

(A Unit of Sparsh Multispecialty Hospital Private Limited)
(Formerly known as Paedia Health Private Limited)
CIN: U85110CT2005PTC017751

Visit ID : 0000306512

Patient Name : MR. RADHESHYAM PAWAR .. Spec No.

Age / Sex : 37Y / MALE :

Consultant : DR. HOSPITAL CASE Order Date : 01/04/2023 8:13AM

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

Category : MEDIWHEEL Report Date : 01/04/23 10:21AM

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.

: 162735

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

. No remarkable Abnormality detected in the current scan.

Please correlate clinicall

Dr. DILIP KUMAR SONI

MBBS, DMRB

RADIOLOGIST
CGMC 102/2003

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



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Samp.Date Report Date

Spec No.

: 01/04/23 11:27AM

X-RAY X-RAY CHEST PA. VIEW

- 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. DILIP KUMAR SONI

MBBS, DMRD RADIOLOGIST CGMC 102/2003

PidsoH

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AGE/SEX : 37Y/MALE SAMP. DATE : 01/04/2023 9:00:00AM CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10429673

RESULT DATE : 01/04/2023 2:50:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
LIPID PROFILE				
CHOLESTEROL TOTAL	140 mg / dl	Low	150 - 220	
TRIGLYCERIDES - SERUM	82 mg / dl	Normal	60 - 165	
HDL	53.25 mg / dl	Normal	35 - 80	
LDL	70.35 mg/dL	Low	90 - 160	
VLDL	16.40	Low	20 - 50	
CHOL: HDL Ratio	2.63:1		3.5 - 5.5	
LDL: HDL Ratio	1.32:1		-	
STOOL ROUTINE AND MICROSC	OPY EXAMINATION			
PHYSICAL EXAMINATION				
Consistency	Semi Solid			
Colour	Yellow		-	
Odour	Normal			
Reaction	Alkaline		-	
Blood	Not Seen			
Mucus	Not Seen		-	
Worm	Not Seen			
MICROSCOPIC EXAMINATION				
Ova	Not Seen		-	
Cyst	Not Seen		-	
Trophozoite	Not Seen		-	
Pus Cells	Occasional /hpf		-	
Epithelial Cells	Nil /hpf			
RBC	Nil /hpf			
OTHERS	Nil		-	

TECHNICIAN

12/04/2023 2:24PM



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The These reports are for assisting metry knowsicial paedia in transfer medico-legal purposar and special be reported clinically. SPARSH clinically.

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: 01/04/2023 8:13:00AM

AGE/SEX

: 37Y/MALE

SAMP. DATE

: 01/04/2023 9:00:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10429684

RESULT DATE

: 01/04/2023 1:40:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC	(COMPLET	E BLOOD	COUNT)
			2.

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	15.2 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.03 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	42.3 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	84.2 fl	Normal	78 - 96
MCH	30.3 pg	Normal	27 - 32
мснс	36.0 %	Normal	33 - 37
RDW	12.3 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	5300 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	58 %	Normal	0 - 75
LYMPHOCYTES	34 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	187000 /cumm	Normal	150000 - 450000

TECHNICIAN

Dr. AMJANA SHARATA
D.NB PATHOLOGY
CONSULTANT

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.



AGE/SEX

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VISITID : 0000306512 : 162735 UHID

: 37Y/MALE

: 01/04/2023 8:13:00AM ORDER DATE : MR. RADHESHYAM PAWAR .. PATIENT NAME : 01/04/2023 9:00:00AM SAMP. DATE

SPEC. NO : 10429682

: HOSPITAL CASE CONSULTANT DOCTOR

> RESULT DATE : 01/04/2023 10:44:00AM

: MEDIWHEEL TPA

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPIN	G			
BLOOD GROUP	"B"		-	
RH FACTOR	Positive			
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	11.21 mg / dl	Normal	8 - 23	
CREATININE				
SERUM CREATININE	1.11 mg/dL	Normal	0.3 - 1.5	
GGT (GAMMA GLUTAMYL TRANSFE	RASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	11 U/L	Normal	8 - 52	
URIC ACID	1			
URIC ACID	5.58 mg/dL	Normal	3.6 - 7.7	

Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

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AGE/SEX

: 37Y/MALE

SAMP. DATE

: 01/04/2023 9:00:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10429672

RESULT DATE

: 01/04/2023 6:57:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.85 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.

TECHNICIAN

D.N.B PATHOLOGY CONSULTANT Istiga

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12/04/2023 2:22PM



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: 01/04/2023 9:00:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

TPA

: 10429677

RESULT DATE

: 01/04/2023 2:50:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD SUGAR - FASTING AND PI	•			
BLOOD SUGAR FASTING	85 mg/dL	Normal	80 - 120	
BLOOD SUGAR PP	117 mg/dL	Low	120 - 140	
URINE SUGAR FASTING				
URINE FOR SUGAR	Nil		-	
URINE SUGAR PP				
URINE FOR SUGAR	Nil		-	

TECHNICIAN

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SAMP. DATE

RESULT DATE

: 01/04/2023 9:00:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10429670

: 01/04/2023 1:18:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER

VALUE

RESULT

REFERENCE RANGE

T3 (TRIIODOTHYRONINE)

1.35 ng/ml

Normal

0.69 - 2.15

T4 (THYROXINE)

73.13 ng/ml

Normal

52 - 127

TSH (THYROID STIMULATING HORMONE)

5.79 uIU/ml

High

0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30- 4.5

1st Trimester

0.10- 2.50 0.20 - 3.00

2nd Trimester 3rd Trimester

0.30 - 3.00

Note:

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

Dr. ANJANA SHARMA

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TECHNICIAN

CONSULTANT

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: 01/04/2023 9:00:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10429683

RESULT DATE

: 01/04/2023 2:51:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.0 %

Normal

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

At 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

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.

TECHNICIAN

D.N.B.PATHOLOGN CONSULTANT MosoM

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10429678

RESULT DATE : 01/04/2023 11:30:00AM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION	Acidic		
CHEMICAL EXAMINATION			
ALBUMIN	Nil		
SUGAR	Nil		
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	Occasional /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		
CRYSTAL	Nil		-
AMORPHOUS MATERIAL DEPOSIT	Nil		-
OTHERS	Nil		

TECHNICIAN

12/04/2023 2:21PM

DE ANJANA SHARMA DA.B PATHOLOGY CONSUETANT

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10429671

RESULT DATE : 01/04/2023 2:51:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.65 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.20 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.45 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	117 U/L	Normal	0 - 270
SGOT	29 U/L	Normal	10 - 55
SGPT	35 U/L	Normal	0 - 40
TOTAL PROTEIN	6.45 g/dl	Normal	6 - 8
ALBUMIN	4.29 g/dl	Normal	4 - 5
GLOBULIN	2.16 g/dl	Normal	2 - 3.5
A.G.RATIO	1.99:1		1 - 2.5

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Dr. ANJANA SHARMA D.N.B.PATHOLOGY

CONSULTANT

TECHNICIAN

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CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10429685

RESULT DATE : 01/04/2023 1:40:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	05 mm at end of 1 hr	Normal	0 - 15

Dr. ANJANA SHARMA D.N.B PATHOLOGY

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