

MULTI-SPECIALITY HOSPITAL

PATIENT NAME	ALEKH RAJ	DATE	1 April 2024
REF. BY DR.	self	AGE/SEX	39 YEARS/MALE
INVESTIGATION	USG OF WHOLE ABDOMEN	UHID NO	12678

LIVER: -

Liver is enlarged in size (155 mm), appearance and echo texture.

No focal lesion seen. No IHBR dilatation seen.

CBD: -

CBD (2.5 mm) and portal vein appear normal. No calculi or thrombosis seen.

GB: -

Gall bladder is well distended and appears normal. No calculi seen. No

pericholecystic fluid seen.

SPLEEN: -

Spleen measures 120 mm in long axis and appears normal. Splenic veins appear

normal. No focal lesion seen.

PANCREAS: -

Pancreas and Para-aortic region appear normal. Pancreatic duct appears normal.

No focal lesion noted.

R. KIDNEY: -

Right kidney is normal in size and echo texture. Cortico-medullary differentiation

is well preserved. No calculi or hydronephrosis seen.

Rt. Kidney: - 104 x 46 mm.

L. KIDNEY: -

Left kidney is normal in size and echo texture. Cortico-medullary differentiation

is well preserved. Evidence of a multiple tiny calculi with twinkling artifact, one of largest measuring approx. 7.5 mm seen in lower also mildly dilated collecting system is visualized.

Lt. Kidney: - 119 x 53 mm

URETERS: -

Both ureters are normal. No dilatation or calculi seen.

UB: -

Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is

echo free.

PROSTATE: -

Prostate is normal in size (vol.20 cc), appearance and echo texture for adjusted

age. No obvious focal lesion seen.

OTHER: -

No enlarged lymph nodes are seen.

No free fluid seen in peritoneal cavity.

Bowel wall thickness appears normal.

IMPRESSION

Mild hepatomegaly.

Left side hydro-nephrolithiasis. Ureter appears normal kindly correlate

with KUB x-ray.

Excessive bowel gasses are seen.

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UHID No / Reg No :- UD-24250012678 / 24250012678

Print Date: 01-Apr-2024 06:20 PM

Patient Name :- Mr RAJ ALEKH BANK Father OF BARODA

:- 8409122272

Receipt No

:- 24250000003 / 01 Apr 2024

Address

:- , Madhubani

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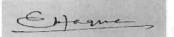
Age :- 39 Y/M

Final Report

. Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242512 Type of Sample :-	· Blood,		
HAEMATOLOGY			
СВС			
НВ	14.9	13.00 - 18.00	gm/dl
TLC	4,700	4000.00 - 11000.00	Cells/cumm.
DLC DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	60	40.00 - 75.00	%
LYMPHOCYTES	31	20.00 - 45.00	%
EOSINOPHILS	05	1.00 - 6.00	%
MONOCYTES	04	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
BLASTS	00		%
RBC	4.93	4.50 - 5.50	million/cumm
нст	41.5	35.00 - 50.00	%
MCV(MEAN CELL VOLUME)	84.18	83.00 - 101.00	fl
MCH(MEAN CELL HAEMOGLOBIN)	30.2	27.00 - 32.00	pg
MCHC	35.9	31.50 - 35.00	gm%
PLATELET COUNT	1.52	1.50 - 4.10	lacs /cumm
Remarks :-	SPIRIT	TO HEA	L







Dr E Haque MBBS.MD

Pathologist

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Sample No:242512 Type of Sample :- Blood,		THE RESERVE TO STATE OF THE PARTY OF THE PAR	
HAEMATOLOGY			
ESR	05	0.00 - 15.00	mm at 1 hr
BLOOD GROUP			
ABO BLOOD GROUP	"AB"		
RH. FACTOR	POSITIVE		
Remarks :-			

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* END OF REPORT *

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Sample No: 242512 Type of	The second secon	AND DESCRIPTION OF THE PERSON	Observations	Biological Ref. Interval	Unit
	f Sample :- Bloo	od,			- Ome
HAEMATOLOGY					
HBA1C(GLYCOSYLATED HAE	MOGLOBIN)		5.8	4.20 - 6.00	%
Fully Automated H.P.L.C (Biorad Va	riant II Turbo)				
Normal - 4.2 - 6.2 %					
Good diabetic control - 5.5 - 6.8 %					
Fair control - 6.8 - 8.2 %					
Poor control - > 8.2 %					
AIC Result					
%	MEAN PLAS	MA GLUCOSE			
12.0	345	19.5			
11.0	310	17.5			
10.0	275	15.5			
9.0	240	13.5			
8.0	205	P 11.5 R	IT	TO HEA	1
7.0	170	9.5			
6.0	135	7.5			
5.0	100	5.5			
4.0	65	3,5			

