MSK DIAGNOSTICS
(A Complete Diagnostic Pathology Laboratory)
RAIBARELI ROAD, TELIBAGH, LUCKNOW
E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in
Mobile : 7565000448

Collected At : JAVITRI

| | | | | | |
|---|---|---|---|---|---|
| Name | : **MR. RAJESH KUMAR** | Age | : 45 Yrs. | Registered | : 11-3-2023 03:15 PM |
| Ref/Reg No | : 107003 / TPPC\JAV- | Gender | : Male | Collected | : . |
| Ref By | : Dr. MEDI WHEEL | | | Received | : 11-3-2023 03:15 PM |
| Sample | : Blood, Urine | | | Reported | : 12-3-2023 05:07 PM |
| Sample(s) | : Plain, EDTA, Urine, FBS, PPP | | | | |

| Investigation | Observed Values | Units | Biological Ref. Interval |
|---|---|---|---|
| **HEMOGRAM** | | | |
| (Method: Electrical impedance, Flowcytometry, Sepctrophotometry) | | | |
| Haemoglobin [Method: SLS] | 14.0 | g/dL | 13 - 17 |
| HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived] | 42 | ml % | 36 - 46 |
| RBC Count [Method: Electrical Impedence] | 4.88 | 10^6/µl | 4.5 - 5.5 |
| MCV (Mean Corpuscular Volume) [Method: Calculated] | 87.1 | fL. | 83 - 101 |
| MCH (Mean Corpuscular Haemoglobin) [Method: Calculated] | 28.7 | pg | 27 - 32 |
| MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated] | 32.9 | g/dL | 31.5 - 34.5 |
| TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic] | 6.9 | 10^3/µl | 4.0 - 10.0 |
| DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic] | | | |
| Polymorphs | 65 | % | 40.0 - 80.0 |
| Lymphocytes | 29 | % | 20.0 - 40.0 |
| Eosinophils | 02 | % | 1.0 - 6.0 |
| Monocytes | 04 | % | 2.0 - 10.0 |
| Platelet Count [Method: Electrical impedence/Microscopic] | 234 | 10^3/µl | 150 - 400 |
| *Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method] | | | |
| *Observed Reading | 10 | mm for 1 hr | 0-10 |
| * ABO Typing | " A " | | |
| * Rh (Anti - D) | Positive | | |

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|---|---|---|---|
| Plasma Glucose Fasting | **121** | mg/dL | 70 - 110 |
| Plasma Glucose PP ( 2 Hrs after meal) [Method: Hexokinase] | **199** | mg/dL. | 110-170 |
| Glycosylated Hemoglobin (HbA1C) (Hplc method) | **7.0** | % | 0 - 6 |
| Mean Blood Glucose (MBG) | 154 | mg/dl | |

SUMMARY
---
< 6 % : Non Diebetic Level
6-7 % : Goal
> 8 % : Action suggested

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy,Nephropathy,Cardiopathy and Neuropathy.In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting,"after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

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|---|---|---|---|
| **LIVER FUNCTION TEST** | | | |
| Serum Bilirubin (Total) | 0.31 | mg/dl. | 0.0 - 1.2 |
| * Serum Bilirubin (Direct) | 0.10 | mg/dl. | 0- 0.4 |
| * Serum Bilirubin (Indirect) | 0.21 | mg/dl. | 0.2-0.7 |
| Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)] | 73.0 | IU/L | 40-129 |
| SGPT [Method: IFCC (UV without pyridoxal-5-phosphate] | 24.0 | IU/L | 10-50 |
| SGOT [Method: IFCC (UV without pyridoxal-5-phosphate] | 19.0 | IU/L | 10-50 |
| * Gamma-Glutamyl Transferase (GGT) | 25.0 | IU/L | Less than 55 |
| Serum Protein [Method: Biuret] | 6.7 | gm/dL | 6.2 - 7.8 |
| Serum Albumin [Method: BCG] | 4.2 | gm/dL. | 3.5 - 5.2 |
| Serum Globulin [Method: Calculated] | 2.5 | gm/dL. | 2.5-5.0 |
| A.G. Ratio [Method: Calculated] | 1.68 : 1 | | |
| **KIDNEY FUNCTION TEST** | | | |
| Serum Urea | 24.5 | mg/dL. | 10-45 |
| Blood Urea Nitrogen ( BUN ) | 12.00 | mg/dL. | 6 - 21 |
| Serum Creatinine [Method: Jaffes Method/Enzymatic] | 0.54 | mg/dL. | 0.40 - 1.20 |
| Serum Sodium (Na+) | 137 | mmol/L | 135 - 150 |
| Serum Potassium (K+) [Method: Ion selective electrode direct] | 4.0 | mmol/L | 3.5 - 5.5 |
| Serum Uric Acid [Method for Uric Acid: Enzymatic-URICASE] | 5.0 | mg/dL. | 3.4 - 7.0 |
| * Serum Calcium (Total) | 8.9 | mg/dl. | 8.2 - 10.2 |

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| Investigation | Observed Values | Units | Biological Ref. Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| Serum Cholesterol | 188 | mg/dL. | <200 |
| Serum Triglycerides | 102 | mg/dL. | <150 |
| HDL Cholesterol | **45** | mg/dL | >55 |
| LDL Cholesterol | 123 | mg/dL. | <130 |
| VLDL Cholesterol | 20 | mg/dL. | 10 - 40 |
| CHOL/HDL | 4.18 | | |
| LDL/HDL | 2.73 | | |

