

Sparsh Multispecialty Hospital

(A Unit of Sparsh Multispecialty Hospital Private Limited) (Formerly known as Paedia Health Private Limited)

CIN: U85110CT2005PTC017751

UHID

: 149167

Visit ID

: 0000275103

Patient Name : MR. AMIT NAIDU

Spec No.

Age / Sex

: 41Y / MALE

Consultant

: DR. HOSPITAL CASE

Order Date

: 14/05/2022 9:59AM

Ref. By

. DR. HOSPITAL CASE

Samp.Date

Category

: BANK OF BARODA

Report Date

: 14/05/22 01:38PM

SONOGRAPHY USG WHOLE ABDOMEN

- * LIVER : Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.
- *PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.
- *COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.
- *GALL BLADDER: Seen in distended state with normal wall and lumen is echofree
- *SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.
- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- *KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

- *URINARY BLADDER: Seen in distended state and has normal wall architecture. Lumen is echo free.
- *PROSTATE:Normal in shape, size and echotexture.No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

No remarkable Abnormality detected in the current scan.

Please correlate clinically

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBD

Please bring all your previous reports. You should preserve and bring this report for future reference

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Consultant : DR. HOSPITAL CASE Order Date : 14/05/2022 9:59AM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : BANK OF BARODA Report Date : 14/05/22 04:58PM

X-RAY CHEST PA. VIEW

- Positional rotation noted towards Right side
- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

- Please correlate clinically

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNANS, MANBD

Reg No: CGMC-4404/2012

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PATIENT NAME : MR. AMIT NAIDU ORDER DATE : 14/05/2022 09:59:00AM

AGE/SEX : 41Y/MALE SAMP. DATE : 14/05/2022 10:56:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368586

: 149167

RESULT DATE : 14/05/2022 02:13:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER VALUE RESULT REFERENCE RANGE

ESR 15 mm at end of 1 hr Normal 0 - 15

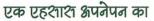
Dr. ANJANA SHARMA

TECHNICIAN

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19/05/2022

3:32PM





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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368574

RESULT DATE : 14/05/2022 01:07:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

LIPID PROFILE			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	182 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	115 mg / dl	Normal	60 - 165
HDL	59.71 mg / dl	Normal	35 - 80
LDL	99.29 mg/dL	Normal	90 - 160
VLDL	23.0	Normal	20 - 50
CHOL: HDL Ratio	3.05:1		3.5 - 5.5
LDL: HDL Ratio	1.66:1		

D. ANIANA SPEC

Dr. ANJANA SHARMA D.N.B PATHOLOGY

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368585

RESULT DATE : 14/05/2022 12:53:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	15.0 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.56 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	41.3 %	Low	41.5 - 50.4
RBC INDICES			
MCV	90.6 fl	Normal	78 - 96
мсн	32.9 pg	High	27 - 32
MCHC	36.3 %	Normal	33 - 37
RDW	13.6 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	9300 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	60 %	Normal	0 - 75
LYMPHOCYTES	32 %	Normal	22 - 48
EOSINOPHILS	04 %	Normal	0 - 6
MONOCYTES	04 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
		Normal	150000 - 450000

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368577

RESULT DATE : 14/05/2022 01:08:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

PARAMETER VALUE RESULT REFERENCE RANGE

BUN (BLOOD UREA NITROGEN)

BUN (BLOOD UREA NITROGEN) 14.95 mg / dl Normal 8 - 23

GGT (GAMMA GLUTAMYL TRANSFERASE)

GGT (GAMMA GLUTAMYL 16 U / L Normal 8 - 52 TRANSFERASE)

Asharma

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SAMP. DATE

: 14/05/2022 10:56:00AM

SPEC. NO

: 10368575

RESULT DATE

: 14/05/2022 01:08:00PM

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

URIC ACID

PARAMETER URIC ACID

VALUE

5.02 mg/dL

RESULT

REFERENCE RANGE

Normal

3.6 - 7.7

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368583

RESULT DATE : 14/05/2022 01:02:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

BLOOD GROUPING AND RH TYPING

PARAMETER VALUE RESULT REFERENCE RANGE

BLOOD GROUP "O" RH FACTOR Positive -

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: 14/05/2022 10:56:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10368576

RESULT DATE

: 14/05/2022 04:58:00PM

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

PSA (PROSTATE SPECIFIC ANTIGEN)- only for male

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.59 ng/ml

Normal

0 - 4

PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate glands. PSA is produced for the ejaculate where it liqueties semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, begin prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is a accurate marker for monitoring advancing clinical stage in untreated patients of ca prostate and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen therapy.

Clinical Use

1)An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.

