

Junith

Dr AHTIN AGARWAL MBBS, MD Regn. No. DMC-R-1436

ONEPLUS ULTRASOUND LAB 47, Harsh Vihar, Pitam Pura/1 Dethi-11009 Ph. 011-42480101, 9559913051 E-mail: oneplusul@gmail.com



सुमित कुमार Sumit Kumar जन्म तिथि/DOB: 19/01/1984 पुरुष/ MALE

9194 5638 6027 VID: 9165 9590 5300 8638 मेरा आधार, मेरी पहचान





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Regn. No. DMC-R-1436

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Dr. Nitin Agarwal | Dr. Pooja (Garg) Agarwal

Radiologist & Director MAMC & Lok Nayak Hospital

I. Sumit termor undertake not to take stool test due to some reason. I am also not going for IMI test owing to high blood pressure as checked today -11/03/2023

Regn. No. DMC-R-1436



Dr. Nitin Agarwal | Dr. Pooja (Garg) Agarwal

Radiologist & Director MAMC & Lok Navak Hospital

NAME

:Mr. SUMIT KUMAR

AGE/GENDER

:37 YRS/Male

PATIENT ID

REFERRED BY CENTRE NAME :110475 :Dr. MEDIWHEEL

:ONEPLUS ULTRASOUND LAB

Barcode No

SPECIMEN DATE

SPECIMEN RECEIVED

REPORT DATE

LAB NO.

:10139678

:11/Mar/2023 08:54AM

:11/Mar/2023 09:04AM

:11/Mar/2023 03:05PM

:012303110010

Test Name

Result

Unit

%

Ref. Range

HAEMATOLOGY

Medi Wheel Health checkup < 40 Female

Glycosylated Hemoglobin (HbA1c)

5.5

Non Diabetic adults < 5.7

Prediabetic (at risk) 5.7-6.4

Diabetes >6.4

Estimated average blood glucose (eag)

111

Reference range (mg/dl):

90 - 120: Excellent control, 121 - 150: Good Control, 151 - 180: Average Control, 181 - 210: Action Suggested

>211:Panic value

BLOOD GROUP (ABO)

Rh typing

POSITIVE

NOTE:

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

Haemoglobin	13.9	g/dl	13.0-17.0
Total Leucocyte Count	5600	/cumm	4000-10000
Differential leucocyte count	**		
Neutrophils	60.1	%	40-80
Lymphocyte	34.50	%	20-40
Monocytes	3.00	%	2-10
Eosinophils	2.0	%	1-6
Basophils	0.4	%	0-2
RBC Count	4.80	million/cumm	4.5 - 5.5

Checked By.

Dr NITIN AGA MBBS, MD DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST) DMC/R/014

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Result	Unit	Ref. Range
44.8	%	40-50
93.1	fL	83-101
28.8	Pg	27-32
31	G/dL	32-35
197000	/cumm	150000-450000
13.8	%	11.4-14.0
10	mm in 1st hr	0-20
BIOCHEMIS	TRY	
113	mg/dL	70-110
	44.8 93.1 28.8 31 197000 13.8 10 BIOCHEMIS	44.8 % 93.1 fL 28.8 Pg 31 G/dL 197000 /cumm 13.8 % 10 mm in 1st hr

Checked By.

Dr NITIN AGARW MBBS, MD (Padr) NITIN AGARWAL DMC/R/01436 MBBS,MD(PATHOLOGIST)

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Test Name

Result

Unit

Ref. Range

BIOCHEMISTRY

Blood sugar pp

106

mg/dL

70.0-140.0

Checked By.

MBBS,MD(PATHOLOGIST)

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Test Name	Result	Unit	Ref. Range
	BIOCHEMI	STRY	
Bun (blood urea nitrogen)	12.60	mg/dl	8.9-21.6
Uric acid, serum	4.6	mg/dl	3.5-7.2
Creatinine, serum	0.6	mg/dl	0.60-1.2
	LFT(LIVER FUNC	TION TEST)	
Bilirubin Total	0.54	mg/dl	0.1-1.2
Bilirubin Conjugated	0.23	mg/dl	0-0.4
Bilirubin Unconjugated	0.31	mg/dl	up to 0.7
SGOT (AST)	29	U/L	0-46
SGPT (ALT)	29	U/L	0-49
Alkaline phosphatase	96	U/L	40-129
Gamma glutamyl transpeptidase	26	U/L	10-45
Total Protein	6.8	gm/dl	6.60 - 8.70
Albumin serum	3.9	g/dL	3.0-5.2
Globulin	2.90	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.34		1.10 - 2.50
	LIPID PRO	OFILE	
Cholesterol	262	mg/dl	50-200
Triglycerides	291	mg/dL	25-150
HDL Cholesterol	45	mg/dL	40 - 60
LDL cholesterol	159	mg/dL	<130
VLDL cholesterol	58.2	mg/dL	5-40
Cholesterol/HDL Ratio	5.8		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	3.5		0 - 3.55
According to ATP III and NCEP guidelines			
According to ATP III and NCEP guidelines			

Checked By.

