MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

(Opp Tyagi Hostel)

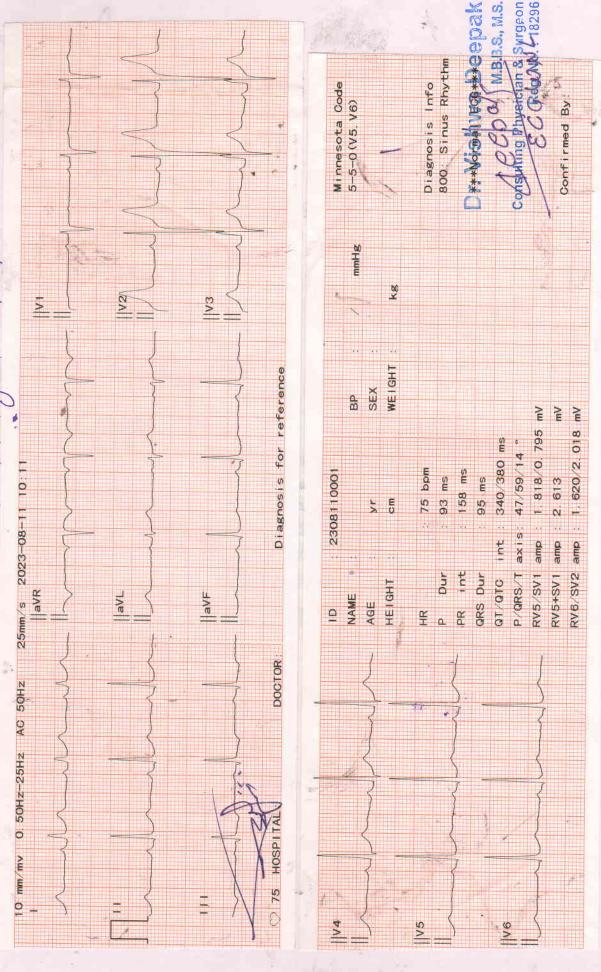
Ph-0121-4009679,9927286318

	PHYSICAL ASS	ESSMEST FORMAT
Date of Examination	19/08/23.	
NAME		maan.
DOB#	11°shal Bhat 20/10/1995	Gender Male.
HEIGHT (cm)	174	WEIGHT (Kg) 71
CHEST (cm)	92	ABDOMEN (cm) 85
B.P	130/76	122
Present Ailments (if any)		
	NO	
Details of Past ailments any surgery or hospitalization or Blood transfusion	No	
Details On Medications (if any)	No	4
HABITS (Tobacco /Alcohol ect.)	NO	
BMI	23.5.	Dr. Vishwa Delega

Insured's Silvn

Consulting Physician & Surgeon Doctors SigNo.: 18296

vishal Bhotnogan. 12/08/23.





**Quality Management Services** ISO-9001:2015 Certified Lab

**Laboratory Test-Report** 

## **MEERUT HISTOPATHOLOGY** CENTRE

: Mr. Vishal Bhatnagar NAME

REFERRED BY : Dr.Bank Of Baroda : Blood, Urine, Stool **SAMPLE** 

DATE: 12/08/2023

**AGE** : 27 Yrs. : Male SEX

**₽** RESULTS UNITS **REF.-RANGE TEST NAME** 

	HAEMATOLOGY		1.21
Complete Blood Counts			g 14
HAEMOGLOBIN	14.2	GM%	13.5 - 17.5
TOTAL LEUCOCYTE COUNT :	7,600 cells	/Cu mm	4,500-11,000
DIFFERENTIAL LEUCOCYTE COUNT:			
Neutrophils :	60	%.	50-70 .
Lymphocytes:	31	%.	25-40
Eosinophils:	03	%.	1-4
Monocytes:	06	%.	3-8
Basophils:	00	%.	0-1
TOTAL R.B.C. COUNT	5.5	million/cu mm	4.5 - 6.5
PLATELET COUNT:	260	thousand/cum	150-450
P.C.V.	45.3	%.	35 - 54
MCV	82.3	fL	76-98
MCH	25.8	pg	27 - 32
MCHC	31.3	g/dl	31-35
E.S.R. ( Westergren Method ):			0-15
	12	mm in 1st Hr	
•			

BLOOD GROUP:

Major Blood Group:

Rh Blood Group:

В

**POSITIVE** (Comment)

Forward grouping by SLIDE METHOD. All NEGATIVE blood groups to be confirmed at an authorized blood - bank.

