MSK DIAGNOSTICS
(A Complete Diagnostic Pathology Laboratory)
RAIBARELI ROAD, TELIBAGH, LUCKNOW
E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in
Mobile : 7565000448

Collected At : (MSK)

Name	: MR. AMIT KUMAR RAI	Age	: 36 Yrs.	Registered	: 13-12-2022 10:50 AM
Ref/Reg No	: 12627 / TPPC/MSK-	Gender	: Male	Collected	: 13-12-2022 10:01 AM
Ref By	: Dr. MEDI WHEEL			Received	: 13-12-2022 10:50 AM
Sample	: Blood, Urine			Reported	: 13-12-2022 05:34 PM

HORMONE & IMMUNOLOGY ASSAY

Investigation	Observed Values	Units	Biological Ref. Interval
Serum T3	1.56	ng/dl	0.846 - 2.02
Serum T4	10.79	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	**6.68**	uIU/ml	0.39 - 5.60

SUMMARY OF THE TEST

1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness,malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.
5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester	0.1-2.5 ulU/ml
Second Trimester	0.2-3.0 ulU/ml
Third Trimester	0.3-3.5 ulU/ml

---------- End of report ----------

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MD (PATH)

(SENIOR TECHNOLOGIST)
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MD (PATH & BACT)

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Investigation	Observed Values	Units	Biological Ref. Interval

BIOCHEMISTRY

***Glycosylated Hemoglobin (HbA1C)**

* Glycosylated Hemoglobin (HbA1C) (Hplc method)	5.6	%	0-6
* Mean Blood Glucose (MBG)	122.06	mg/dl	

< 6 % : Non Diebetic Level
6-7 % : Goal
> 8 % : Action suggested

SUMMARY

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy,Nephropathy,Cardiopathy and Neuropathy.In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting,"after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

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NAME: - MR. AMIT KUMAR **DATE: - 13.12.2022**

REF.BY: - MEDIWHEEL **AGE: -36Y/M**

USG – WHOLE ABDOMEN

Liver appears normal in size (measures~ 147mm), shows diffusely increased echogenicity. No focal parenchymal lesion identified. No evidence of intra/ extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall Bladder moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size, (measures ~ 88mm) shape and echopattern No focal parenchymal identified.

Pancreas appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

Right kidney measures ~ 106x41mm. **Left kidney** measures ~107x60mm. **Both kidneys** appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder appears well distended with no calculus or mass within.

Prostate appears normal in size (vol~ 11.6cc) & echotexture.

No evidence of ascites or pleural effusion seen. *No significant retroperitoneal lymphadenopathy noted.*

IMPRESSION:

- ***Grade I fatty infiltration of liver.***
  -Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra
M.D., DNB Radio-diagnosis
PDCC Neuroradiology (SGPGI, LKO)
Ex- senior Resident (SGPGI, LKO)
European Diploma in radiology EDiR, DICRI

Dr. Sweta Kumari
MBBS, DMRD
DNB Radio Diagnosis
Ex- Senior Resident Apollo Hospital Bengaluru
Ex- Resident JIPMER, Pondicherry

Reports are subjected to human errors and not liable for medicolegal purpose

Reported by: Roli Vishvakarma

Ambulance Available

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HEMATOLOGY

Investigation	Observed Values	Units	Biological Ref. Interval
HEMOGRAM			
Haemoglobin [Method: SLS]	14.9	g/dL	13 - 17
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	45.8	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	4.89	10^6/µl	4.5 - 5.5
MCV (Mean Corpuscular Volume) [Method: Calculated]	**106.5**	fL.	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	30.2	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	32.5	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	8.3	10^3/µl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	54	%	40.0 - 80.0
Lymphocytes	39	%	20.0 - 40.0
Eosinophils	06	%	1.0 - 6.0
Monocytes	**01**	%	2.0 - 10.0
Platelet Count [Method: Electrical impedence/Microscopic]	262	10^3/µl	150 - 400
*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	**08**	mm for 1 hr	0-10
* ABO Typing	" AB "		
* Rh (Anti - D)	Negative		

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Investigation	Observed Values	Units	Biological Ref. Interval
BIOCHEMISTRY			
Plasma Glucose Fasting [Method: Hexokinase]	76.7	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	129.0	mg/dL.	120-170
Serum Bilirubin (Total)	0.8	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.2	mg/dl.	0- 0.4
* Serum Bilirubin (Indirect)	0.6	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-5-phosphate]	27.1	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate]	32.6	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	149.3	IU/L	108 - 306
Serum Protein	7.1	gm/dL	6.2 - 7.8
Serum Albumin	3.8	gm/dL.	3.5 - 5.2
Serum Globulin	3.3	gm/dL.	2.5-5.0
A.G. Ratio	1.15 : 1		
* Gamma-Glutamyl Transferase (GGT)	31.7	IU/L	Less than 55
CLINICAL PATHOLOGY			
Urine for Sugar (F)	Absent		
Urine for Sugar (PP)	Absent		

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Investigation	Observed Values	Units	Biological Ref. Interval
LIPID PROFILE (F)			
Serum Cholesterol	**204.0**	mg/dL.	<200
Serum Triglycerides	**162.8**	mg/dL.	<150
HDL Cholesterol	**40.2**	mg/dL	>55
LDL Cholesterol	**131**	mg/dL.	<130
VLDL Cholesterol	33	mg/dL.	10 - 40
CHOL/HDL	5.07		
LDL/HDL	3.26		

INTERPRETATION:

National Cholestrol Education program Expert Panel (NCEP) for Cholestrol:
Desirable : < 200 mg/dl
Borderline High : 200-239 mg/dl
High : =>240 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for Triglycerides:
Desirable : < 150 mg/dl
Borderline High : 150-199 mg/dl
High : 200-499 mg/dl
Very High : >500 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for HDL-Cholestrol:
<40 mg/dl : Low HDL-Cholestrol [Major risk factor for CHD]
=>60 mg/dl : Hight HDL-Cholestrol [Negative risk factor for CHD]

National Cholestrol Education program Expert Panel (NCEP) for LDL-Cholestrol:
Optimal : < 100 mg/dL
Near optimal/above optimal : 100-129 mg/dL
Borderline High : 130-159 mg/dl
High : 160-189 mg/dL
Very High : 190 mg/dL

[Method for Cholestrol Total: Enzymatic (CHOD/POD)]
[Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
[Method for HDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for LDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for VLDL Cholestrol: Friedewald equation]
[Method for CHOL/HDL ratio: Calculated]
[Method for LDL/HDL ratio: Calculated]

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CLINICAL PATHOLOGY

Investigation	Observed Values	Units	Biological Ref. Interval
URINE EXAMINATION ROUTINE			
[Method: Visual,Urometer-120, Microscopy]			
Physical Examination			
Color	**Pale Yellow**		Light Yellow/Straw
Volume	30	mL	
Chemical Findings			
Blood	Absent	RBC/µl	Absent
Bilirubin	**Absent**		Absent
Urobilinogen	Absent		Absent
Chyle	Absent		Absent
[Method: Ether] Ketones	Absent		Absent
Proteins	**Absent**		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	5.5		5.0 - 9.0
Specific Gravity	1.025		1.010 - 1.030
Leucocytes	**Absent**	WBC/µL	Absent
Microscopic Findings			
Red Blood cells	Absent	/HPF	Absent
Pus cells	**1-2**	/HPF	0-3
Epithelial Cells	**Absent**	/HPF	Absent/Few
Casts	**Absent**	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	**Absent**	/HPF	Absent
Others	Absent	/HPF	Absent

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