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Test Name		Result		Unit Re	ef. Range
Parameter	Normal	Desirable	Borderline	High	
Total cholesterol	<200		200-239	240	
Triglycerides	<150	150-199	200-499	500	
LDL	Optimal <100	130-159	160-180	190	
	Near Optimal 100-129				
HDL	<40 : LOW 60 : HIGH				
		BUN/Cr	eatinine ratio		
Bun (blood urea	nitrogen)	12.60		mg/dl	8.9-21.6
CREATININE		0.60		mg/dl	0.30-1.10
BUN/Creatinine	ratio	21.00			10.0 - 20.0
		ENDO	CRINOLOGY		
		THYROID PR	OFILE(T3,T4	,TSH)	
Triiodothyronii	ne total [t3]	0.95		ng/dl	0.52-1.9
Thyroxine total	l [t4]	7.60		µg/dl	4.4 - 10.8
TSH (Thyroid S	Stimulating Hormone)	3.40		µIU/ml	0.25-5.0
AGE WI	SE VARIATION IN TSI	I			
AGE	TSH(μlU/ml) AGE	: т	SH(µIU/mI)		

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

16-20 yrs

21 - 80 yrs

Ist trimester

IInd trimester

IIrd trimester

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

Checked By.

1-4 weeks

1-12 mths

6-10 yrs

11-15 yrs

1-5 yrs

1.00 - 19.0

1.70 - 9.1

0.80 - 8.20.25 - 5.0

0.25 - 5.0

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0.25 - 5.0

0.25 - 5.0

0.25 - 5.0

0.50 - 5.0

0.4 - 6.0

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Page 5 of 7



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Test Name

Result

Unit

Ref. Range

ML

CLEAR

ACIDIC

NIL

NII

0-2

NIL

NIL

NIL

NIL

NIL

NIL

NEGATIVE

NEGATIVE

NORMAL

1.010-1.030

2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.

3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.

4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

CLINICAL PATHOLOGY

URINE ROUTINE

Physical	examination
-----------------	-------------

Quantity 20

PALE YELLOW Colour

Transparency CLEAR

Sp.gravity 1.010 6.50

Reaction ACIDIC

Chemical examination

Urine protein Urine sugar Bilirubin, urine

Urobilinogen Ketones

Microscopic examination Pus cells.

Epithelial cells R.B.C. Casts Crysials Bacteria

NIL

NIL

NEGATIVE NORMAL

NEGATIVE

1-2 1-2

NIL NIL NII NIL NIL

/HPF /HPF

/HPF /HPF /HPF

/HPF

NIL

*** End Of Report ***

Checked By.

Others.

Dr NITIN AGARY MBBS MD (DR. NITIN AGARWAL DMC/R/01436 MBBS, MD(PATHOLOGIST)

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Clinical correlation is essential for final diagnosis. If test results are unsatisfactory please contact personally or on phone. This report is for perusal of doctors only. All disputes Subject to Delhi Jurisdiction only.
 Not for medicolegal purposes.
 All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.



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 Ref. By
 : Dr. MEDIWHEEL
 Lab No
 : 012303110010

