



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. NAVIN KUMAR
MR No : 32894
Age/Sex : 37 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :

Bill Date : 09/09/2023
Reporting Date : 09/09/2023
Sample ID : 166592
Bill/Req. No. : 23315951
Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	182 H	70 - 110	mg/dl
PLASMA POST-GLUCOSE	219 H	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP " O " RH POSITIVE

COMPLETE HAEMOGRAM

CBC

HAEMOGLOBIN	12.1		12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	8200		4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.15		4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	36.9	L	40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	88.9		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	29.2		26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	32.8		32 - 37	g/dL
PLATELET COUNT	0.98	L	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	56		40 - 73.0	%
LYMPHOCYTES	35		20 - 40	%
EOSINOPHILS	02		0.0 - 6.0	%
MONOCYTES	07		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	4592		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2870		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	164		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	574		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0	L	20 - 100	cells/cumm

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. NAVIN KUMAR
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Age/Sex : 37 Years / Male
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Test	Result	Bio. Ref. Interval	Units
RDW-CV	14.4	11.5 - 14.5	%
E.S.R.	30 H	0 - 15	mm/hr

HBA1C

HBA1C	8.5 H		%
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Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.
Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	20	13.0 - 45.0	mg/dL
SERUM CREATININE	1.0	0.5 - 1.4	mg/dL
SERUM URIC ACID	7.1	3.6 - 7.2	mg/dL
SERUM SODIUM	136	130 - 149	mmol/L
SERUM POTASSIUM	5.5	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	53 H	0.0 - 45	IU/L
SGPT (ALT)	62 H	00 - 45.00	IU/L
ALP	89	41 - 137	U/L
TOTAL PROTEINS	6.4	6.0 - 8.2	g/dL

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. NAVIN KUMAR

MR No : 32894

Age/Sex : 37 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Bill Date : 09/09/2023

Reporting Date : 09/09/2023

Sample ID : 166592

Bill/Req. No. : 23315951

Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.4	3.20 - 5.00	g/dL
GLOBULIN	2	2.0 - 3.50	g/dL
A/G RATIO	2.2		

LIPID PROFILE

Test	Result	Ref. Interval	Units
SERUM CHOLESTROL	100	0 - 200	mg/dl
SERUM TRIGLYCERIDES	191 <i>H</i>	Up to 150	mg/dl
HDL CHOLESTEROL	32	30 - 60	mg/dl
VLDL CHOLESTEROL	38.2	*Less than 30	mg/dL
LDL CHOLESTEROL	29.8	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	0.93	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

STOOL ROUTINE

PHYSICAL EXAMINATION		
COLOUR	Brown	Brown
CONSISTENCY	Semi Solid	Formed
MUCUS	NIL	NIL
BLOOD	NIL	NIL
CHEMICAL EXAMINATION		
REACTION	Alkaline	Alkaline
MICROSCOPIC EXAMINATION		
CYSTS/OVA	NIL	NIL
VEGETATIVE FORMS	NIL	NIL
PUS CELLS	1-2/hpf	NIL
RBCS	NIL	NIL
MACROPHAGES	NIL	NIL

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. NAVIN KUMAR

MR No : 32894

Age/Sex : 37 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Bill Date : 09/09/2023

Reporting Date : 09/09/2023

Sample ID : 166602

Bill/Req. No. : 23315951

Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
FAT GLOBULES	+	NIL	
VEGETABLE MATTER	+	NIL	
STARCH	NIL	NIL	
UNDIGESTED	++	NIL	

Note : Stool concentration done by Formal either concentration technique.

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.015		

CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	Traces	NIL	
GLUCOSE	+	NIL	
PH	6.0		

MICROSCOPIC EXAMINATION

PUS CELL	4-6	2-4	/HPF
RED BLOOD CELLS	Nil	NIL	/HPF
EPITHELIAL CELLS	NUMEROUS	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	
OTHER	BUDDING YEAST +		

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)



Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories



National Reference Lab.: 515-516, Sector-19, D.D.A., Plotted Development, Dwarka, New Delhi-110075
8130192290 www.prlworld.com care@prlworld.com

Lab No.	012309090733	Age/Gender	37 YRS/MALE	Coll. On	09/Sep/2023 05:59PM
Name	Mr. NAVIN KUMAR 32894			Reg. On	09/Sep/2023
Ref. Dr.				Approved On	09/Sep/2023 08:48PM
Rpt. Centre	Self			Printed On	03/Oct/2023 12:00PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	0.99	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	7.98	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	5.84	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

***Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.

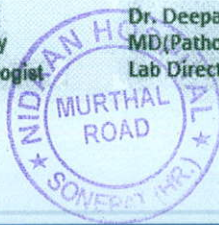


Dr. Smita Sadwani
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MD, DNB Pthology
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OUR FOOTPRINT

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Nidaan Hospital



Patient Id 32894
Study Date 09-Sep-2023

Name NAVIN KUMAR
Age - 37Y

Accession No -
Gender Male

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr Avinash Rathod(DMRD)
Consultant Radiologist
Reg. No. 2011/05/1616/1616



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

the **health** care providers

the **health** care providers



DEPARTMENT OF RADIOLOGY

Patient Name	Mr NAVIN KUMAR	Billed Date	: 09/09/2023	9.25 AM
Reg No	32894	Reported Date	: 09/09/2023	
Age/Sex	37 Years 10 Months 11Days / Male	Req. No.	: 23315951	
Ref. Doctor	Self	Consultant Doctor	: Dr. Chand Kishore	
Type	OPD			

USG WHOLE ABDOMEN/KUB

FINDINGS:

LIVER is enlarged in size (16.5 cm) and shows grade II fatty infiltration. No evidence of any focal lesion or IHBR dilation is present. Portal and hepatic veins are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

CBD is normal in course and caliber.

SPLEEN is normal in size (10.5 cm) and echotexture. No focal lesion is seen.

PANCREAS is obscured by bowel gas shadows.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is partially distended and grossly normal.

PROSTATE is normal in size [Vol: ~ 18 cc]. It has normal echotexture.

No free fluid is seen in the abdomen.

IMPRESSION:

- Hepatomegaly with Grade II fatty changes

To be correlate clinically