Remarks :-

* END OF REPORT *

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Final Report

Investigations	па кероп		
	Observations	Biological Ref. Interval	Unit
Sample No:242512 Type of Sample :- Blood,			
BIOCHEMISTRY			
RFT (RENAL FUNCTION TESTS)			
UREA	20.0	13.00 - 43.00	mg/dl
CREATNINE	0.96	0.70 - 1.40	mg/dl
URIC ACID	7.5	3.60 - 7.70	mg/dl
SERUM SODIUM NA+	136.8	135.00 - 145.00	mEq/Ltr
SERUM POTASSIUM K+	4.3	3.50 - 5.20	mEq/Ltr
SERUM CHLORIDE CL-	108.1	98.00 - 110.00	mEq/Ltr
CALCIUM	9.2	8.80 - 10.20	mg/dl
PHOSPHORUS	4.0	2.50 - 5.00	mg/dl
TOTAL PROTIENS	7.8	6.60 - 8.70	g/dl
ALBUMIN	4.4	3.50 - 5.20	gm%
GLOBULIN	3.40	1.50 - 3.60	gms/dl
ALBUMIN/GLOBULIN RATIO	1.29	1.00 - 1.80	g/dl
emarks :-		W Ward H	9/41

SPIRIT TO

Lab Technician

* END OF REPORT *

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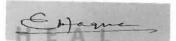
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Sample No:242512 Type of Sample :- Bloo	od,		Unit
BIOCHEMISTRY			
LFT (LIVER FUNCTION TESTS)			
TOTAL BILIRUBIN	0.87	0.00 - 1.20	
DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
INDIRECT BILIRUBIN	0.63	0.20 - 0.70	mg/dl
SGOT	24.0	2.00 - 31.00	mg/dl
SGPT	49.0	0.00 - 45.00	U/L
ALKALINE PHOSPHATASE	98.0	56.00-119.00	U/L U/L
TOTAL PROTIENS	7.8	6.60 - 8.70	g/dl
ALBUMIN	4.4	3.50 - 5.20	gm%
GLOBULIN	3.40	1.50 - 3.60	gms/dl
A/G RATIO	1.29	2:1	RATIO
temarks:-			.54110



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Sample No:242512 Type of Sample :- Blood,		Diological Ref. Tittel val	Unît
BIOCHEMISTRY			
LIPID PROFILE			
TOTAL CHOLESTROL	198.0	Desirable: - < 200 mg/dL Borderline: - 200 - 239 mg/dL High: - > 240mg/dL	mg/dl
TRIGLYCERIDES	164.0	35.00 - 160.00	mg/dl
HDL CHOLESTROL	49.0	35,30 - 79,50	mg/dl
LDL CHOLESTROL	116.20	<130	
VLDL	32.80	<40	mg/dl
CHOLESTROL/ HDL RATIO	4.04	<3.0 LOW RISK, 3.0-5.0 AVG RISK, >5.0 HIGH RISK	mg/dl ratio
LDL/HDL RATIO	2.37	<3	ratio
Remarks :-			
Remarks :-			



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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242512 Type of Sample :- Blood,	4		
BIOCHEMISTRY			
GAMMA-GLUTAMYL TRANSFERASE (GGT)	42.0	0.00 - 55.00	IU/L
Remarks :-			

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SPIRIT TO HEAL



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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242512 Type of Sample :- Blood,		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Onit
URINE EXAMINATION			
URINE SUGAR	-		
URINE SUGAR FASTING :- NIL			
BIOCHEMISTRY			
BLOOD SUGAR FASTING	87.0	70.00 - 110.00	mg/dl

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	AND	
Observations	Biological Ref. Interval	Unit
Urine,		Onic
20 PALE YELLOW CLEAR	CLEAR YELLOW CLEAR	ml
1.015 6.0 NIL NIL	1.01 - 1.03 4.60 - 7.50	
1-2 NIL 1-2 ABSENT ABSENT ABSENT ABSENT ABSENT NIL	2.00 - 3.00 4.50 - 5.50 ABSENT ABSENT ABSENT	/HPF /HPF /HPF
	Urine, 20 PALE YELLOW CLEAR 1.015 6.0 NIL NIL 1-2 NIL 1-2 ABSENT ABSENT ABSENT ABSENT ABSENT	Urine, 20 PALE YELLOW CLEAR 1.015 1.01 - 1.03 6.0 4.60 - 7.50 NIL NIL 1-2 2.00 - 3.00 NIL 4.50 - 5.50 1-2 ABSENT

Lab Technician

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Final Report

Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242512 Type of Sample :- Blood,		J. J	Onit
IMMUNOLOGY			
THYROID PROFILE (T3,T4,TSH)	. 1		
Т3	1.1	0.69 - 2.15	
T4	9.2	5.20 - 12.70	ng/ml
TSH	2.8	0.30 - 4.50	ug/dl µIU/ml

Total T3 (Triiodothyronine)

Clinical Significance:

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hyperthyroidism, and T3 levels are both low. T3 levels are frequently low in sick or hospitalized authorizing rations. hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance:

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthroidism and low levels lead to

TSH 3rd Generation

Clinical Significance:

TSH levels are elevated in primary hypothyroidism and low in primary hypothyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels

Remarks :-

* END OF REPORT *

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