 Date
 : 11-Mar-2023
 Patient ID
 : LSHHI110475

X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

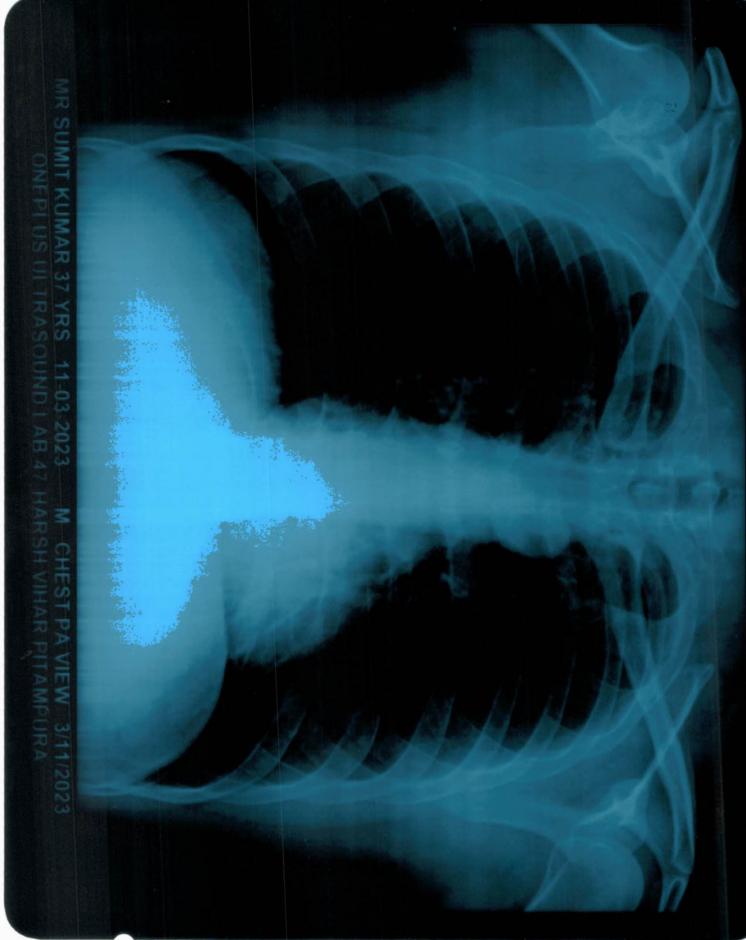
Lung fields are clear. No parenchymal lesion seen.

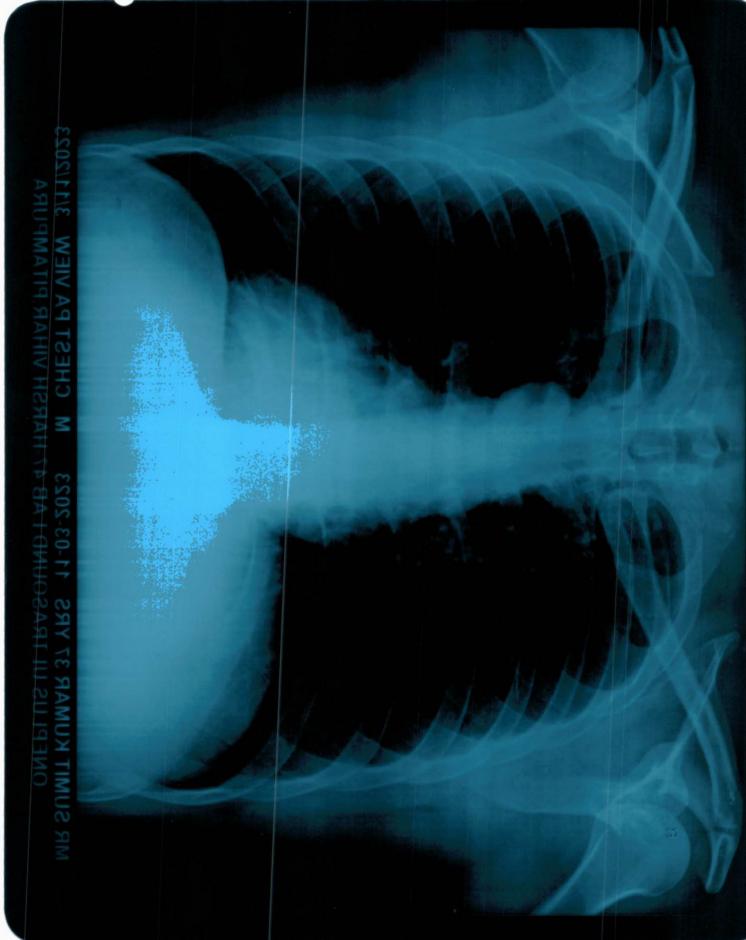
IMPRESSION: Normal Study.

DR BOOJA GARG RADIOLOGIST REG NO. DMC/R/03398

Type By: darshita

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 Lab No
 : 012303110010

 Date
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 : LSHHI110475

ULTRASOUND EXAMINATION----WHOLE ABDOMEN

<u>Liver</u> is normal in size (13.1 cm) and outline with normal echopattern. No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. Intrahepatic biliary radicles are not dilated. CBD is normal in caliber.

Gall bladder is not seen (Post op).