2) Followup and management of Prostate cancer patients

3) Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

- 1) Diagnosis of a disease should not be base on the result of a single test, but should be determined in conjuction with clinical findings in association with medical judgement.
- 2) Patient sample containing human anti mouse antibodies (HAMA)may give falsely elevated of decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.
- 3)Therapeutic intervention may strongly influence the f/t PSA ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

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SPEC. NO

: 10368574

RESULT DATE

: 14/05/2022 01:09:00PM

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER CREATININE

VALUE

0.78 mg / dl

RESULT

REFERENCE RANGE

Normal

0.6 - 1.2

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SPEC. NO

: 10368580

RESULT DATE

: 14/05/2022 02:29:00PM

TPA

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

URINE SUGAR FASTING

PARAMETER

VALUE

RESULT

REFERENCE RANGE

URINE FOR SUGAR

Nil

Wharima

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CONSULTANT DOCTOR

BLOOD SUGAR FASTING

: HOSPITAL CASE

VISITID

: 0000275103

ORDER DATE

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SAMP. DATE

: 14/05/2022 10:56:00AM

SPEC. NO

: 10368578

RESULT DATE

: 14/05/2022 04:57:00PM

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

BLOOD SUGAR - FASTING AND PP

PARAMETER

BLOOD SUGAR PP

VALUE

97 mg/dL

105 mg/dL

RESULT

REFERENCE RANGE

Normal Low

80 - 120 120 - 140

Sharma

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SAMP. DATE

: 14/05/2022 10:56:00AM

SPEC. NO

: 10368582

RESULT DATE

: 14/05/2022 04:02:00PM

TPA

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

URINE SUGAR PP

PARAMETER

URINE FOR SUGAR

VALUE

Nil

RESULT

REFERENCE RANGE

TECHNICIAN

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: HOSPITAL CASE SPEC. NO : 10368575 CONSULTANT DOCTOR

> : 14/05/2022 04:58:00PM RESULT DATE

: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

RESULT REFERENCE RANGE **PARAMETER** VALUE

Normal 0.69 - 2.15T3 (TRIIODOTHYRONINE) 1.44 ng/ml Low 52 - 127 T4 (THYROXINE) 40.56 ng/ml High 0.3 - 4.5TSH (THYROID STIMULATING 5.40 uIU/ml HORMONE)

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

0.30 - 4.5

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

1st Trimester 0.10 - 2.500.20 - 3.002nd Trimester 3rd Trimester 0.30 - 3.00

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease

Pregnancy associated thyroid disorders

Thyroid dysfunction in infancy and early childhood

Sharma

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CONSULTANT

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SPEC. NO : 10368584

RESULT DATE : 14/05/2022 01:08:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER VALUE

HBA1 C (GLYCOSYLATED 6.

HEAMOGLOBIN)

6.2 %

RESULT

REFERENCE RANGE

High 4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group - HbA1c In%

Non diabetic >= 18 years -4.0 - 6.0At risk (Prediabetes) ->= 6.0 to <=6.5

Diagnosing diabetes ->=6.5

Therapeutic goals for glycemic control

- Age> 19 years

- Goal of therapy: <7.0

- Action suggested: >8.0

- Age< 19 years

- goal of therapy: < 7.5

Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control now poorly controlled.
- 2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of <7.0% may not be appopriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.

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THE PARTY AND MICROCCODY

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10368579

RESULT DATE : 14/05/2022 04:01:00PM

TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICRO	DSCOPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		-
COLOUR	Pale Yellow		
APPEARANCE	Clear		- n
REACTION	Acidic		•
CHEMICAL EXAMINATION			
ALBUMIN	Nil		-
SUGAR	Nil		
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	occasional /hpf		0 - 5
PUS CELLS	occasional /hpf		1 - 2
RBC	Nil /hpf		1=
CAST	Nil /lpf		H-
CRYSTAL	Nil		%
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		-

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TPA : BANK OF BARODA

RANGE

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE
BILIRUBIN TOTAL	0.58 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.21 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.37 mg / dl	Normal	0.1 - 0.4
ALKALINE PHOSPHATASE	52 U/L	Normal	0 - 270
SGOT	33 U/L	Normal	10 - 55

Normal SGPT 35 U/L 0 - 40Normal 6 - 8 TOTAL PROTEIN 7.60 g/dl Normal 4 - 5 ALBUMIN 4.91 g/dl Normal **GLOBULIN** 2.69 g/dl 2 - 3.5

A.G.RATIO 1.82:1 1 - 2.5

Dr. ANJANASHARMA D.N.B.P.ATHOLOGA

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LFT (LIVER FUNCTION TEST)

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