--{End of Report}--

M.B.B.S., (M.D. Path) Consultant Pathologist Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

DR. KUMKUM DEEPAK MEMORIAL CENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



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**Laboratory Test-Report** 

# MEERUT HISTOPATHOLOGY CENTRE

NAME : Mr. Vishal Bhatnagar

REFERRED BY : Dr.Bank Of Baroda SAMPLE : Blood, Urine, Stool

DATE : 12/08/2023

AGE : 27 Yrs. SEX : Male

TEST NAME	RESULTS	UNITS	REFRANGE
	BIOCHEMISTRY	1	1.04
BLOOD SUGAR ( FASTING)	89.4	mg/dL	70 - 100
BLOOD SUGAR PP(2 Hrs after Meal)	105.3	mg/dl	70-140
BLOOD UREA NITROGEN : SERUM CREATININE :	12.3 1.1	mg/dL. mg/dL.	5 - 25 0.8 - 1.5
SERUM URIC ACID:	4.4	mg/dL.	2.5 - 7.0
LIPID PROFILE: SERUM TRIGYCERIDE: SERUM CHOLESTEROL: HDL CHOLESTEROL: VLDL CHOLESTEROL: LDL CHOLESTEROL:	190.6 183.2 50.7 38.1 94.4	mg/dl mg/dL. mg/dL. mg/dL. mg/dL.	50-160 130 - 200 30 - 70 25 - 40 85 - 150
CHOL/HDL CHOLESTROL RATIO	3.6	Low Risk Mod.Risk High Risk	0.0 - 3.5 3.5 - 5.0 > 5.0
LDL/HDL RATIO	1.9	Normal Ran High Risk	ge 2.5 - 3.0 > 3.0

--{End of Report}--

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#### **Laboratory Test-Report**

# MEERUT HISTOPATHOLOGY CENTRE

NAME : **Mr. Vish**: REFERRED BY : Dr.Bank (

: Mr. Vishal Bhatnagar : Dr.Bank Of Baroda

SAMPLE : Blood, Urine, Stool

DATE : 12/08/2023

AGE : 27 Yrs. SEX : Male

TEST NAME RESULTS UNITS REF.-RANGE

IEST WAPIE	11200210	1 1	
	BIOCHEMISTRY		9.414
LIVER FUNCTION TEST	· C -	1. J	¥ 10
SERUM BILIRUBIN :			
TOTAL:	0.78	mg/dL.	0.2 - 1.0
DIRECT:	0.28	mg/dL.	0.1 - 0.3
INDIRECT: ~	0.50	mg/dL.	0.2 - 0.7
S.G.P.T.:	38.6	U/L	5 - 45
S.G.O.T. :	44.2	U/L	5 - 45
			E 0 25 0 (27 C)
G.G.T.P. :	20.1	U/L	5.0-35.0 (37 C)
SERUM ALK. PHOSPHATASE :	86.9	IU/L.	25-100
SERUM PROTEINS:			
TOTAL PROTEINS:	7.5	Gm/dL.	5.5 - 8.5
ALBUMIN:	4.6	Gm/dL.	3.5 - 5.5
GLOBULIN:	2.9	Gm/dL.	2.3 - 3.5
A : G RATIO:	1.5		
7			

#### THYROID PROFILE:

Triiodothyronine (T3):

Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

#### **HORMONE**

1.25	nmol/litre.	0.95 - 2.5
105.4	nmol/litre.	60 - 120
2.39	micro Iu/ml	0.20 - 5.0
Low Levels of T3 & T4 are seen in	- Primary, Secondary	& Tertiary Hypothyroidism and some

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in and T3 Thyrotoxicosis TSH Levels are raised in - Prima - Grave's Disease, Hyperthyroidism, Thyroid hormone resistance

- Primary Hypothyroidism

TSH Levels are Low in - Hyperthyroidism, Secondary Hypothyroidism.

