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. BARUN KUMAR SINGH**	Age	: 42 Yrs.	Registered	: 11-3-2023 03:23 PM
Ref/Reg No	: 107006 / TPPC\JAV-	Gender	: Male	Collected	: .
Ref By	: Dr. MEDI WHEEL			Received	: 11-3-2023 03:23 PM
Sample	: Blood, Urine			Reported	: 12-3-2023 04:55 PM
Sample(s)	: Plain, EDTA, Urine, FBS, PPP				

Investigation	Observed Values	Units	Biological Ref. Interval
HEMOGRAM			
(Method: Electrical impedance, Flowcytometry, Sepctrophotometry)			
Haemoglobin [Method: SLS]	14.1	g/dL	13 - 17
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	42	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	4.65	10^6/µl	4.5 - 5.5
MCV (Mean Corpuscular Volume) [Method: Calculated]	91.2	fL.	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	30.3	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	33.3	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	7.7	10^3/µl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	70	%	40.0 - 80.0
Lymphocytes	26	%	20.0 - 40.0
Eosinophils	01	%	1.0 - 6.0
Monocytes	03	%	2.0 - 10.0
Platelet Count [Method: Electrical impedence/Microscopic]	**130**	10^3/µl	150 - 400
*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	08	mm for 1 hr	0-10
* ABO Typing	" O "		
* Rh (Anti - D)	Positive		

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mkar
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Investigation	Observed Values	Units	Biological Ref. Interval
Plasma Glucose Fasting	**162**	mg/dL	70 - 110
Plasma Glucose PP (2 Hrs after meal) [Method: Hexokinase]	**257**	mg/dL.	110-170
Glycosylated Hemoglobin (HbA1C) (Hplc method)	**6.9**	%	0 - 6
Mean Blood Glucose (MBG)	151	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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Investigation	Observed Values	Units	Biological Ref. Interval
LIVER FUNCTION TEST			
Serum Bilirubin (Total)	0.58	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.30	mg/dl.	0- 0.4
* Serum Bilirubin (Indirect)	0.28	mg/dl.	0.2-0.7
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	61.6	IU/L	40-129
SGPT [Method: IFCC (UV without pyridoxal-5-phosphate]	46.2	IU/L	10-50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate]	30.9	IU/L	10-50
* Gamma-Glutamyl Transferase (GGT)	26.9	IU/L	Less than 55
Serum Protein [Method: Biuret]	7.2	gm/dL	6.2 - 7.8
Serum Albumin [Method: BCG]	5.0	gm/dL.	3.5 - 5.2
Serum Globulin [Method: Calculated]	**2.2**	gm/dL.	2.5-5.0
A.G. Ratio [Method: Calculated]	2.27 : 1		
KIDNEY FUNCTION TEST			
Serum Urea	22.9	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	11.9	mg/dL.	6 - 21
Serum Creatinine [Method: Jaffes Method/Enzymatic]	0.64	mg/dL.	0.40 - 1.20
Serum Sodium (Na+) [Method: Ion selective electrode direct]	137	mmol/L	135 - 150
Serum Potassium (K+)	3.8	mmol/L	3.5 - 5.5
Serum Uric Acid [Method for Uric Acid: Enzymatic-URICASE]	6.25	mg/dL.	3.4 - 7.0
* Serum Calcium (Total)	9.6	mg/dl.	8.2 - 10.2

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Investigation	Observed Values	Units	Biological Ref. Interval
LIPID PROFILE			
Serum Cholesterol	**223**	mg/dL.	<200
Serum Triglycerides	**256**	mg/dL.	<150
HDL Cholesterol	**44.1**	mg/dL	>55
LDL Cholesterol	128	mg/dL.	<130
VLDL Cholesterol	**51**	mg/dL.	10 - 40
CHOL/HDL	5.06		
LDL/HDL	2.9		

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	1.19	ng/dl	0.84 - 2.02
Serum T4	6.62	ug/dl	5.13 - 14.6
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	2.40	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	15	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	**Occasional**	/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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USG - ABDOMEN-PELVIS

NAME: MR. BARUN KUMAR SINGH	AGE/SEX:42Y/ M
REFERRED BY: MEDIWHEEL	DATE: 11.03.2023

- Liver appears normal in shape, size (measures ~135 mm) & echotexture.
- No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR seen.
- Portal vein appears normal in caliber. CBD appears normal in caliber.
- ***Gall Bladder is chronically contracted (NPO status of the patient was confirmed with the patient) with presence of wall echo shadow complexes to suggest calculi.***
- Spleen appears normal in shape, size (measures~102 mm) &echotexture with no focal lesion within. Pancreas appears normal in size, shape &echopattern.
- Para-aortic region appears normal with no lymphadenopathy is seen.
- Right Kidney size: ~ 92mm; Left Kidney size: ~91mm.
- 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. ***The UB wall is thickened and trabeculated with average wall thickness measuring ~6mm----likely due to pressure effect of enlarged prostate. Pre-void urine volume measures ~470cc and post-void urine volume measures ~240cc and is significant.***
- Prostate appears normal in shape, ***mildly enlarged in size (~30cc) with bulging of the median lobe into the base of urinary bladder.***
- No free fluid in peritoneal cavity. NO pleural effusion on either side.
- *No evidence significant abdominal lymphadenopathy.*
- ***Abnormal wall thickening is seen involving the caecum and ascending colon with thickened hyperechoic submucosa with the presence of an apparently normal appearing intervening segment. The wall thickening is hyperechoic. No associated abdominal lymphadenopathy.***

IMPRESSION:

- **Chronically contracted GB (NPO status of the patient was confirmed with the patient) with presence of wall echo shadow complexes to suggest calculi.**
- **Grade I prostatic enlargement with significant post-void urine volume and backpressure changes in the urinary bladder wall.**
- **Abnormal bowel wall thickening with? skip lesions as described. ADV: Please correlate clinically for possibility of an inflammatory pathology. Further investigations to be done as per the clinical consultation.**

Please correlate clinically.

Dr. Sarvesh Chandra Mishra
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Ex- senior Resident (SGPGI, LKO)
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NAME:-MR.BARUN KUMAR SINGH **DATE:-11/03/2023**

REF.BY:-MEDI-WHEEL **AGE:-42Y/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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