST)		25	0-40	IU/L
SGPT (ALT)		39	0-40.0	IU/L
ALK.PHOSPHATASE		77	42.0-119	IU/L
TOTAL PROTEIN		7.8	6.0-8.0	gm/dl
ALBUMIN		4.5	3.20-5.0	gm/dl
GLOBULIN		3.3	2.30-3.80	gm/dl
A/G Ratio		1.3	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL		194	0-250	mg/dL
TRIGLYCERIDE		101	0-161	mg/dL
HDL-CHOLESTEROL		52	30.0-60.0	mg/dL
LDL CHOLESTEROL		121.8	0-130	mg/dL
VLDL		20.2	0-40	mg/dL

Jishka Singh

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LDL / HDL RATIO	2.34	0.0-3.55	
UREA			
BLOOD UREA	21	13.0-45.0	mg/dl
URIC ACID, SERUM			
URIC ACID	4.0	3.0-7.2	mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	25	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	7.0	5.5-8.5	
SPECIFIC GRAVITY	1.015	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	0-1	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	NIL	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA
MD (PATHOLOGY)



Dr. NISHITHA KHERA
MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR
CONSULTANT(MICROBIOLOGY)

Dr. NIDHI KAUSHIK
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(PATHOLOGY)

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Age/Sex : 35 YRS Sex : Male	Reporting Date/Time : 08-Apr-2023 10:14 AM
Visit Date & Time : 08-Apr-2023 08:44 AM	
OPD/IPD : OPD	IPD No :

XRAY CHEST PA

FINDING:-

- Bilateral lung fields are normal
- The trachea is central.
- Both the costophrenic and cardiophrenic angles are sharp.
- Both domes of diaphragm are normal in position and contour.
- Both the hila are normal
- Cardiac shadow is normal.
- Bones and soft tissues are normal

Impression: Normal study.

Dr. Deepa

DR. DEEPA NSHU SHARMA
MD (Radiodiagnosis)
Reg. No.- HN22292
Park Hospital Karnal



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ULTRASOUND

Liver is borderline enlarged (14.2cm) and shows grade I fatty changes. There is no focal hepatic lesion present. Portal vein and CBD are normal in course and caliber.

Gallbladder is partially distended and shows normal intraluminal echotexture. There is normal wall thickness.

Pancreas is normal in size, contour & echo pattern. The pancreatic duct is not dilated. Pancreatic contour is regular & peri pancreatic planes are maintained.

Spleen is normal in size & echo pattern.

Both kidneys are normal in shape size contour & echo pattern. There is no hydronephrosis defined on either side. Both ureters are obscured by bowel gas.

Bladder is distended and shows normal intraluminal echotexture and wall thickness.

Prostate is normal in morphology and echotexture.

There is no free fluid present in the abdomen.

Impression:

Borderline hepatomegaly with grade I fatty changes

Adv: Clinical correlation.

Dr. Deepanshu Sharma
MD RADIODIAGNOSIS
Reg. No. HMC 22292
Park Hospital

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Park Group of Hospitals : West Delhi • South Delhi • Gurgaon • Faridabad • Hodal • Panipat

