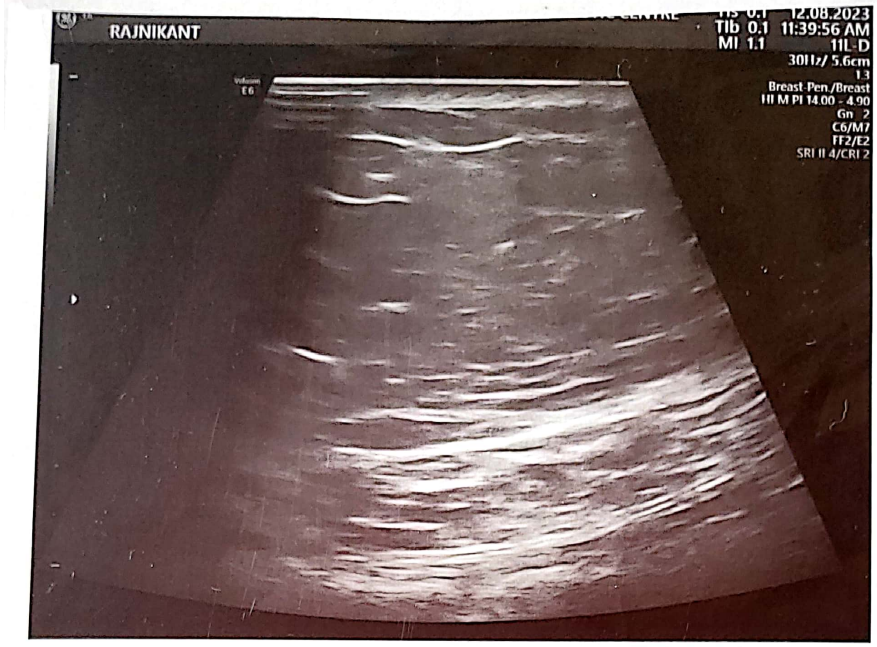

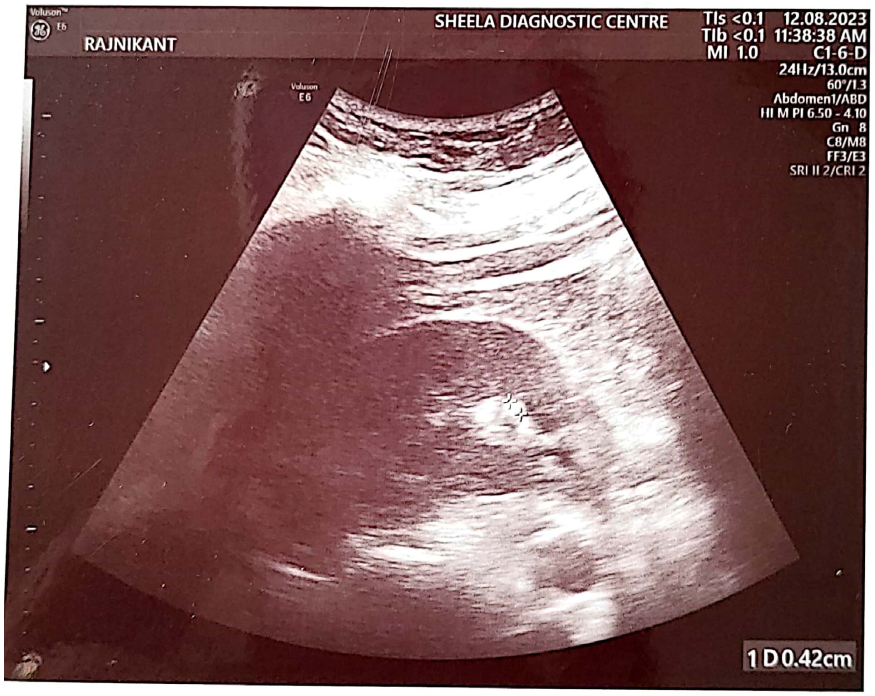

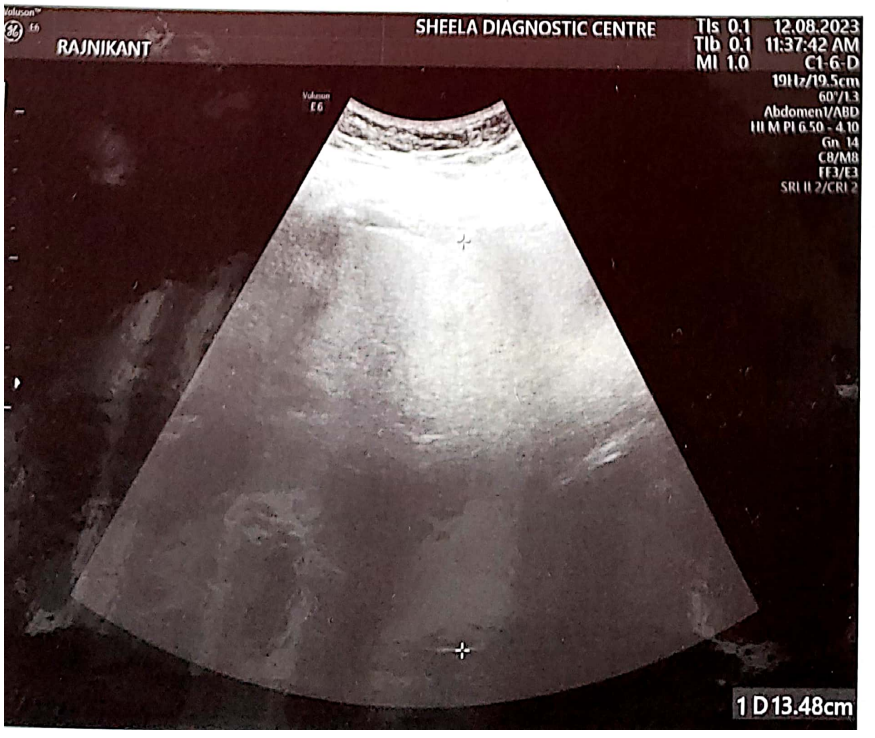

आपका स्वास्थ्य हमारी प्राथमिकता
We Care for You
Sheela
Diagnostic & Healthcare Centre
Reg. No. MRT/PCPNDT/2023/409
Address: 2/4, Jagriti Vihar
Meerut (U.P.) - 250004
Helpline No. 6399555655

Patient Name	Mr. Rajnikant	Age/Sex	35 Yrs/ M	Date	12.08.2023
Referred by	Radha Govind Hospital	Slip No.	12093	Films	--

(Identity of the patient can't be verified).

USG WHOLE ABDOMEN

Liver: is normal in size (135 mm), **and shows diffusely increased parenchymal echogenecity.** No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.
Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.
CBD: is normal in caliber, measures 3.5 mm.
Portal Vein: is normal in caliber, measures 9.5 mm.
Pancreas: is normal in size and echotexture. No focal mass seen. No peripancreatic collection seen.
Spleen: is normal in size, measuring 105 mm and shows normal echopattern.
Right kidney measures 92x46 mm. It is normal in size, position, contour and cortical echotexture. No hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Calculus measuring approx. 4.2 mm is seen in lower pole of right kidney.**
Left kidney measures 96x44 mm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.
Urinary Bladder: is partially distended. No calculus/ focal mass seen.
Prostate: is normal in size, measures 36x28x30 mm, volume 14.8 cc, with normal echotexture.

IMPRESSION:

- **Grade II fatty liver (Adv: Liver function test correlation).**
- **Right renal calculus.**

Dr. Ekta Tyagi
MD (Radiodiagnosis)
Consultant Radiologist

Aarohi

PREM DIAGNOSTIC CENTRE

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Dr. Ashok Grover
M.B.B.S., M.D. (Pathology)
Consultant Pathologist

FACILITIES AVAILABLE : DIGITAL X-RAY & FULLY COMPUTERIZED PATHOLOGY LAB

Date	: 12/08/2023	Reg No.	: 22
