



Pt. Name	: Shiv Prakash		
Age/Gender	: 50 Years Male		
Patient ID	: 2490		
Ref. By	: Dr. BOB		
Address	:		



Registered On

Collected On

Reported On

: 25 Nov, 2023 10:45 AM : 25 Nov, 2023 10:47 AM : 25 Nov, 2023 02:53 PM MO: 7874304011

## **THYROID SERUM HORMONS**

#### **Thyroid Function Test (TFT)**

Investigation	Observed Value	Biological Reference Interval	Unit
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	1.52	0.6 - 1.81	ng/mL
Serum thyroxine (T4)	7.41	4.5 - 12.6	ug/dL
Thyroid Stimulating Hormone (TSH)	1.5064	0.55 - 4.78	mIU/L



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### First Floor A Tower Eshantisira,Nr.Sitaram Super Market Chhani Road Chhani Vadodara-391740 Mo:9033286182/9099685928

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Investigation	Observed Value	Biological Reference Interval	Unit
PSA	0.2860	0 - 4	ng/mL

#### Sample Type:Serum

#### Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year

2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to reatment.

3. Prostate cancer screening.

Comments

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little

PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase

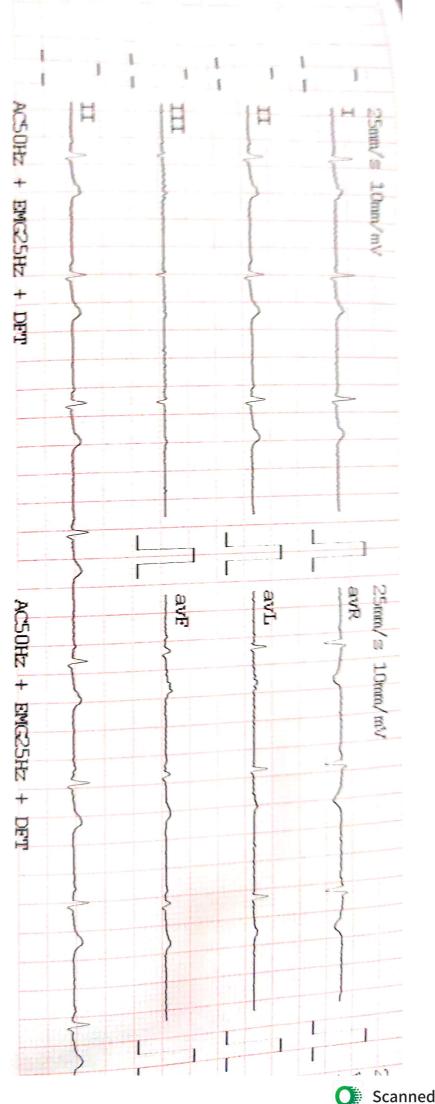
circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate

biopsy may increase PSA levels.

\*\*\*\*\*End Of Report\*\*\*\*\*

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FITNESS CERTIFICATE
C   Name   : Shiv   Brackarsh.     Date of Birth:   05   11193.   Age. SO. Blood Group:   R.t.v.c.     D   Sex   : Mald   Female   I Marital Status: Married   Unmarried     1   D   Address
Height Weight Near L.E. 616 R. E. 616 Hearing 16.3 Cms. AD Kgs. Vision: Distant L.E. 60 R. E. 10 Left Ear Colour Vision Distant L.E. 10 Resp. Rate: 18 (M/M)
Findings:     Any other Findings:     G
G   E     B   T     D   Hereby certify that I have examined Mr.#Ms.:     Shiv   Preuleus M     on   Shiv     D   I
E Signature & Seal Signature of Contact of the best of my knowledge and I am not suffering I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any from any disease / illness, the presence of which I have not revealed. I fully understand that any from any disease of any
A misrepresentation of this declaration could read to the technological check-up by the company's suggested discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be

ARATION

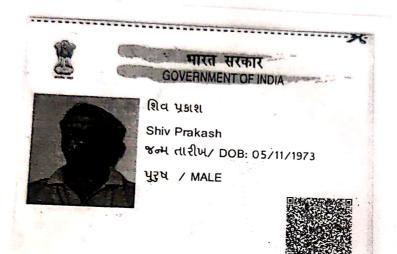
Signature of Candidate: 🗡

accepted by me.

Date: 25/11/2\_

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1<sup>st</sup> Floor, Tower A, Eshantisira, Near Sitaram Super Market, Chhani Vadodara-391740

🔞 +91 63596 22244

NAME: MR. SHIV PRAKASH

AGE:50/MALE

DATE:25/11/2023

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## USG FOR ABDOMEN

### LIVER:

The echogenicity of the liver is normal. There is no focal liver lesion. There are no dilated intrahepatic biliary radicles. **GALL BLADDER:** 

2-3 mm cailculli noted in gall bladder.

### SPLEEN:

The echogenicity of the spleen is normal.

There is no focal splenic lesion.

### PANCREAS:

The echogenicity appears to be normal.

There is no free fluid in the abdomen.

There are no enlarged retroperitoneal lymphnodes.

## KIDNEY:

The kidneys are normal in position, size, shape and outline.

The parenchyma is normal. Right kidney measure 89\*36 cm.

Left kidney measure 99\*36cm.

## **BLADDER:**

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

## **PROSTATE:**

Prostate gland is normal in size. It has smooth outline reflectivity.

There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy. Appendix cannot be imaged.No mass or collection in right iliac fossa.