the health care providers the health care providers

type
RR
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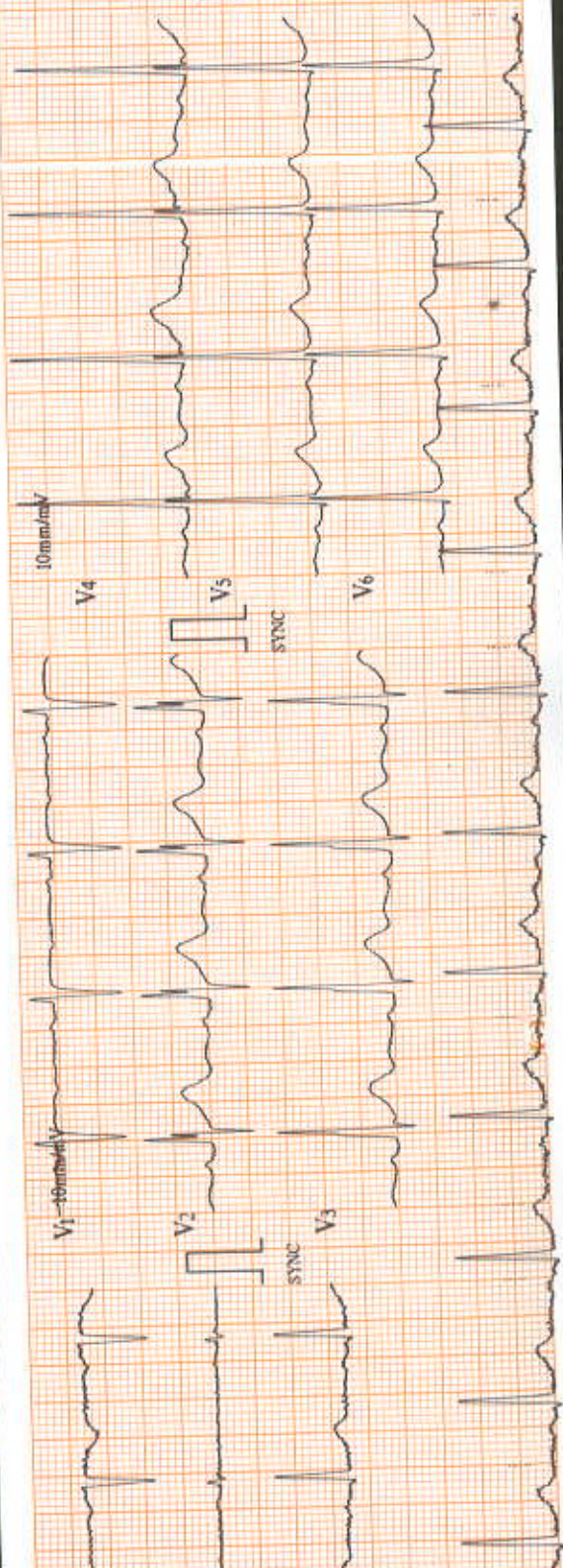
HR : 78
R-R : 765
P-R :
QRS : 0
QT/QTc : 0/0
P/QRS/T : 0/0/0
RV5/SV1 : 0/0
RV5-SV1 : 0

ID : 1629
Name :
Sex :
Age :

Arif

Unconfirmed report verified by:

(P) CARDIOPRINT





Prognosis Laboratories

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

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Lab No.	012304090067	Age/Gender	35 YRS/MALE	Coll. On	09/Apr/2023 07:35AM
Name	Mr. NITIN SAINI			Reg. On	09/Apr/2023
Ref. Dr.				Approved On	09/Apr/2023 10:37AM
Rpt. Centre	Self			Printed On	09/Apr/2023 01:56PM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood	4.6	%	4.0 - 6.0
<i>Method : HPLC</i>			
Estimated average plasma Glucose	85.32	mg/dL	65 - 136
<i>Method : Calculated</i>			

The test is approved by NGSP for patient sample testing.

Interpretation:	
Metabolically normal patients	% 4.0 - 6.0
Good control:	% < 7.0
Fair control:	% 7.0 - 8.0
Poor control:	% > 8.0

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of 4-6 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



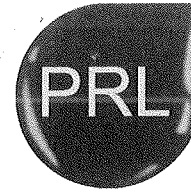
Dr. Smita Sadwani
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Technical Director

Dr. Anita
MD Pathology
Sr. Consultant Pathologist

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Dr. Deepak Sadwani
MD(Pathology)
Lab Director

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Name	Mr. NITIN SAINI			Reg. On	09/Apr/2023
Ref. Dr.				Approved On	09/Apr/2023 10:25AM
Rpt. Centre	Self			Printed On	09/Apr/2023 01:56PM

Test Name	Value	Unit	Biological Reference Interval
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TSH (Thyroid Stimulating Hormone), serum 2.26 uIU/ml 0.27 - 4.2
 Method : ECLA

Interpretation:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

Trimester	Unit	Range
First trimester	uIU/ml	0.1 - 2.5
Second trimester	uIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0

***Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.**
 This test was performed at Prognosis Laboratories, 515-516, Sector 19, Dwarka, New Delhi-110075.
 *** End Of Report ***



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