--{End of Report}-

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#### **Quality Management Services** ISO-9001:2015 Certified Lab

#### **Laboratory Test-Report**

## MEERUT HISTOPATHOLOGY CENTRE

NAME REFERRED BY : Mr. Vishal Bhatnagar : Dr.Bank Of Baroda

: Blood, Urine, Stool

DATE : 12/08/2023

: 27 Yrs. AGE ... SEX : Male

**TEST NAME** 

SAMPLE

RESULTS

UNITS

ml

REF.-RANGE

#### **CLINICAL PATHOLOGY**

URINE EXAMINATION REPORT:

PHYSICAL EXAMINATION:

Volume:

Colour:

Appearance:

Odour:

Sediments:

Sp. Gravity:

BIOCHEMICAL EXAMINATION:

Sugar : Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells: Pus Gells:

Epithelial Cells:

STOOL EXAMINATION REPORT:

PHYSICAL EXAMINATION:

Colour: Mucous:

Blood: Consistency:

Parasite:

Reaction:

MICROSCOPIC EXAMINATION:

R.B.C.s: Pus Cells:

Ova:

Cysts:

Fatty Globules: **Epithelial Cells** 

Any other abnormality:

GLYCOSYLATED HAEMOGLOBIN A1c

30

Pale Yellow

Clear

**Aromatic** 

Nil

1020 4

Nil

Nil

Acidic

Nil

1-2

3-4

/H.P.F.

/H.P.F. /H.P.F.

Brownish Nil Nil

S.Solid Nil

Acidic

Nil

1-2

Nil

Nil Nil

0-1

/HPF

Nil

/HPF

/HPF

%

Clinical significance :- The HbA1c concemtration in blood is directly proportional to the mean concentration of glucose prevailing in the previous 6-8 wks, equivalent to the life time of erythrocytes.

Normal Range :-

Non-Diabetics - 4.3 - 6.4%

6.5 - 7.5% Good control 7.5 - 8.5%

Poor control > 8.5%

--{End of Report}--

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CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation.

NOT FOR MEDICO LEGAL PURPOSE



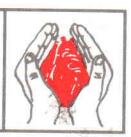
## Shiva Cardiac Lab.

## & Diagnostic Research Centre Pvt. Ltd.



Ph.: 2664558, 9412578957 7669508292, 8449796280

MR.VISHAL BHATNAGAR 27 YRS/ MALE • AUG: 12.2023



10

### X.-RAY CHEST PA VIEW

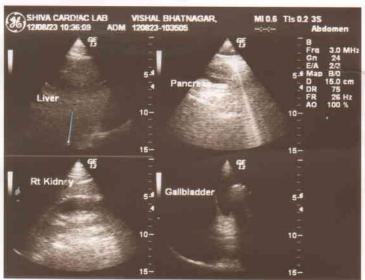
- \* Bony cage and soft tissues are normal.
- \* Trachea is central.
- \* Both hila are normal.
- \* Both C.P. angles are clear.
- \* Cardiac size is normal.
- \* Both Domes of diaphagram are normal.
- \* Lung parenchyma is clear.

CONSULTANT DR. TANUJ GARG MD.(RAD.)

NOTE: All modern Machines/Procedures have their limitation, if there is a variance clinically, this examination may be repeated or re-evaluated by other investigations.









## Shiva Cardiac Lab.

## & Diagnostic Research Centre Pvt. Ltd.

Near Chaurasia Nursing Home, Chhipi Tank, Meerut.

Ph.: 2664558, 9412578957 7669508292, 8449796280

Name

: MR. VISHAL BHATNAGAR

Age/sex Date

: 27 YRS / MALE

12.08.2023

#### ULTRASOGRAPHY WHOLE ABDOMEN

LIVER -is normal in size, Echo texture and position is also normal.

No focal / diffuse abnormal echogenic lesion seen.

CBD is normal. Portal vein also normal.

I.H. Biliary channels are not dilated. Dome movements are not restricted.

#### GALL BLADDER -

Is normal in size shape and echotexture.
Wall thickness normal. No stone or mass seen.

#### KIDNEYS -

Both kidneys are normal in size shape & echo texture Cortico-medulary distinction normal on Both side. No stone seen both side. No hydronephrosis seen both side

PANCREAS is normal in size & shape and echo texture. Head body and tail normal.

SPLEEN is normal in size. No evidence of focal lesion.

PROSTATE is normal in size Echotexture is normal Capsule is intact.

#### URINARY BLADDER

ts well distended with normal wall, thickness and contour.

No calculus / growth seen

No lymph nodes, pleural effusion, or ascites is seen.

IMP- NO SONOLOGICAL ABNORMALITY IS SEEN.

CONSULTANT:
DR S.CHARAN
MD.( SONOLOGIST )

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