Patient Name	: Mr. Rajni Kant	Age/Sex	: 35 Yrs. / MALE
Referred By	: Radha Govind Hospital	Sample	: Blood

REPORT	RESULTS	UNITS	REF.-RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.1	gm%	13.5 - 17.5
TOTAL LEUCOCYTE COUNT	9700	/Cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	71		40-70
Lymphocytes	24		20-45
Eosinophils	05		00-06
Monocytes	00		0.0-01
Basophils	00		00-00
TOTAL R.B.C. COUNT	4.57	million/cu mm	4.50-5.80
P.C.V./ Haematocrit Value	42.6	%	36-48
MCV	93.2	fL	80-94
M C H	30.8	pg	26 - 34
M C H C	33.1	g/dl	30 - 36
PLATELET COUNT	1.92	Lacs/mm3	1.5-4.5

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Date	: 12/08/2023	Reg No.	: 22
Patient Name	: Mr. Rajni Kant	Age/Sex	: 35 Yrs. / MALE
Referred By	: Radha Govind Hospital	Sample	: Blood

REPORT	RESULTS	UNITS	REF.-RANGE
	BIOCHEMISTRY		
LIVER FUNTION TEST			
SERUM BILIRUBIN			
TOTAL	0.63	mg/dL	0.3-1.0
DIRECT	0.25	mg/dL	0.1-0.40
INDIRECT	0.38	mg/dL	0.2-0.6
SERUM PROTEINS			
Total Proteins	7.3	Gm/dL	5.5-8.5
Albumin	4.4	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.5		0.0-2.0
SGOT	28.9	IU/L	0-40
SGPT	36.8	IU/L	0-40
SERUM ALK.PHOSPHATASE	98.4	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL **Premature infants.** 1 to 2 days: <12 mg/dL **Adults:** 0.3-1 mg/dL.
Premature infants. 3 to 5 days: <16 mg/dL **Neonates, 0 to 1 day:** 1.4-8.7 mg/dL
Neonates, 1 to 2 days: 3.4-11.5 mg/dL **Neonates, 3 to 5 days:** 1.5-12 mg/dL **Children 6 days to 18 years:** 0.3-1.2 mg/dL

COMMENTS–

Total and direct bilirubin determination in serum is used for the diagnosis,differentiation and follow -up of jaundice.Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis,IM and cirrhosis.Organs rich in SGOT are heart ,liver and skeletal muscles. When any of these organs are damaged,the serum SGOT level rises in proportion to the severity of damage.Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.