INTERPRETATION:
---

National Cholestrol Education program Expert Panel (NCEP) for Cholestrol:
Desirable : < 200 mg/dl
Borderline High : 200-239 mg/dl
High : =>240 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for Triglycerides:
Desirable : < 150 mg/dl
Borderline High : 150-199 mg/dl
High : 200-499 mg/dl
Very High : >500 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for HDL-Cholestrol:
<40 mg/dl : Low HDL-Cholestrol [Major risk factor for CHD]
=>60 mg/dl : Hight HDL-Cholestrol [Negative risk factor for CHD]

National Cholestrol Education program Expert Panel (NCEP) for LDL-Cholestrol:
Optimal : < 100 mg/dL
Near optimal/above optimal : 100-129 mg/dL
Borderline High : 130-159 mg/dl
High : 160-189 mg/dL
Very High : 190 mg/dL

[Method for Cholestrol Total: Enzymatic (CHOD/POD)]
[Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
[Method for HDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for LDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for VLDL Cholestrol: Friedewald equation]
[Method for CHOL/HDL ratio: Calculated]
[Method for LDL/HDL ratio: Calculated]

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| Investigation | Observed Values | Units | Biological Ref. Interval |
|---|---|---|---|
| **T3, T4, TSH** (ECLIA METHOD) | | | |
| Serum T3 | 1.70 | ng/dl | 0.84 - 2.02 |
| Serum T4 | 9.25 | ug/dl | 5.13 - 14.6 |
| Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)] | **5.81** | ulU/ml | 0.39 - 5.60 |

SUMMARY OF THE TEST

1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness,malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.
5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

| Stage | Normal TSH Level |
|---|---|
| First Trimester | 0.1-2.5 ulU/ml |
| Second Trimester | 0.2-3.0 ulU/ml |
| Third Trimester | 0.3-3.5 ulU/ml |

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| Investigation | Observed Values | Units | Biological Ref. Interval |
|---|---|---|---|
| **URINE EXAMINATION ROUTINE** | | | |
| PHYSICAL EXAMINATION | | | |
| Color | Light Yellow | | |
| Volume | 20 | mL | |
| CHEMICAL EXAMINATION | | | |
| Blood | Absent | RBC/µl | Absent |
| Bilirubin | **Absent** | | Absent |
| Urobilinogen | Absent | | Absent |
| Chyle | Absent | | Absent |
| [Method: Ether] Ketones | Absent | | Absent |
| Nitrites | Absent | | Absent |
| Proteins | **Absent** | | Absent |
| Glucose | Absent | | Absent |
| pH | 6.0 | | 5.0 - 9.0 |
| Specific Gravity | 1.015 | | 1.010 - 1.030 |
| Leucocytes | **Absent** | WBC/µL | Absent |
| MICROSCOPIC EXAMINATION | | | |
| Red Blood cells | Absent | /HPF | Absent |
| Pus cells | **1-2** | /HPF | 0-3 |
| Epithelial Cells | **Absent** | /HPF | Absent/Few |
| Casts | **Absent** | /HPF | Absent |
| Crystals | Absent | /HPF | Absent |
| Amorphous deposit | Absent | /HPF | Absent |
| Yeast cells | Absent | /HPF | Absent |
| Bacteria | **Absent** | /HPF | Absent |
| Parasites | Absent | /HPF | Absent |
| Spermatozoa | Absent | /HPF | Absent |

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|---|---|---|---|
| PATIENT NAME : | MR. RAJESH KUMAR | AGE / SEX : | 45Y / M |
| REF. BY : | MEDIWHEEL | DATE : | 11.03.2023 |

# USG – WHOLE ABDOMEN

- Liver appears normal in shape, ***mildly enlarged in size (measuring ~15.48cm) & bright in echotexture with obscuring of vessel margins. Two simple cyst noted at right lobe of liver (largest measuring ~23x19mm).*** No evidence of dilated IHBR seen. Portal vein appears normal in caliber.
- CBD appears normal in caliber.
- Gall Bladder appears well distended with normal wall thickness. No calculus or changes of cholecystitis seen.
- Spleen is normal in shape, size (measuring ~12.99cm) and echotexture with no focal lesion within.
- Pancreas appears normal in size, shape &echopattern.
- Para-aortic region appears normal with no e/o lymphadenopathy.
- Right kidney measuring ~11.13cm; Left kidney measuring ~11.77cm. Both kidneys appear normal in position, shape, size & echotexture. CMD is normal. No calculus or hydronephrosis on either side.
- Urinary bladder appears well distended with no calculus or mass within. Pre void urine volume ~294cc. Post void residual urine is insignificant (vol~ 16cc).
- ***Prostate appears mildly enlarged in size (vol~42cc).***
- No evidence of ascites or pleural effusion seen.
- No abnormal bowel wall thickening or significant abdominal lymphadenopathy is seen.

## IMPRESSION:

- ***Mild hepatomegaly with grade II fatty changes. Two simple cysts are noted at right lobe of liver (largest measuring ~23x19mm).***
- ***Grade II enlargement of prostate. No evidence of significant PVRU.***

**Dr. Sarvesh Chandra Mishra**
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Reports are subjected to human errors and not liable for medicolegal purpose.

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**NAME:-MR.RAJESH KUMAR** **DATE:-11/03/2023**

**REF.BY:-MEDI-WHEEL** **AGE:-45Y/M**

# X-RAY CHEST (P.A. View)

- Lung fields are clear.
- No focal parenchymal lesion is noted.
- Mediastinum is central.
- Cardiac size is normal.
- C.P. angles are normally visualized.
- Domes of diaphragm are normal.
- Pulmonary hila appear normal.
- Soft tissue and bones are normal.

**OPINION:**

- No significant abnormality detected.
  -Suggested clinical correlation.

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