DR





First Floor A Tower Eshantisira, Nr. Sitaram Super Market Chhani Road Chhani Vadodara-391740 Mo:9033286182/9099685928

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#### **CBC** with ESR

Investigation	Observed Value	Biological Reference Interval	Unit	
HEMOGLOBIN				
Hemoglobin (Hb)	14.4	13 - 17	g/dL	
RBC COUNT				
Total RBC Count	4.76	4.5 - 5.5	mill/cumm	
BLOOD INDICES				
Packed Cell Volume (PCV)	41.3	40.7 - 50.3	%	
Mean Corpuscular Volume(MCV)	86.76	78.2 - 97.90	fL	
Mean Corpuscular Hemoglobin (MCH)	30.25	27 - 33	pg/cell	
Mean Corpuscular Hemoglobin Concentration (MCHC)	34.87	33 - 36	g/dL	
Red cell Distribution Width (RDW)	12.4	11.5 - 16	%	
WBC COUNT				
Total WBC Count	5300	4000 - 11000	cumm	
DIFFERENTIAL WBC COUNT				
Neutrophils	52	40 - 70	%	
Lymphocytes	38	20 - 40		
Eosinophils	04	1 - 6	%	
Monocytes	06	<mark>2 - 6</mark>	%	
Basophils	00			
Erythrocyte Sedimentation Rate (ESR)	10	0 - 22	mm/hr	
PLATELET COUNT				
Platelet Count	170000	150000 - 450000	/cumm	

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#### **BLOOD GROUP**

BG

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & F	H TYPING		
ABO Group	"B"		
RH Factor	POSITIVE		

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.

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#### HBA1C

Investigation	Observed Value	Biological Reference Unit	
HBA1c	5.26	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%	0
Mean Blood Glucose	104.26	For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %	mg/dL

#### Comment

1. HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

2. Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.

3. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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### FASTING BLOOD SUGAR

#### **FBS PP2BS**

Vestigation		Biological Reference Interval	Unit
FBS PP2BS			
Fbs	91	70 - 110	mg/dL
PP2BS	96	80 - 140	mg/dL

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### LIPID PROFILE

#### Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	171	150 - 199	mg/dL
Serum Triglycerides	126	0 - 150	mg/dL
HDL Cholesterol	46	35 - 79	mg/dL
LDL Cholesterol	99.80	0 - 100	mg/dL
VLDL Cholesterol	25.20	0 - 30	mg/dL
Non-HDL cholesterol	125.00	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	2.17	1.5 - 3.5	
Total-HDL Cholesterol Ratio	3.72	3.5 - 5	
Triglycerides HDL Ratio	2.74		

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nvestigation	Observed Value	Biologica Interval	al Reference Unit
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Desirable <200	Low <40	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500
Borderline High 200-239 High >240	High <60		

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LFT

#### Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.74	0 - 1.2	mg/dL
Direct Bilirubin	0.22	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.52	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	36	0 - 40	IU/L
SGOT (AST)	30	0 - 37	U/L
Alkaline Phosphatase	112	60 - 320	U/L
Gamma Glutamyl Transferase (GGT)	28	8 - 61	U/L
SERUM PROTEINS			
Total Serum Protein	6.93	6.3 - 7.9	g/dL
Serum Albumin	4.32	3.5 - 5.5	g/dL
Serum Globulin	2.61	2.5 - 3.5	g/dL
A/G Ratio	1.66	1.1 - 2.1	

#### **Clinical Information:**

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.

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#### **RFT(RENAL FUNCTION TEST)**

Investigation	Observed Value	Biological Reference Interval	
RFT(RENAL FUNCTION TE	ST)		
Serum Creatinine	1.02	0.6 - 1.30	mg/dL
Serum Urea	22.80	15 - 40	mg/dL
BUN	10.64	7.0 - 20.0	mg/dL
Serum Uric Acid	4.16	3.5 - 7.2	mg/dL

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#### URINE ROUTINE

URM		
Investigation	Observed Value	Biological Reference Unit
PHYSICAL EXAMINATION		
Quantity	10ml	10ml
Colour	Pale Yellow	Pale yellow
Appearance	Clear	whitish
PH	6.5	
Specitfic Gravity	1.020	
Blood	Absent	
CHEMICAL EXAMINATION		
Proteins	Absent	Nil
Glucose	Absent	Nil
Ketones	Absent	Nil
Leucocyte Esterase	Absent	Negative
Bile Pigment	Negative	
Bile salt	Negative	
MICROSCOPIC EXAMINATION		
R.B.C.	Absent	
Pus Cells	2-3 hpf	
Epithelial Cells	1-2/ hpf Squamous	
Amorphous Material	Absent	
Bacteria	Absent	

\*\*\*\*\*End Of Report\*\*\*\*\*

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PATIENTS NAME	SHIV PRAKASH	AGE/SEX	50/MALE	
REF. BY	CHHANI HOSPITAL	DATE	25/11/23	

## **X-RAY CHEST PA VIEW**

BOTH LUNG FIELDS ARE NORMAL.

BOTH COSTOPHRENIC RECESS ARE CLEAR.

CARDIAC CONFIGURATION IS NORMAL.

MEDIASTINUM AND BONY THORACIC CAGE REVEAL NO ABNORMALITY.

**IMPRESSION :NORMAL LUNGS HEART AND MEDIASTINUM** 

rdn

DR.HIMANI VIRAPARA G.28771 Regn. No: M.D. [Radiodiagnosis] (CONSULTANT RADIOLOGIST)



SB 03 PUJAR COMPLEX, NR GANGA JAMNA HOSPITAL, OPP GOLDEN SILVER APPARTMENT , SUBHANPURA MAIN ROAD VADODARA 390023 8758530074, 7227815698