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Date	: 12/08/2023	Reg No.	: 22
Patient Name	: Mr. Rajni Kant	Age/Sex	: 35 Yrs. / MALE
Referred By	: Radha Govind Hospital	Sample	: Blood

REPORT	RESULTS	UNITS	REF.-RANGE
RENAL PROFILE			
BLOOD UREA	32.3	mg/dL.	10-45
SERUM CREATININE	0.86	mg/dL.	0.5-1.5
SERUM URIC ACID	6.39	mg/dL.	3.5 - 7.2
SERUM CALCIUM	10.3	mg/dl	8.5 - 10.5
SERUM SODIUM (Na)	143.0	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.01	m Eq/litre.	3.5 - 5.5

INTERPRETATION----

Urea is the end product of protein metabolism.It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism.It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function.Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids.Disturbances in acid base and water balance are typically reflected in the sodium concentrations .Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination ,exercise ,hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism,Malignancy & Sarcoidosis. Low levels may be due to protein deficiency,renal insufficiency and Hypoparathyroidism.Repeat measurement is recommended if the values are outside the reference range.

HAEMATOLOGY

PROTHROMBIN TIME	**14.2**	Sec.	12-14
PATIENT RESULT	12.8	Sec.	
CONTROL RESULT	1.11		
INR			

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Date	: 12/08/2023	Reg No.	: 22
Patient Name	: Mr. Rajni Kant	Age/Sex	: 35 Yrs. / MALE
Referred By	: Radha Govind Hospital	Sample	: Blood

REPORT	RESULTS	UNITS	REF.-RANGE
	SEROLOGY		
AUSTRALIA ANTIGEN (HBsAG)	Negative	AI	

Interpretation :

Less than 0.90 Negative,
0.90 to 1.10 Equivocal,
More than 1.10 Positive

:Thisassay detects the first serological marker of Hepatitis B as early as 4-16 weeks after exposure.
It persists during acute illness and disappears 12-20 week after onset of symptoms.
The titres during the period of viral replication and is frequently associated with infectivity.
Persistence of HBsAg for more than 6months indicates development of carrier state or chronic liver disease.
Uses
* Routine screening of blood and blood products to prevent prevent transmission of Hepatitis B virus (HBS) to recipients
* To diagnose suspected HBV infection and monitor the status of infected infected individuals
* To evaluate the efficacy of antiviral drugs
* For prenatal Screening of pregnant women

False Reactivity may be observed under the following circumstances:
* Non repeatable reactives: These are due to particulate matter particularly fibrin,clots and cellular material in patient
* Non specific reactives: All highly sensitive immunoaassay systems have a potential for nonspecific reactions.
This can be eliminated by confirming the result by the Neutralization test

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Referred By	: Radha Govind Hospital	Sample	: Blood

REPORT	RESULTS	UNITS	REF.-RANGE
HEPATITIS C VIRUS	Non Reactive		NEGATIVE

Comments:

HEPATITIS C VIRUS accounts for about 95% of hepatitis infections in recipients of blood transfusion and 50% of cases of Sporadic nanb hepatitis.
HCV commonly gives origin to asymptomatic hepatitis and chronicity develop in a high number of cases, sometime evolving in severs forms of illness, as hepatocarcinoma. IGM Antibodies directed to the major immunodominant patient determinants of the viral proteins are detected in patients infected with HCV, early in the couses of infection and in patients upon reactivation of viral relocation in Hepatocites.

HIV 1 st.	Non Reactive	NEGATIVE
HIV 2 nd.	Non Reactive	NEGATIVE

COMMENTS: Non reactive results indicate that antibodies to HIV I/II have not been detected in the sample. This implies either non exposure to HIV I/II or that the individual might be in the `Window Period`, that is, prior to the development of detectable level of Antibodies. Therefore, a non-reactive result does not exclude the possibility of a persisting HIV infection. Reactive samples must be confirmed by using HIV Western Blot as some degree of cross reactivity for HIV antibodies has been noted with certain other naturally occurring antibodies and also antibodies formed in response to other bacterial and viral infections , and in certain autoimmune disorders. Post test counseling will be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt .of India and WHO collaborating center, using various other test panels.

-----{End of Report}----

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