<u>Both kidneys</u> are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or calculus or mass lesion is seen.

Spleen is normal in size and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture .

<u>Urinary bladder</u> is normal in shape and position. No evidence of intravesical stone or mass seen.

Prostate is normal in size, shape and echopattern.

Prostate measures 3.3 x 2.8 x 2.5 cm. Weight of prostate is 12.5 grams.

No abnormal bowel wall thickening seen in right iliac fossa.

No free fluid seen anywhere in abdomen.

IMPRESSION: Normal Study.

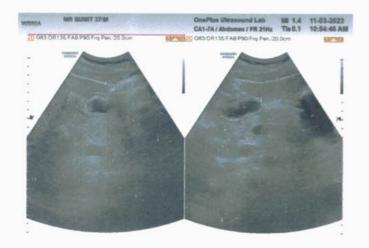
RADIOTOGIST REG NO-DMC/R/03398

Type By: darshita

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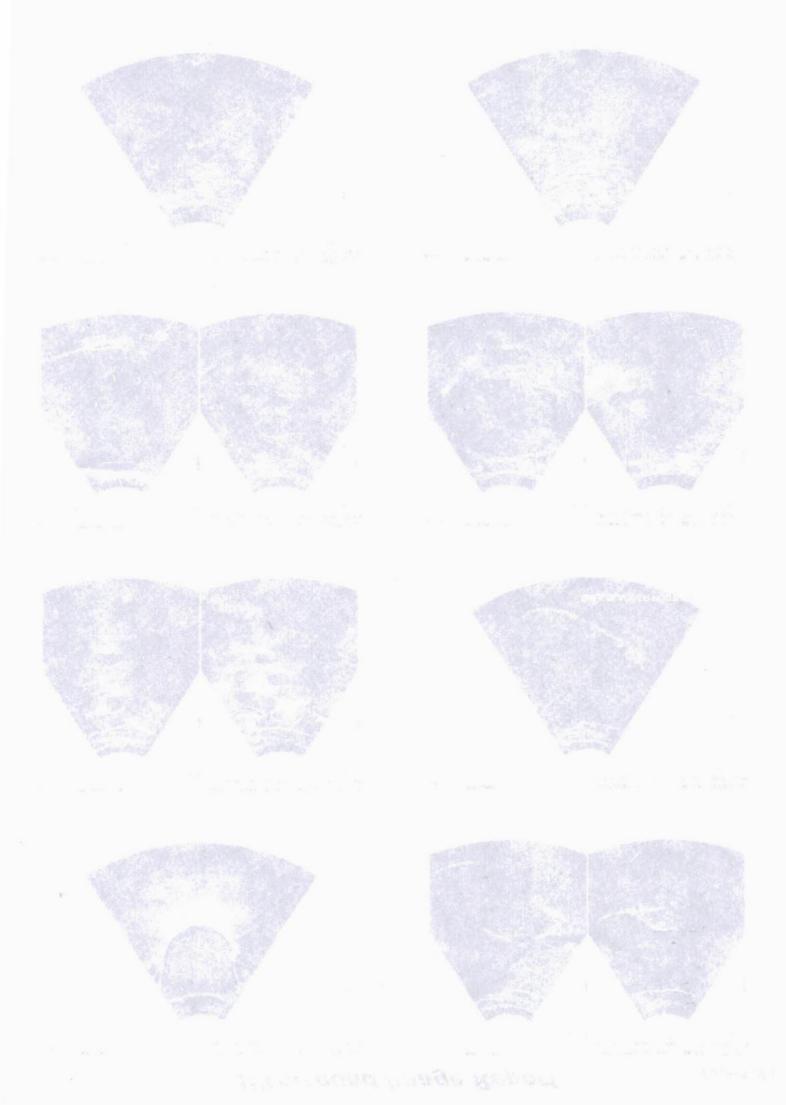












	1			
	Conclusion :	P-Wave	H. Rate	Patient Name
		33	timens is in	
	S-T Seg_	P-R. Ir	ROBERTY FIL	E.C.G. REPORT
		I III	Age 37 m Date	ORT
	T- Wave A		Date 2 2	
47. Harr	Fac Rou Real Colo Digitt Amni		2	



Referred By DR. Name My. Suznit Kyznar

- utine Ultrasound
- or Doppler Il Time 3D/4D/**5D Ultrasound**
- ital X-Ray

- niocentesis, Chorionic Villous Sampling Home Sample Collection Facility sh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599913051

• All Lab Tests

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